

PEDIATRIC – Neonatal Resuscitation

Assessment and resuscitation of the newborn are done together involve maintaining a patent airway; assuring ventilation, oxygenation, and an adequate heart rate with good perfusion. A response to any intervention is generally seen within 15 to 30 seconds.

1. Hold the infant at the level of the mother's heart
2. If meconium staining is present, suction oropharynx - Assess the need for direct tracheal suctioning
3. Place the infant on a flat surface in a Trendelenburg, "air-sniffing" position
4. Suction the nose and mouth with a bulb syringe
5. Clamp and cut the cord - Leave at least 6 inches
6. Dry, warm and vigorously stimulate the infant for several minutes if necessary

NOTE: Most newborns will not need intervention beyond this point

7. Assess and document 1 minute APGAR - Repeat at 5 minutes - See page 56.

If the pulse is less than 100, respirations are irregular, muscle tone or color is poor:

8. **OXYGEN** - "Blow-by" with oxygen tubing at 6 liters per minute

If unimproved after 1 minute, apneic, or the pulse is less than 80:

9. **BAG-VALVE RESUSCITATE** - 100% oxygen at a rate of 25-30 breaths per min
- Disengage "pop-off" valve if present

If pulse remains less than 80:

10. **CHEST COMPRESSIONS** - 100 to 120 per minute

If the infant's condition remains unchanged after 1 minute, reassess BVM technique, and:

11. **INTUBATE** - Carefully verify tube placement

If the pulse rate remains less than 100:

12. **IV ACCESS** - Lactated Ringer's - TKO rate - Consider intraosseous route
- CONSIDER IV FLUID BOLUS - 20 ml/kg

13. **ADMINISTER MEDICATIONS** - (See page 58) Determine glucose level.
14. **TRANSPORT - As Soon As Possible**