# NEWBORN RESUSCITATION

**EMR**

- Obtain clear history of pregnancy – term vs. pre-term; number of pregnancies vs. number of live births, pre-natal care & etc.
- Routine Medical Assessment and Interventions following delivery
- Clear & maintain airway as appropriate
- Consider blow-by Oxygen if newborn appears in moderate to severe distress
- Dry, stimulate, and maintain warmth.
- Initiate evaluation of **APGAR** @ 1 and 5 minutes
- If heart rate is < 60 bpm immediately begin **chest compressions per AHA guidelines**
- If heart rate adequate and no respiratory effort begin **mechanical ventilations via BVM**

**Apgar Scale (evaluate @ 1 and 5 minutes postpartum)**

| | Sign | 2 | 1 | 0 |
|---|---|---|---|---|
| A | Activity (muscle tone) | Active | Arms and legs flexed | Absent |
| P | Pulse | >100 bpm | <100 bpm | Absent |
| G | Grimace (reflex irritability) | Sneezes, coughs, pulls away | Grimaces | No response |
| A | Appearance (skin color) | Normal over entire body | Normal except extremities | Cyanotic or pale all over |
| R | Respirations | Good, crying | Slow, irregular | Absent |

**EMT**

- Evaluate **blood glucose** level if hypoglycemia suspected and treat per diabetic emergencies – pediatric guideline

**AEMT**

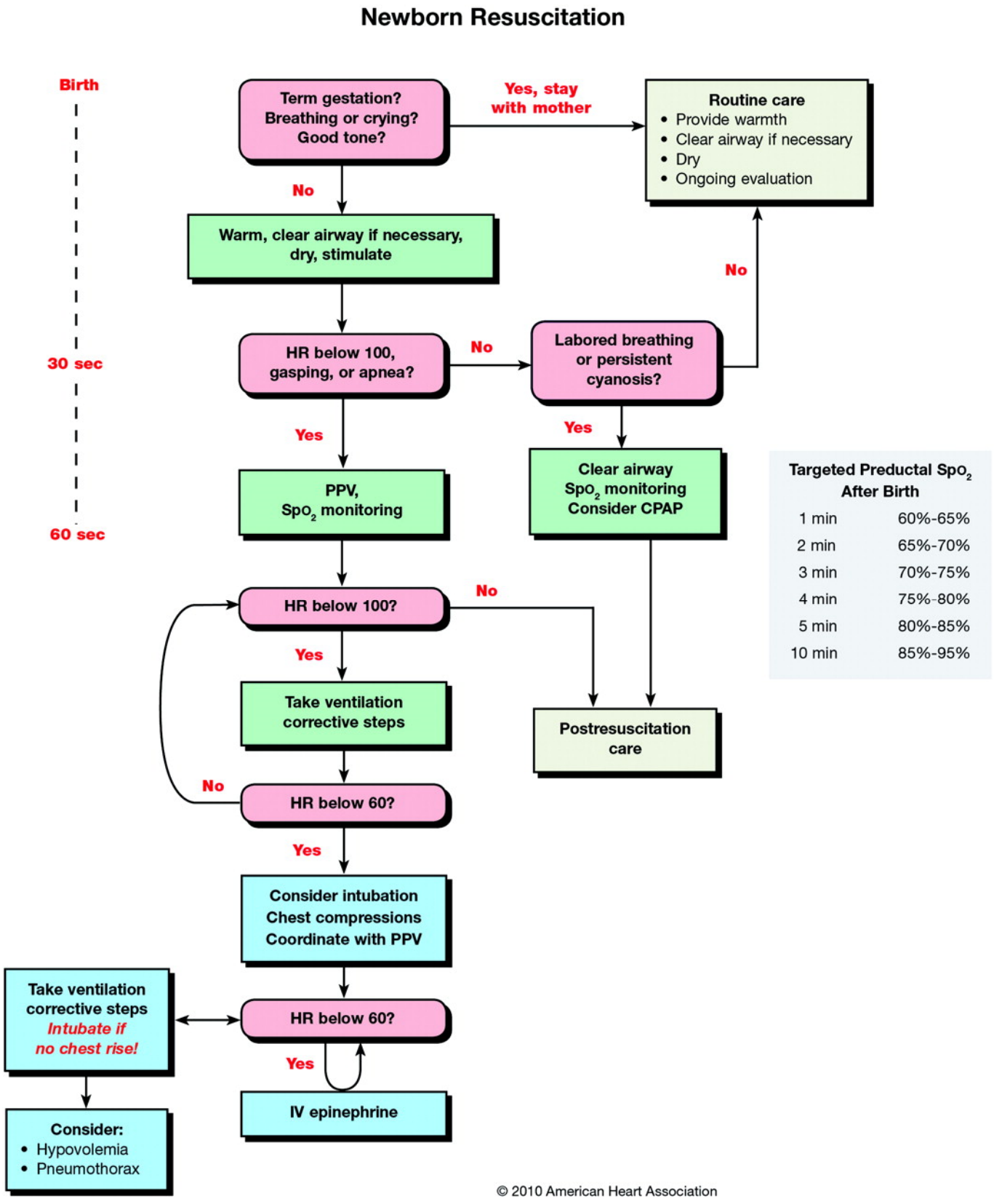
- Initiate **vascular access (IV/IO) line** as indicated
- May consider **fluid bolus of 20 ml/kg** if signs/symptoms of shock

**EMT-I**

- If bradycardia continues despite CPR and ventilator efforts, refer to Bradycardia – Pediatric guideline for further interventions.

**PARAMEDIC**

- If meconium staining present, **immediately intubate and suction** via ETT
  - Make every effort not to ventilate patient until suctioning has been completed.
  - May require repeated intubation with clean ETT.
- Evaluate for possible hypovolemia and/or tension pneumothorax if no response to rescucitation efforts.

# NEWBORN RESUSCITATION CONT.

## Clinical Care Pearls