



Neonatal Resuscitation

INDICATION	<ul style="list-style-type: none"> Newly born patients with a heartrate below 60 and signs of poor perfusion 																					
BLS	<ul style="list-style-type: none"> Follow General Pediatric Care P-01. If heart rate is between 60 – 100 with signs of poor perfusion: <ul style="list-style-type: none"> Provide positive pressure ventilations for the first 2 minutes of resuscitation. After the first 2 minutes of resuscitation attach supplemental oxygen to maintain the below targets: <table border="1" style="margin: 10px auto;"> <thead> <tr> <th colspan="3">Targeted Preductal SpO₂ After Birth</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">1</td> <td>Minute</td> <td>60% -65%</td> </tr> <tr> <td style="text-align: right;">2</td> <td>Minutes</td> <td>65% - 70%</td> </tr> <tr> <td style="text-align: right;">3</td> <td>Minutes</td> <td>70% - 75%</td> </tr> <tr> <td style="text-align: right;">4</td> <td>Minutes</td> <td>75% - 80%</td> </tr> <tr> <td style="text-align: right;">5</td> <td>Minutes</td> <td>80% - 85%</td> </tr> <tr> <td style="text-align: right;">10</td> <td>Minutes</td> <td>85% - 95%</td> </tr> </tbody> </table> If heartrate is < 60 with signs of poor perfusion, begin CPR. 	Targeted Preductal SpO ₂ After Birth			1	Minute	60% -65%	2	Minutes	65% - 70%	3	Minutes	70% - 75%	4	Minutes	75% - 80%	5	Minutes	80% - 85%	10	Minutes	85% - 95%
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ALS	<ul style="list-style-type: none"> If heartrate is < 60 and no positive response to BLS Treatment: Epinephrine (1:10,000): <i>Pediatric</i>: IV/IO; repeat every 3-5 minutes. Administer according to PediaTape weight calculation and Pediatric Cardiac Arrest Reference Cards. If heartrate persistently < 60: Fluid Challenge AP-09. 																					
KEY CONCEPTS	<ul style="list-style-type: none"> Establishment of IV/IO and medication administration should not interrupt chest compressions. Upon ROSC, maintain SpO₂ > 94%. Capture first breath capnography and maintain throughout arrest. EMS personnel should initiate rapid transport and continue resuscitation on pediatric arrest patients. 																					