

Neonatal Resuscitation	
BLS Procedures	
<p style="text-align: center;"><u>Newly Born Infant</u></p> <p>Provide warmth, dry briskly and discard wet linen</p> <ul style="list-style-type: none"> Suction ONLY if secretions, including meconium, cause airway obstruction <p>Assess while drying infant</p> <ol style="list-style-type: none"> Full term? Crying or breathing? Good muscle tone? <p>If "YES" to all three</p> <ul style="list-style-type: none"> Place skin-to-skin with mother Cover both with dry linen Observe breathing, activity, color <p>If "NO" to any of three</p> <ul style="list-style-type: none"> Stimulate briefly (<15 seconds) <ul style="list-style-type: none"> Flick soles of infant's feet Briskly rub infant's back Provide warm/dry covering Continue to assess 	<p style="text-align: center;"><u>Infant up to 48 hours old</u></p> <p>Provide warmth</p> <ul style="list-style-type: none"> Suction ONLY if secretions cause airway obstruction Stimulate briefly (<15 seconds) <ul style="list-style-type: none"> Flick soles of infant's feet Rub infant's back with towel <p>Provide warm/dry covering</p> <p>Continue to assess</p>
<p>Assess Breathing</p> <ul style="list-style-type: none"> If crying or breathing, assess circulation If apneic or gasping <ul style="list-style-type: none"> Positive pressure ventilations (PPV) with BVM and ROOM AIR at 40-60 breaths per minute for 30 seconds <ul style="list-style-type: none"> Continue PPV, reassessing every 30 seconds, until infant is breathing adequately Reassess breathing, assess circulation <p>Assess Circulation</p> <ul style="list-style-type: none"> If HR between 60 and 100 bpm <ul style="list-style-type: none"> PPV with BVM and ROOM AIR at 40-60 breaths per minute for 30 seconds <ul style="list-style-type: none"> Continue PPV, reassessing every 30 seconds, until infant maintains HR >100 bpm If HR < 60 bpm <ul style="list-style-type: none"> CPR at 3:1 ratio for 30 seconds <ul style="list-style-type: none"> 90/min compressions 30/min ventilations Continue CPR, reassessing every 60 seconds, until HR > 60 bpm If no improvement after 90 seconds of ROOM AIR CPR, add supplemental O₂ until HR > 100 	
ALS Standing Orders	
Establish IO line only in presence of CPR	
<p>Asystole OR Persistent Bradycardia < 60 bpm</p> <ul style="list-style-type: none"> Epinephrine 0.1mg/mL <ul style="list-style-type: none"> IO – 0.01mg/kg (0.1mL/kg) q 3-5 min Normal Saline <ul style="list-style-type: none"> IO bolus – 10mL/kg 	<p style="text-align: center;">PEA</p> <ul style="list-style-type: none"> Epinephrine 0.1mg/mL <ul style="list-style-type: none"> IO – 0.01mg/kg (0.1mL/kg) q 3-5 min Normal Saline <ul style="list-style-type: none"> IO bolus – 10mL/kg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> 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: December 1, 2018
Next Review Date: August 31, 2020

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Last Reviewed: August 9, 2018



VCEMS Medical Director