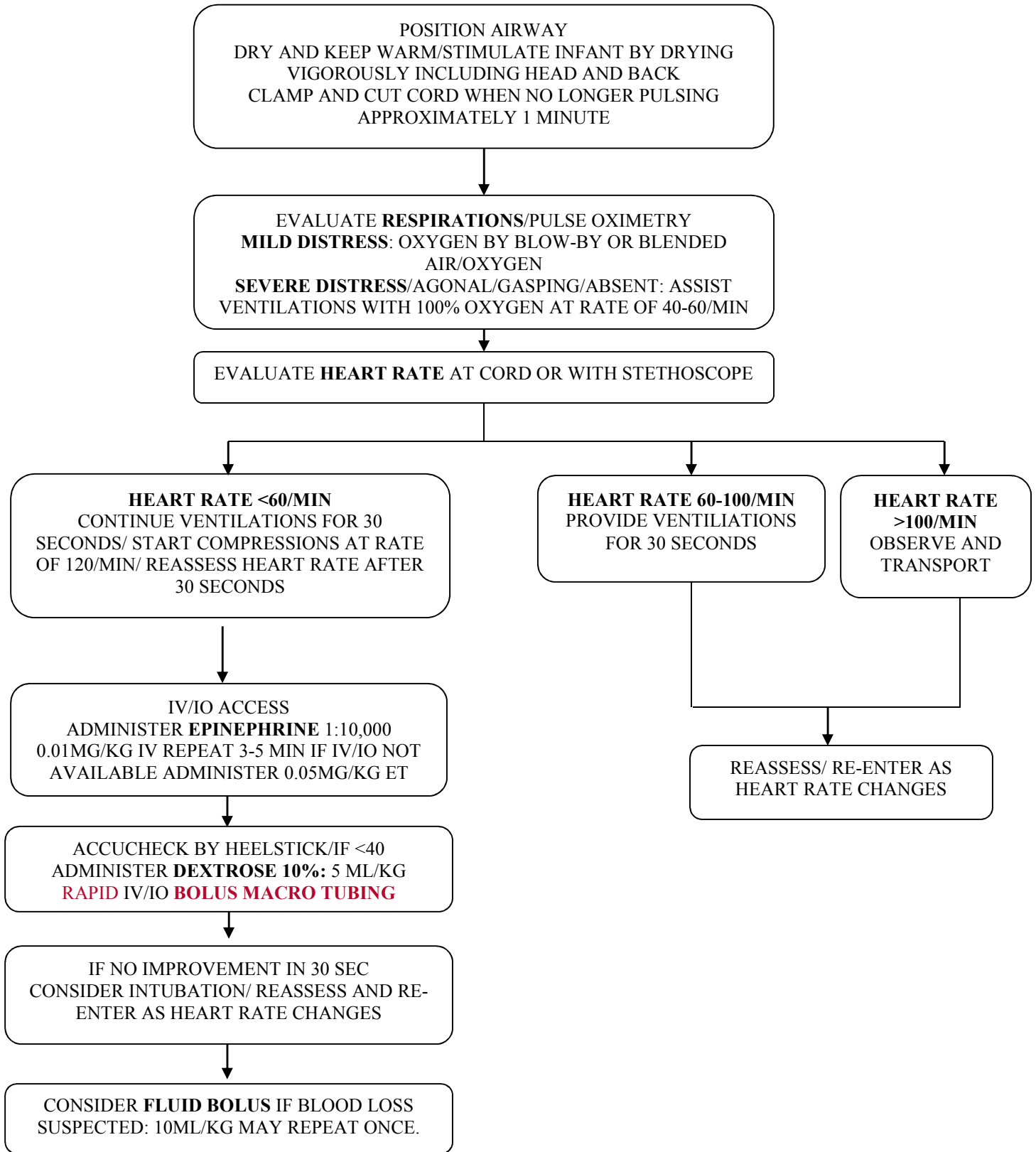


NEONATAL RESUSCITATION

Policy Number: **307**

Effective Date: **July 1, 2014**

Revision Date: **DRAFT**



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1. Neonatal resuscitation should be initiated on all premature infants who are reported to be over 20 weeks gestation or less than 28 days old. If over 28 days old refer to appropriate pediatric protocol. If unknown length of gestation, initiate neonatal resuscitation.
2. Low birth weight and premature infants are likely to become hypothermic despite traditional warming techniques. Extra care should be taken to avoid heat loss to the infant during resuscitation.
3. Hypoxia is the most common cause of bradycardia and cardiac arrest in neonates. This can be prevented by prompt suctioning and assisted ventilations. The primary measure of adequate ventilation is prompt improvement in heart rate.
4. Studies have shown that insufficient or excessive oxygenation of neonates may be harmful. Optimal oxygen saturation levels may not be achieved until 10 minutes following birth. Pulse oximeters should be attached to a preductal location (i.e. right upper extremity, usually the wrist or medial surface of the palm). Studies have discovered if the pulse oximeter is applied to the neonate and connected before it is turned on, the accuracy of the reading is increased. Initial resuscitation attempts on neonates with mild distress should include room air, or a mixture to achieve oxygen saturation levels titrated to the below chart:

Targeted Preductal SPO2 After Birth	
1 min	60-65%
2 min	65-70%
3 min	70-75%
4 min	75-80%
5 min	80-85%
10 min	95-95%

5. Perform chest compressions with both thumbs (the 2 thumb-encircling hands technique), on the lower third of the sternum, to a depth of 1/3 the chest. The recommended ratio for compressions to ventilations is 3:1 with 90 compressions and 30 breaths to achieve 120 events per minute.
6. Initiate transport for an infant in distress early in treatment sequence. Do not delay transport if difficulty with IV/IO access. Priorities should be good CPR and rapid transport.
7. Refer to Broselow Tape for specific pediatric doses.
8. Volume expansion should be considered when blood loss is known or suspected (pale skin, poor perfusion, weak pulse) and the infant's heart rate has not responded adequately to other resuscitative measures. Avoid giving volume expanders rapidly. Rapid infusions of large volumes have been related to intraventricular hemorrhage.
9. Narcan is not recommended as part of the initial resuscitation for newborns with respiratory depression. The focus needs to remain on effective ventilation and airway support for the persistently apneic newborn.