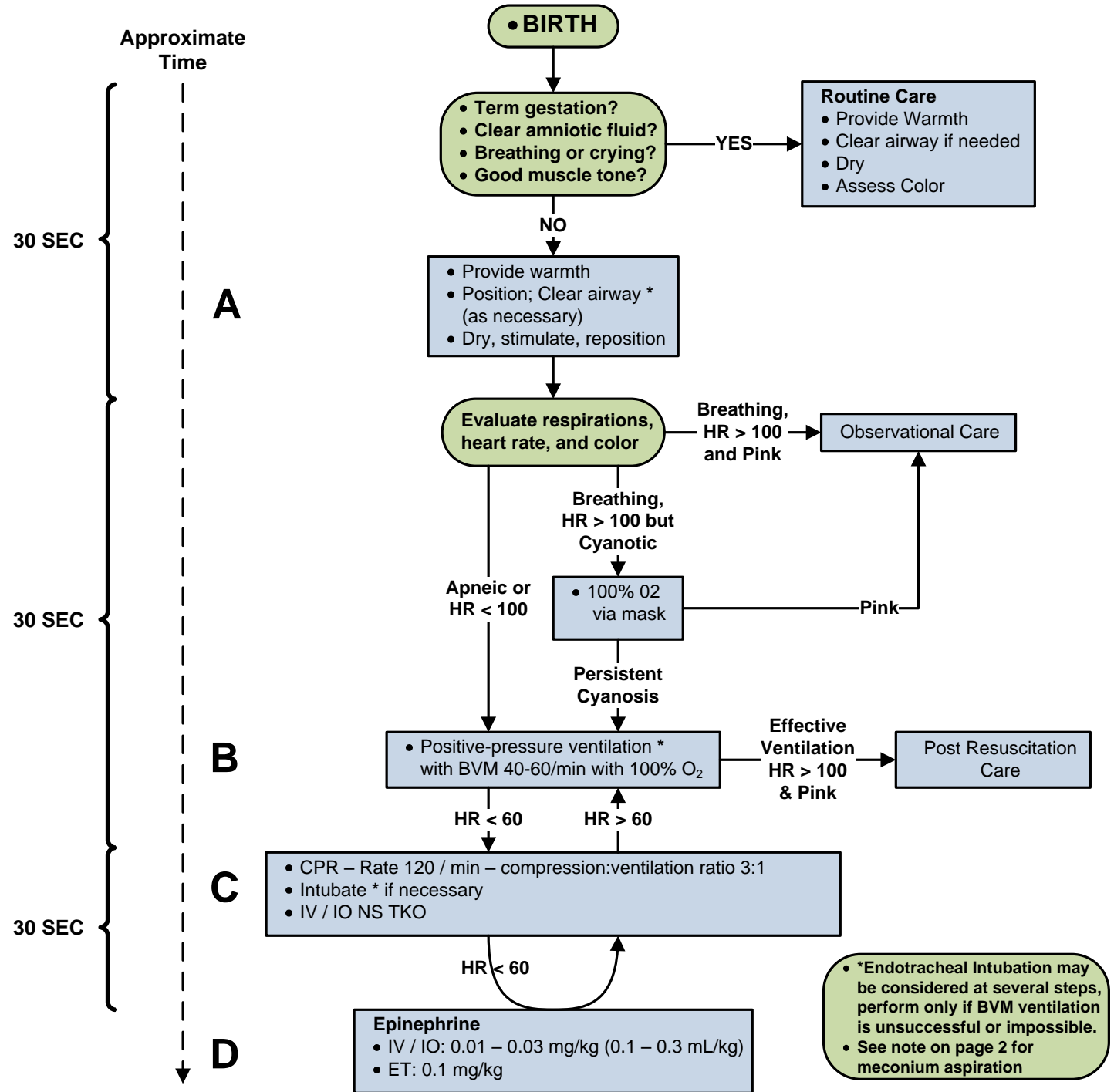




**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**PEDIATRIC
REFERENCE NO. P-2**

SUBJECT: NEONATAL RESUSCITATION – INFANTS ≤ 28 DAYS OLD



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Page 1 of 2

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director



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Clearing the airway of meconium:

If the amniotic fluid contains meconium **and** the infant has absent or depressed respirations, decreased muscle tone, or a heart rate < 100 bpm; do not stimulate or ventilate the infant until meconium has been cleared from the airway as follows:

- **Suction capability ≤ 80 mm Hg:**

Perform direct laryngoscopy immediately after birth for suctioning of the hypo pharynx and intubation/suction of the trachea. Accomplish tracheal suctioning by applying suction directly to the endotracheal tube (utilizing a meconium aspirator), as it is withdrawn from the airway. Repeat intubation and suctioning until little additional meconium is recovered or until the heart rate indicates that resuscitation must proceed without delay.

- **Suction capability > 80 mm Hg**

Do not use an endotracheal tube to suction the trachea. Use a bulb syringe and, if necessary, a suction catheter to thoroughly suction meconium from the nose, mouth and oropharynx. A laryngoscope blade may be inserted to assist in visualization of the oropharynx during suction with the catheter. Intubation may be necessary for respiratory depression.

Ventilate the infant at 40 to 60 breaths per minute (visualizing rise in chest). Use a neonatal resuscitator bag with oxygen reservoir apparatus.