



Neonatal Resuscitation

Approval: Troy M. Falck, MD – Medical Director

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Approval: Victoria Pinette – Executive Director

Next Review: 09/2023

**\*Airway/Ventilation**

- Position in a “sniffing” position to open the airway & clear secretions with a bulb syringe if necessary.
- If no improvement, & chest is not moving with BVM ventilation, the trachea may be obstructed by thick secretions/meconium. Use a bulb syringe, or suction catheter if necessary, to clear the nose, mouth & oropharynx. A laryngoscope may be used to assist in visualization of the oropharynx.
- Convert from room air to high flow O<sub>2</sub> for persistent bradycardia &/or cyanosis.
- If HR persistently <60, consider hypovolemia &/or pneumothorax.
- Target SpO<sub>2</sub> 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%

**\*\*Fluid Bolus**

- Contact the base/modified base hospital for specific fluid bolus volume direction.

