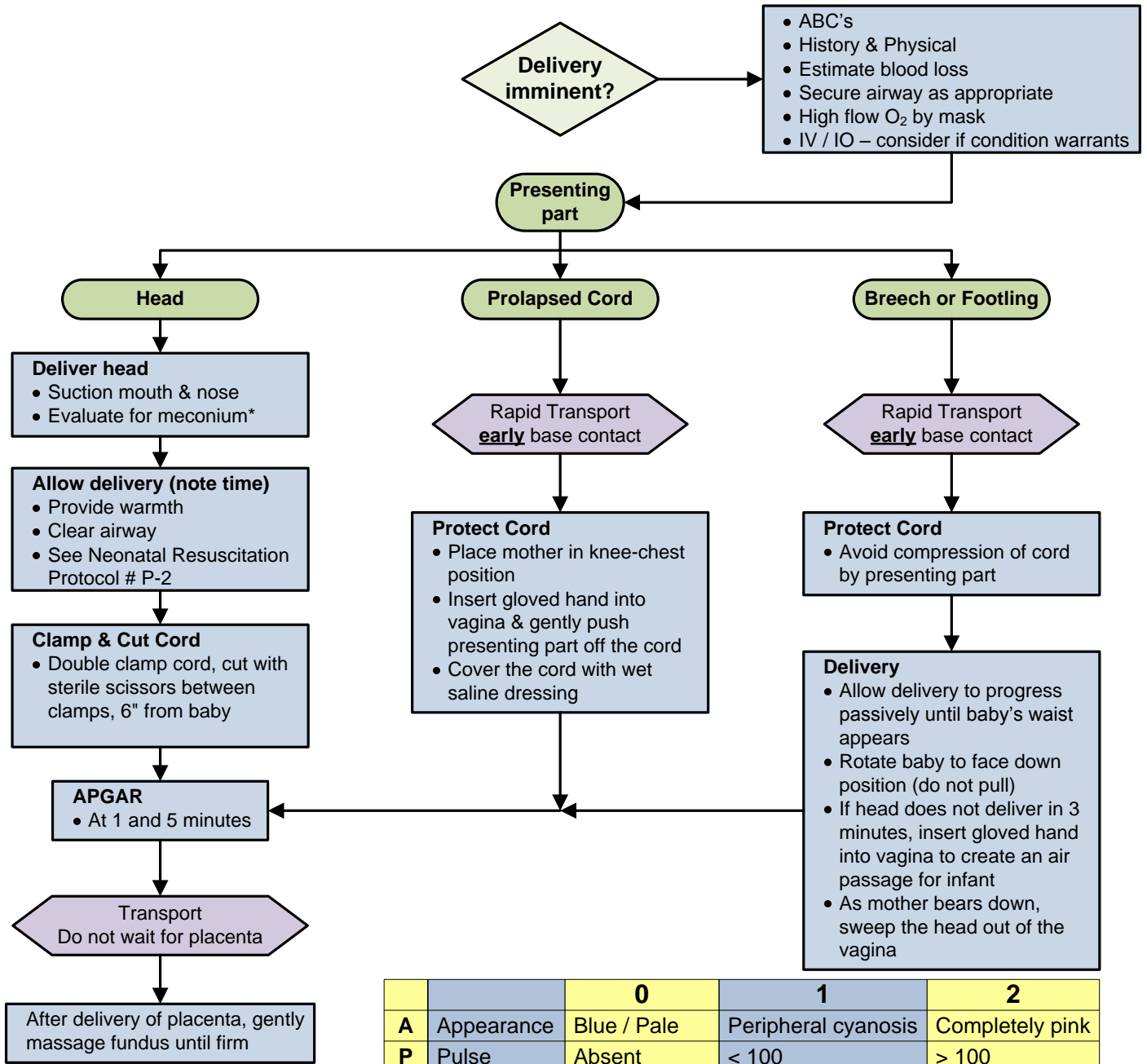




**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**OBSTETRIC / GYN
REFERENCE NO. OB / G-1**

SUBJECT: CHILDBIRTH



*Care of infant per Neonatal Resuscitation Protocol #P-2

		0	1	2
A	Appearance	Blue / Pale	Peripheral cyanosis	Completely pink
P	Pulse	Absent	< 100	> 100
G	Grimace	Flaccid / Limp	Some flexion	Active motion
A	Activity	No response	Some motion / cry	Vigorous cry
R	Respiration	Absent	Slow / irregular	Good / Crying

Effective Date: 06/01/2010
Next Review Date: 03/2012
Approved by:

Date last reviewed revised: 03/10
Page 1 of 1

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director