# Neonatal Resuscitation

## BLS Procedures

### Newly Born Infant

Provide warmth, dry briskly and discard wet linen

- Suction ONLY if secretions, including meconium, cause airway obstruction

Assess while drying infant

1. Full term?
2. Crying or breathing?
3. Good muscle tone?

If “YES” to all three

- Place skin-to-skin with mother
- Cover both with dry linen
- Observe breathing, activity, color

If “NO” to any of three

- Stimulate briefly (<15 seconds)
  - Flick soles of infant’s feet
  - Briskly rub infant’s back
- Provide warm/dry covering
- Continue to assess

### Infant up to 48 hours old

Provide warmth

- Suction ONLY if secretions cause airway obstruction
- Stimulate briefly (<15 seconds)
  - Flick soles of infant’s feet
  - Rub infant’s back with towel

Assess while drying infant

- Place skin-to-skin with mother
- Cover both with dry linen
- Observe breathing, activity, color

If “YES” to all three

- Place skin-to-skin with mother
- Cover both with dry linen
- Observe breathing, activity, color

If “NO” to any of three

- Stimulate briefly (<15 seconds)
  - Flick soles of infant’s feet
  - Rub infant’s back
- Provide warm/dry covering
- Continue to assess

### Assess Breathing

- If crying or breathing, assess circulation
- If apneic or gasping
  - Positive pressure ventilations (PPV) with BVM and ROOM AIR at 40-60 breaths per minute for 30 seconds
    - Continue PPV, reasessing every 30 seconds, until infant is breathing adequately
  - Reassess breathing, assess circulation

### Assess Circulation

- If HR between 60 and 100 bpm
  - PPV with BVM and ROOM AIR at 40-60 breaths per minute for 30 seconds
    - Continue PPV, reasessing every 30 seconds, until infant maintains HR >100 bpm
- If HR < 60 bpm
  - CPR at 3:1 ratio for 30 seconds
    - 90/min compressions
    - 30/min ventilations
  - Continue CPR, reasessing every 60 seconds, until HR > 60 bpm
- If no improvement after 90 seconds of ROOM AIR CPR, add supplemental $O_2$ until HR > 100

## ALS Prior to Base Hospital Contact

Establish IO line only in presence of CPR

<table>
<thead>
<tr>
<th>Asystole OR Persistent Bradycardia &lt; 60 bpm</th>
<th>PEA</th>
</tr>
</thead>
</table>
| **Epinephrine 0.1mg/mL**
  - IO – 0.01mg/kg (0.1mL/kg) q 3-5 min | **Epinephrine 0.1mg/mL**
  - IO – 0.01mg/kg (0.1mL/kg) q 3-5 min |
| **Normal Saline**
  - IO bolus – 10mL/kg | **Normal Saline**
  - IO bolus – 10mL/kg |

## 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