Neonatal Resuscitation

Aliases
None noted

Patient Care Goals
1. Plan for resources based on number of anticipated patients (e.g., mother and newborn or multiple births)
2. Provide routine care to the newly born infant
3. Perform a neonatal assessment
4. Rapidly identify newly born infants requiring resuscitative efforts
5. Provide appropriate interventions to minimize distress in the newly born infant
6. Recognize the need for additional resources based on patient condition and/or environmental factors

Patient Presentation

Inclusion Criteria
Newly born infants

Exclusion Criteria
Documented gestational age less than 20 weeks (usually calculated by date of last menstrual period). If any doubt about accuracy of gestational age, initiate resuscitation

Patient Management

Assessment
1. History
   a. Date and time of birth
   b. Onset of symptoms
   c. Prenatal history (prenatal care, substance abuse, multiple gestation, maternal illness)
   d. Birth history (maternal fever, presence of meconium, maternal bleeding, difficult delivery (e.g., shoulder dystocia, prolapsed or nuchal cord, breech))
   e. Estimated gestational age (may be based on last menstrual period)
2. Exam
   a. Respiratory rate and effort (strong, weak, or absent; regular or irregular)
   b. Signs of respiratory distress (grunting, nasal flaring, retractions, gasping, apnea)
   c. Heart rate (fast, slow, or absent)
      i. Precordium, umbilical stump, or brachial pulse may be used (auscultation of chest is preferred since palpation of umbilical stump is less accurate)
   d. Muscle tone (poor or strong)
   e. Color/Appearance (central cyanosis, acrocyanosis, pallor, normal)
   f. **APGAR** score (**A**ppearance, **P**ulse, **G**rimace, **A**ctivity, **R**espiratory effort) — may be calculated for documentation, but not necessary to guide resuscitative efforts
   g. Estimated gestational age (term, late preterm, premature)
   h. Pulse oximetry should be considered if resuscitative efforts are initiated or if supplemental oxygen is administered