Neonatal Care/Resuscitation

Referenced Procedures: None

Goals of Patient Care

- Rapidly identify newly born child requiring resuscitative efforts.
- Provide appropriate interventions to minimize distress in the newly born

Medications:

MEDICATION	ADULT	PEDIATRIC (Refer to Handtevy)
EPINEPHRINE	---	• 0.01 mg/kg every 3-5 min. IV/IO
NORMAL SALINE	---	• 10mL/kg, IV/IO for dehydration, hemodynamic instability

Procedures/Interventions

Assess airway, breathing and circulation using APGAR

- The need for resuscitation is guided by heart rate, respiratory rate, effort, tone and color
  - Do not be overly concerned about exact APGAR calculation

	0 (Points)	1	2
Appearance	Blue or pale all over	Blue extremities, but torso pink	Pink all over
Pulse	None	< 100	≥ 100
Grimace	No response	Weak grimace when stimulated	Cries or pulls away when stimulated
Activity	None	Some flexion of arms	Arms flexed, legs resist extension
Respirations	None	Weak, irregular or gasping	Strong cry

0-3 Critically Low, 4-6 Fairly Low, 7-10 Generally Normal

- Keep the neonate warm and dry to avoid hypothermia. IT IS VERY IMPORTANT TO KEEP NEONATE DRY (remove wet blankets)
- Position the neonate on his/her back with the head in a neutral position.
- If heavy secretions are present, suction the mouth and then the nose with the bulb syringe or a suction device.
- Tactile stimulation may be used to stimulate adequate breathing. Drying, suctioning, flicking the soles of the feet and gently rubbing the neonate's back are approved methods.

- If HR less than 100bpm, apneic, gasping, ventilate with BVM at a rate of 40-60 breaths/min. (Ventilate to chest rise). Expedite transport of neonate, separate from mother if necessary.
    - If HR is less than 100 bpm after an additional 30 seconds, consider intubation.

- If the heart rate is less than 60 beats/minute: begin chest compressions at mid-sternum at minimum of 120/minute with a 3:1 ratio and PPV

- Administer Epinephrine, until HR is above 60 bpm

- If HR is still less than 60 bpm:

    - Consider normal saline bolus
    - Consider right mainstem intubation

Post Resuscitation Care

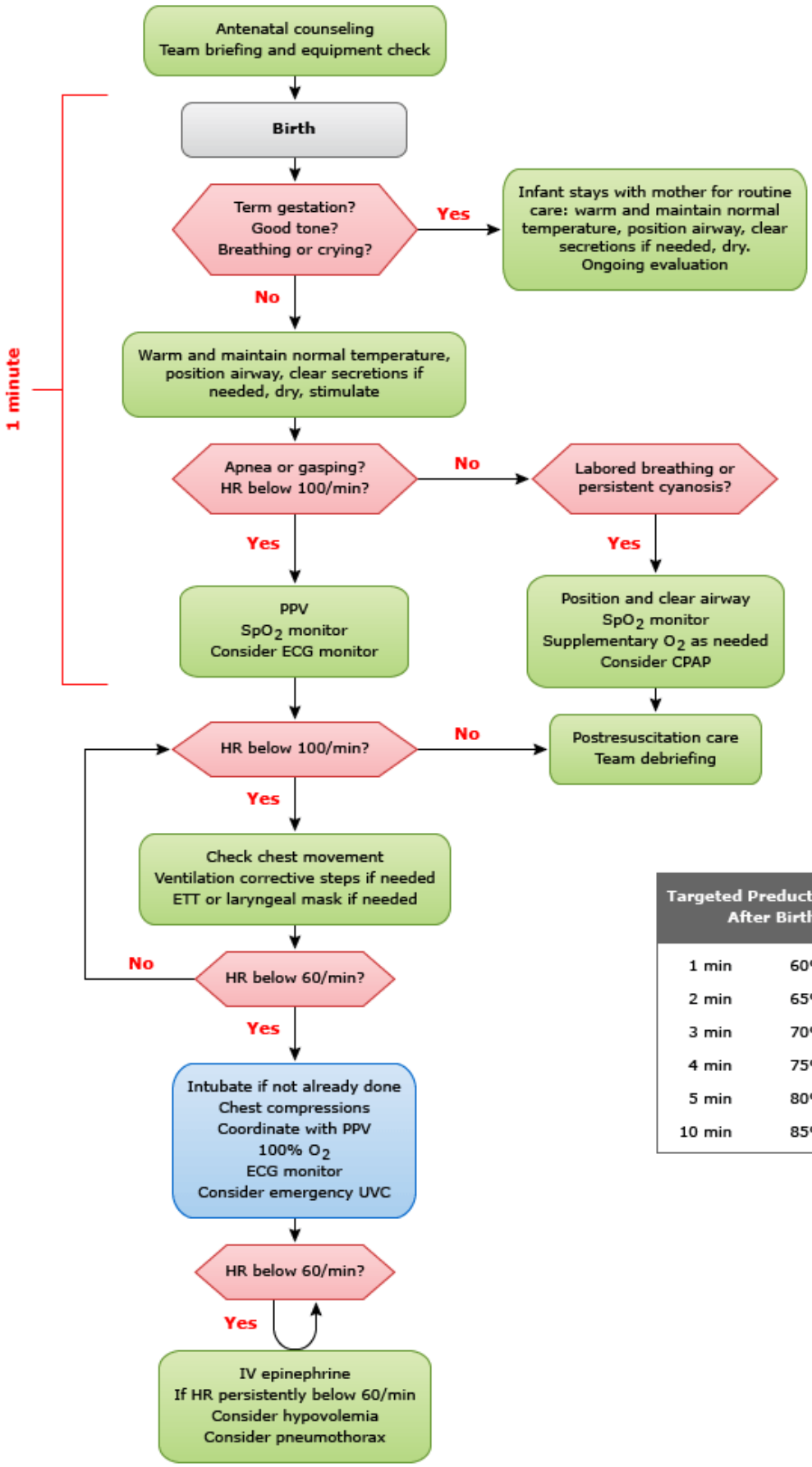
- Reassess Vital signs
- Check blood sugar
- Maintain ideal body temperature: 36.5-37.5 C
- If intubated, monitor EtCO2
- Assess APGAR

Considerations

Considerations for crews on scene prior to ambulance arrival

- Assess ABC's of newly born and determine if resuscitative efforts are necessary.
- Determine APGAR score as soon as possible.
- Keep neonate warm and dry to prevent hypothermia.
- If resuscitation is required, place neonate on a firm surface with the head in a neutral position.
- If heavy secretions are present, suction the mouth then nose with a bulb syringe.
- Obtain vital signs if possible.
- If HR is less than 100bpm ventilate with BVM (until chest rises) at a rate of 40-60 breaths/min.
- If HR is less than 60 beats/minute: begin chest compressions at mid sternum at a rate of 120/minute with a 3:1 Ratio and PPV.
- Give full report to arriving paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.

Neonatal Care/Resuscitation



Targeted Preductal SpO_2 After Birth	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%