



## Protocol 700-C8-P: Neonatal Resuscitation

Revision 5/22/18  
Effective 8/1/18

### BLS Treatment

- ❖ Neonates are defined as newborn infants up to 30 days old or less
- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Suction/Dry/Stimulate/Warm
- ❖ Evaluate breathing and heart rate – If not breathing adequately, or if heart rate is less than 100 bpm, begin bagging with neonatal BVM.
- ❖ If heart rate is less than 60 bpm, begin compressions.
- ❖ Evaluate color
- ❖ APGAR score is assigned at one and five minutes, as circumstances allow (do not delay critical care treatment to score)
- ❖ HEART RATE > 60 BPM
  - Monitor breathing, ventilate with neonatal BVM @100 % O<sub>2</sub> if respirations are weak or absent
  - Administer O<sub>2</sub> @ 100% if lips are blue via BLOW BY oxygen (even if patient has adequate spontaneous respirations)
  - Prepare for transport/transfer of care
  - Keep as warm as possible throughout resuscitation.
- ❖ HEART RATE < 60 BPM
  - CPR (when heart rate >100 and spontaneous respirations return, discontinue compressions but continue to provide supplemental O<sub>2</sub>).
  - Prepare for transport/ transfer of care
  - Keep as warm as possible throughout resuscitation.

### ALS Treatment

- ❖ HEART RATE < 60 BPM
  - Cardiac monitor.
  - IV NS bolus 10cc/kg
  - Administer **Epinephrine** 0.01mg/kg (0.1ml/kg) 1:10,000 IV/IO. May repeat every 3-5 minutes.
  - Transport.
  - Consider Heel Stick Blood Glucose. For neonates, if BG < 45 mg/dl or for age > 1 y/o if BG<60mg/dl give **Dextrose 10%** 5ml/kg IV/IO.
  - Contact Base Station.
  - Keep as warm as possible throughout resuscitation.