



Neonatal Resuscitation

Approval: Troy M. Falck, MD – Medical Director

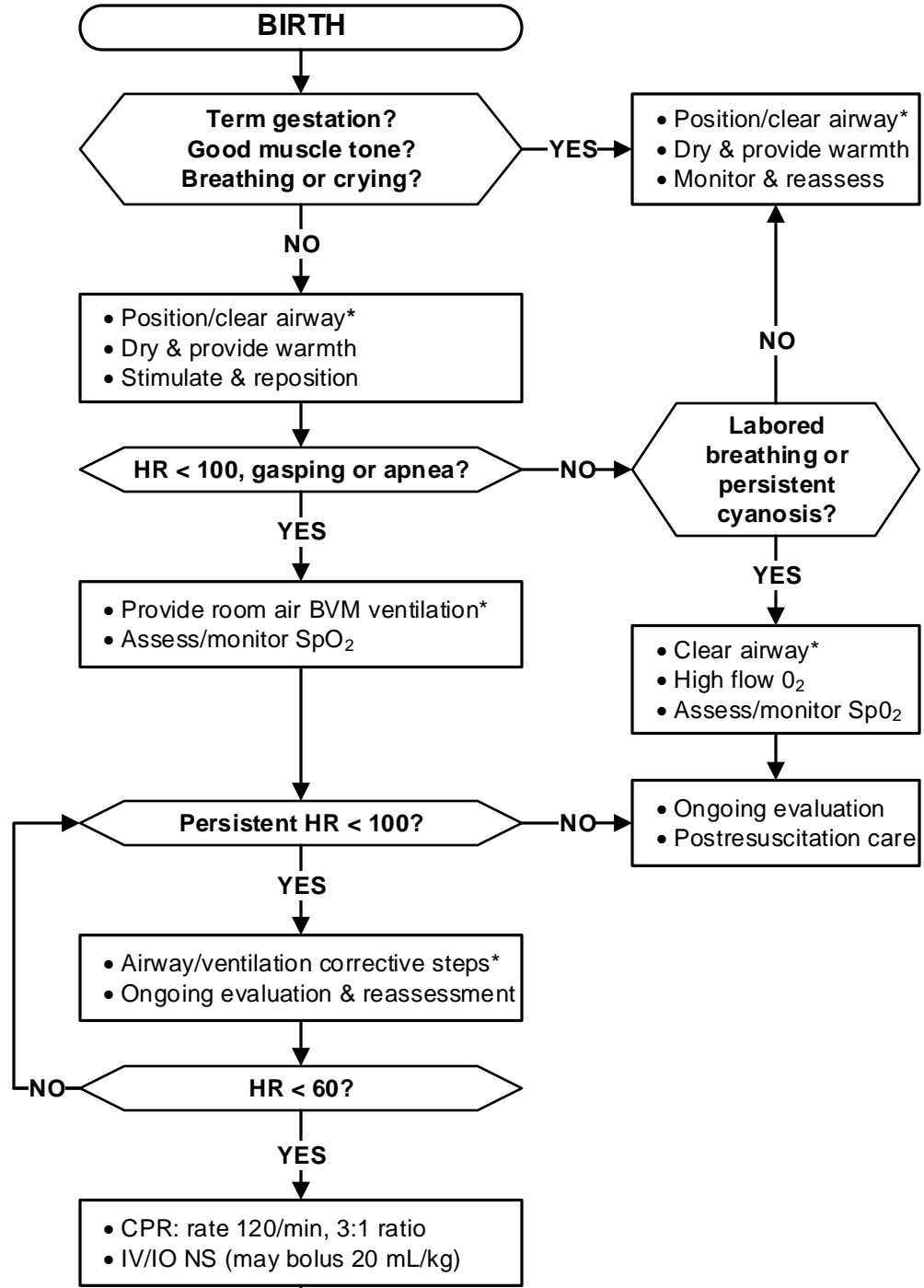
Effective: 06/01/2018

Approval: Victoria Pinette – Executive Director

Next Review: As Needed

***AIRWAY/
VENTILATION
INFORMATION &
CORRECTIVE STEPS**

- Position infant in a “sniffing” position to open the airway
- Clear secretions with a bulb syringe
- If pt. not improving and chest is not moving with BVM ventilation, the trachea may be obstructed by thick secretions/meconium – use a bulb syringe, and a suction catheter if necessary, to clear the nose, mouth and oropharynx
- Convert from room air to high flow O₂ for persistent bradycardia and/or cyanosis
- If HR persistently below 60, consider hypovolemia and/or pneumothorax
- Target SpO₂ after birth:
 - 1 min: 60% - 65%
 - 2 min: 65% - 70%
 - 3 min: 70% - 75%
 - 4 min: 75% - 80%
 - 5 min: 80% - 85%
 - 10 min: 85% - 95%



For persistent HR < 60:

Epinephrine 1:10,000 (AEMT II ONLY)

- IV/IO: 0.01 – 0.03 mg/kg (0.1 – 0.3 mL/kg)
- May repeat every 3 – 5 minutes for persistent HR < 60