

# Neonatal Care / Resuscitation

## Protocol

Douglas County KS EMS System

November 2022

**Referenced Procedures:** None

### **Goals of Patient Care**

- Rapidly identify newly born child requiring resuscitative efforts.
- Provide appropriate interventions to minimize distress in the newly born

### **Medication:**

	<b>PEDIATRIC Medications:</b> Refer to HandTevy <ul style="list-style-type: none"><li>• <b>Epinephrine:</b> 0.01 mg/kg every 3-5 min. IV/IO</li><li>• <b>Normal Saline:</b> 10mL/kg, IV/IO for dehydration, hemodynamic instability</li></ul>
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### **Procedures/Interventions**

Assess airway, breathing and circulation using APGAR

- The need for resuscitation is guided by heart rate, respiratory rate, effort, tone and color
  - Do not be overly concerned about exact APGAR calculation

	<b>0 (Points)</b>	<b>1</b>	<b>2</b>
<b>Appearance</b>	Blue or pale all over	Blue extremities, but torso pink	Pink all over
<b>Pulse</b>	None	< 100	≥ 100
<b>Grimace</b>	No response	Weak grimace when stimulated	Cries or pulls away when stimulated
<b>Activity</b>	None	Some flexion of arms	Arms flexed, legs resist extension
<b>Respirations</b>	None	Weak, irregular or gasping	Strong cry

**0-3 Critically Low, 4-6 Fairly Low, 7-10 Generally Normal**

- Keep the neonate warm and dry to avoid hypothermia. IT IS VERY IMPORTANT TO KEEP NEONATE DRY (remove wet blankets)
- Position the neonate on his/her back with the head in a neutral position.
- If heavy secretions are present, suction the mouth and then the nose with the bulb syringe or a suction device.
- Tactile stimulation may be used to stimulate adequate breathing. Drying, suctioning, flicking the soles of the feet and gently rubbing the neonate's back are approved methods.

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- If HR less than 100bpm, apneic, gasping, ventilate with BVM at a rate of 40-60 breaths/min. (Ventilate to chest rise). Expedite transport of neonate, separate from mother if necessary.
  - If HR is less than 100 bpm after an additional 30 seconds, consider intubation.
- If the heart rate is less than 60 beats/minute: begin chest compressions at mid-sternum at minimum of 120/minute with a 3:1 ratio and PPV
- Administer Epinephrine, until HR is above 60 bpm
- If HR is still less than 60 bpm:
  - Consider normal saline bolus
  - Consider right mainstem intubation

## Post Resuscitation Care

- Reassess Vital signs
- Check blood sugar
- Maintain ideal body temperature: 36.5-37.5 C
- If intubated, monitor EtCO<sub>2</sub>
- Assess APGAR

## Considerations

Considerations for crews on scene prior to ambulance arrival

- Assess ABC's of newly born and determine if resuscitative efforts are necessary.
- Determine APGAR score as soon as possible.
- Keep neonate warm and dry to prevent hypothermia.
- If resuscitation is required, place neonate on a firm surface with the head in a neutral position.
- If heavy secretions are present, suction the mouth then nose with a bulb syringe.
- Obtain vital signs if possible.
- If HR is less than 100bpm ventilate with BVM (until chest rises) at a rate of 40-60 breaths/min.
- If HR is less than 60 beats/minute: begin chest compressions at mid sternum at a rate of 120/minute with a 3:1 Ratio and PPV.
- Give full report to arriving paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.

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