

Neonatal Resuscitation

BLS Procedures

Newborn or Infant up to 28 days old

Provide Warmth

- Utilize placenta bag/OB Kit Bag, DO NOT cover the Airway

Assess Responsiveness

- Flick soles of feet for infant or
- Assess newborn while drying

Ensure Adequate Ventilation

- Suction if secretions cause airway obstruction
- If Apneic or gasping
 - Positive pressure ventilations (PPV) with BVM and ROOM AIR at 40-60 breaths per minute

Ensure Adequate Circulation

- If HR between 60 and 100 bpm
 - PPV with BVM and ROOM AIR at 40-60 breaths per minute
 - Continue PPV until infant maintains HR > 100 bpm
- If HR < 60 bpm
 - CPR at 3:1 ratio
 - Continue CPR until HR > 60 bpm

Correct Hypoxia

- If no improvement after 90 seconds of ROOM AIR CPR, add supplemental O₂ until HR > 100

ALS Standing Orders

Utilize Handtevy Application

Ensure Adequate Ventilation and Oxygenation

- Monitor waveform capnography
- Consider placement of supraglottic airway device

Obtain IV/IO Access

For asystole/PEA or persistent bradycardia < 60 bpm

Epinephrine 0.1mg/mL

- IV/IO – 0.01mg/kg (0.1mL/kg) q 3-5 min

Normal Saline

- IV/IO – 10mL/kg bolus

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- Resuscitation efforts may be withheld for extremely preterm infants (< 21 weeks or < 9 inches long). Sensitivity to the desires of the parent(s) may be considered. If uncertain as to gestational age, begin resuscitation.
- A rising heart rate is the best indicator of adequate PPV.

Effective Date: January 1, 2026
Next Review Date: November 30, 2027

Date Revised: November 4, 2025
Last Reviewed: November 4, 2025



VCEMS Medical Director