Neonatal Assessment and Resuscitation

Aliases: newborn treatment, newborn resuscitation

This protocol should be followed for all newly born infants.

1. History
   a. Date and time of birth
   b. Onset of symptoms
   c. Prenatal history (prenatal care, substance abuse, multiple gestation, maternal illness)
   d. Birth history (maternal fever, meconium, prolapsed or nuchal cord, bleeding)
   e. Estimated gestational age (may be based on last menstrual period)

2. Exam
   a. Respiratory rate and effort (strong, weak, or absent; regular or irregular)
   b. Signs of respiratory distress (grunting, nasal flaring, retractions, gasping, apnea)
   c. Heart rate (fast, slow, or absent), auscultation of chest is the preferred method
   d. Muscle tone (poor or strong)
   e. Color/Appearance (central cyanosis, peripheral cyanosis, pallor, normal)
   f. APGAR score

<table>
<thead>
<tr>
<th>Sign</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance – skin color</td>
<td>Bluish or paleness</td>
<td>Pink or ruddy; hands or feet are blue</td>
<td>Pink or ruddy; entire body</td>
</tr>
<tr>
<td>Pulse – heart rate</td>
<td>Absent</td>
<td>Below 100</td>
<td>Over 100</td>
</tr>
<tr>
<td>Grimace – reflex irritation to foot slap</td>
<td>No response</td>
<td>Crying; some motion</td>
<td>Crying; vigorous</td>
</tr>
<tr>
<td>Activity – muscle tone</td>
<td>Limp</td>
<td>Some flexion of extremities</td>
<td>Active; good motion in extremities</td>
</tr>
<tr>
<td>Respiratory effort</td>
<td>Absent</td>
<td>Slow and Irregular</td>
<td>Normal; crying</td>
</tr>
</tbody>
</table>

   g. Estimated gestational age (term, late preterm, premature)
   h. Pulse oximetry should be considered if prolonged resuscitative efforts or if supplemental oxygen is administered (goal 85-95% at 10 minutes)

3. Procedure
   a. Clamp cord in two places and cut cord between clamps
      i. Should be two to three minutes post delivery
      ii. One clamp 8” from the infant’s abdominal wall and second 2” further
   b. Warm, dry, and stimulate
      i. Wrap infant in dry towel or blanket to keep infant warm, keep head covered if possible
      ii. If strong cry, regular respiratory effort, good tone, and term gestation, infant should be placed skin-to-skin with mother and covered with dry linen
c. If weak cry, signs of respiratory distress, poor tone, or preterm gestation then position airway (sniffing position) and clear airway as needed
   i. If thick meconium or secretions present and signs of respiratory distress, then suction mouth then nose

d. If heart rate >100 beats per minute
   i. Monitor for central cyanosis, provide blow-by oxygen as needed
   ii. Monitor for signs of respiratory distress. If apneic or significant distress:
      1. Initiate bag-valve-mask ventilation with room air at 40-60 breaths per minute
      2. If unable to ventilate, consider intubation per Emergency Airway Procedure

e. If heart rate < 100 beats per minute
   i. Initiate bag-valve-mask ventilation with room air at 40-60 breaths per minute
      1. Primary indicator of improvement is increased heart rate
      2. Only use minimum necessary volume to achieve chest rise
   ii. If no improvement after 90 seconds, provide ventilations with supplemental oxygen (100%) until heart rate normalizes (100 or above)
      1. If unable to ventilate, consider intubation per Emergency Airway Procedure

f. If heart rate < 60 beats per minute
   i. Ensure effective ventilations with supplementary oxygen and adequate chest rise
   ii. If no improvements after 30 seconds, initiate chest compressions
      1. Two-thumb-encircling-hands technique is preferred
   iii. Coordinate chest compressions with positive pressure ventilation (3:1 ratio, 90 compressions and 30 breaths per minute)
      1. Per MCA selection, consider intubation per Emergency Airway Procedure

4. Maintain warm environment
   a. Dry off infant and discard wet linen
   b. Swaddle infant to mother skin to skin if infant is stable
   c. Use extreme caution if chemical heat packs are used

5. For patient transport, refer to Safe Transportation of Children in Ambulances Protocol.