

## 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 O<sub>2</sub> 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.