

NEONATE RESUSCITATION

	EMR	EMT	PM
1. Stimulate neonate by drying, rubbing back or flicking the soles of the feet. Keep warm. Lay supine with neutral neck	•	•	•
2. Assess airway and pulse	•	•	•
3. If obvious airway obstruction, suction mouth then nose with bulb syringe		•	•

HR < 60:

4. Ventilate via BVM at 40-60/min. on room air	•	•
5. Reassess every 30 sec., if pulse remains < 60, begin chest compressions at ratio of 3:1 (compressions:ventilations)	•	•
6. Contact OLMC for further instructions	•	•
7. Reassess every 30 sec., if pulse remains < 60, ventilate via BVM on 100% OXYGEN	•	•

APNEA or HR < 100:

4. Ventilate via BVM at 40-60/min. on room air	•	•
5. Reassess every 30 sec., if pulse remains 60 - 100 bpm, continue ventilation via BVM at 40-60/min. on room air	•	•
6. Contact OLMC for further instructions	•	•

NOTE:

1. Obtain 5 min. [APGAR Score](#). If < 7, repeat score every 5 min. for 20 min.

PEARLS:

1. Initiate resuscitative efforts for neonate documented gestational age > 20 weeks (usually calculated by date of last menstrual period). If any doubt about accuracy of gestational age, initiate resuscitation
2. If immediate resuscitation is required and the newborn is still attached to the mother, clamp the cord in two places and cut between the clamps. If no resuscitation is required, warm/dry/stimulate the newborn, and then cut/clamp the cord after 60 seconds or WHEN the cord stops pulsating
3. Hypothermia is common in neonates and worsens outcomes of nearly all post-natal complications. Wrap neonate in dry towel or thermal blanket to keep as warm as possible during resuscitation; keep head covered if possible