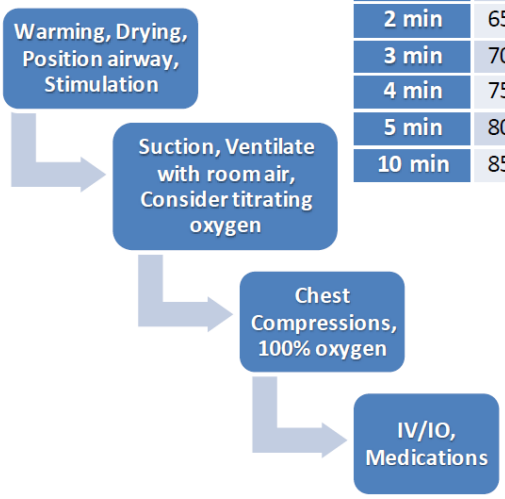
NEWBORN CARE

STABLE	UNSTABLE
BLS	
• Universal Protocol #601 • Pulse Oximetry - O_2 administration per Airway Management Protocol #602 • Assess vital signs then dry thoroughly and cover head and body to maintain body heat • Position infant on back and suction as needed • Stimulate infant by vigorously rubbing the back or flicking the soles of the feet	• Universal Protocol #601 • Respiratory distress – assist with BVM using room air (RA) • HR < 100 BPM – assist with BVM RA 40-60/min • HR < 60 BPM – BVM 100% O_2, provide chest compressions X 1 minute and reassess **Newborn Viability** • Gestation ≤20 weeks without signs of life (pulseless, not breathing) are not considered viable. Resuscitation may be withheld by first responder - If gestational age is uncertain – initiate resuscitation and contact nearest Base hospital - Provider judgement of scene may also warrant initiation of resuscitation efforts in gestation of ≤ 20 week newborn - If resuscitation initiated - contact nearest Base Hospital
ALS Standing Orders	
• None indicated	• ALS resuscitation measures if indicated • Monitor EKG, and pulse oximetry in right upper extremity (preductal O_2 Sat) • Consider oxygen titrated to preductal O_2 Sat • With APGAR < 7 at 5 min check blood sugar level (treat if <40 mg/dL)
Base Hospital Orders Only	
• As needed	• As needed
Notes	

- Asphyxiation/respiratory distress is most common cause of neonatal arrest
- Prompt warming, airway management and ventilations are the key to a successful resuscitation
- A 3:1 compression-to-ventilation ratio is used for neonatal resuscitation where compromise of gas exchange is nearly always the primary cause of cardiovascular collapse
- High-concentrations of oxygen may result in adverse outcomes, particularly in preterm infants
- Meconium-stained infants – Routine intubation for tracheal suction is not approved. Suction oropharynx with bulb syringe and provide BLS airway management
- Use proper sized equipment based on Broselow tape or equivalent
- Determine **APGAR at 1 minute**, **5 minutes**, and after any intervention

APGAR	0 Points	1 Point	2 Point
Activity (muscle tone)	Absent	Arms and legs flexed	Active movement
Pulse	Absent	Below 100	Over 100
Grimace (reflex excitability)	Does not react	Makes a grimace	Screams, coughs, or sneezes
Appearance (skin color)	Pale, blue	Pink trunk with blue extremities	Pink skin
Respiratory Effort	Absent	Irregular, slow, or weak cry	Vigorous cry
0-3 Severely depressed 4-6 Moderately depressed 7-10 Excellent condition			



Normal Preductal O2 Sat After Birth	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%

- Refer to policy #125 for withholding resuscitation on pre-term fetal delivery ≤ 20 weeks gestation.
- If delivery of neonate with gestational age ≤20 weeks without resuscitation efforts, transport of post-partum patient is still encouraged. Use OB-kit swaddle/blanket for transport of neonate with mother.
- If resuscitation of gestational age ≤ 20 weeks is initiated, continue with newborn resuscitation per protocol #641 with early base hospital notification and rapid transport.