



Newborn Care/Neonatal Resuscitation

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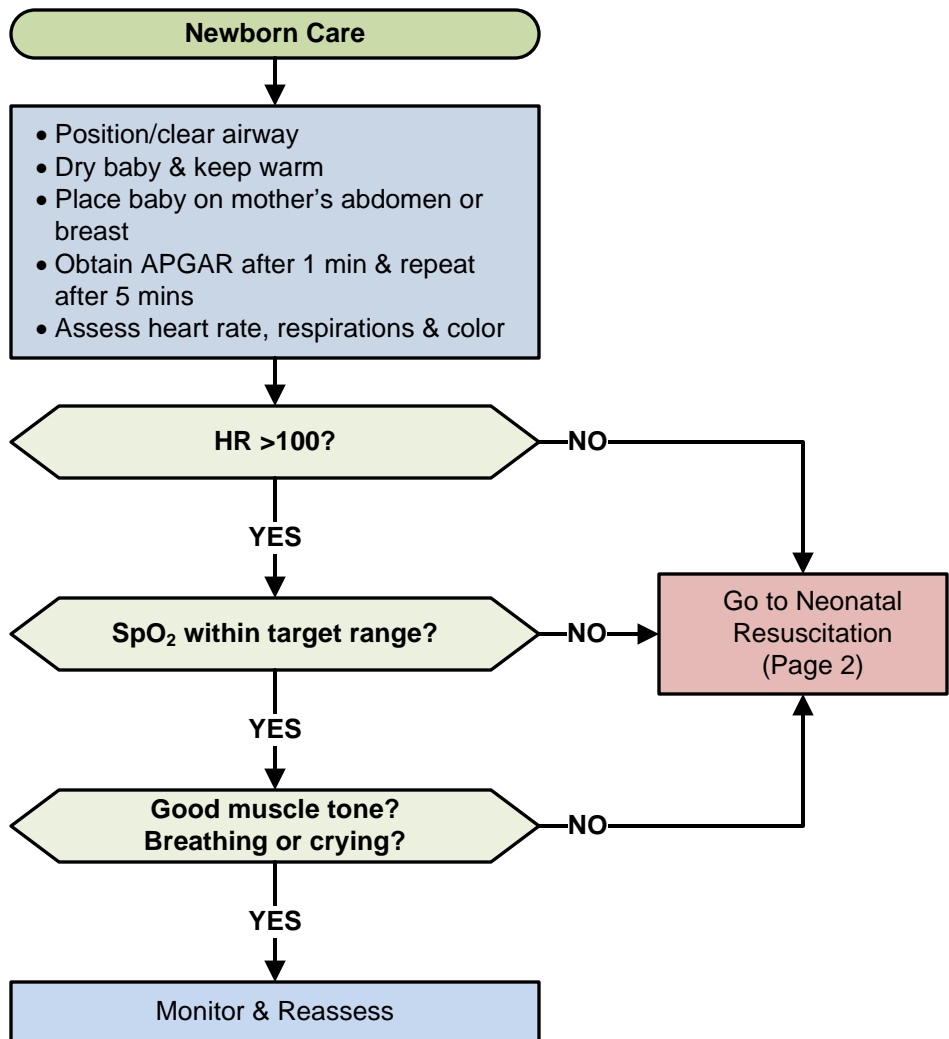
Approval: John Poland – Executive Director

Next Review: 01/2028

- A newborn/neonate is a child ≤28 days of age.
- Initial & ongoing assessments are critical to identifying and correcting life threats.
- If resuscitation is not required, EMS personnel should prioritize the following:
 - Whenever possible keep mother & baby together.
 - Maintain skin-to-skin contact between mother & baby.
 - Keep the baby warm – dry & cover the head, hands & feet.

APGAR SCORE

	Sign/Score	0	1	2
A	Appearance	Blue/Pale	Peripheral cyanosis	Pink
P	Pulse Rate	None	<100	>100
G	Grimace	None	Grimace	Cries
A	Activity	Limp	Some motion	Active
R	Respiration	Absent	Slow/irregular	Good/strong cry



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%



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***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 O₂ for persistent bradycardia &/or cyanosis.
- If HR persistently <60, consider hypovolemia &/or pneumothorax.

****Fluid Bolus**

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

