

POLICY: 555.10  
TITLE: Newborn Resuscitation

EFFECTIVE: 7/1/2018  
REVIEW: 7/2023  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 3

## NEWBORN RESUSCITATION

- I. AUTHORITY : Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS	
ASSESS	CAB
SUCTION	Open airway. Suction mouth and nasopharynx with bulb syringe
WARM	Dry and keep warm with thermal blanket or dry towel. Stimulate by drying vigorously, including the head and back. If not already performed: clamp and cut cord.
ASSESS	Evaluate breathing and heart rate. Perform APGAR score at 1 and 5 minutes after delivery if time allows. Do not delay resuscitative measures to score patient.
<b>HEART RATE greater than 100</b>	
ASSESS COLOR	If peripheral cyanosis is present: administer 100% oxygen via blow-by or mask.
REASSESS	Heart rate and respirations every 60 seconds while enroute.
<b>HEART RATE 80 – 100</b>	
OXYGEN	100% via mask.
STIMULATE	
REASSESS	If heart rate remains less than 100 after 30 seconds of oxygen and stimulation, begin assisted ventilation with 100% oxygen via bag-valve mask at 40 breaths per minute.
REASSESS	Heart rate and respirations every 60 seconds while enroute.
<b>HEART RATE 60 – 80</b>	
OXYGEN	Assist ventilations with 100% oxygen via bag-valve mask at 40 breaths per minute.
CPR	If no increase in heart rate following ventilations, start compressions at 120 per minute. If patient's heart rate is increasing, continue ventilations without compressions for an additional 15 - 30 seconds.
SECURE AIRWAY/ INTUBATE	If compressions and ventilations fail to increase patients heart rate. Ventilate with 100% oxygen via BVM using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider placement of an I-Gel- only if unable to establish adequate ventilation and oxygenation

	using a BVM and airway adjuncts. Refer to Policy 554.00 – General Protocols.
<b>IV/IO</b>	TKO
<b>EPINEPHRINE</b>	0.01 mg/kg of 1:10,000, if heart rate fails to increase above 80.
<b>REASSESS</b>	Heart rate and respirations every 60 seconds while enroute.
<b>STANDING ORDERS CONTINUED</b>	
<b>HEART RATE less than 60</b>	
<b>OXYGEN</b>	Assist ventilations with 100% oxygen via bag-valve mask at 40 breaths per minute.
<b>CPR</b>	120 compressions per minute.
<b>SECURE AIRWAY</b>	If compressions and ventilations fail to increase patients heart rate. Ventilate with 100% oxygen via BVM using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider placement of an I-Gel - only if unable to establish adequate ventilation and oxygenation using a BVM and airway adjuncts. Refer to Policy 554.00 – General Protocols.
<b>IV/IO</b>	TKO
<b>EPINEPHRINE</b>	0.01 mg/kg of 1:10,000 IV/IO, if heart rate fails to increase above 80.
<b>REASSESS</b>	Heart rate and respirations every 60 seconds while enroute.

## ALGORITHM CHART FOLLOWS

### NEWBORN RESUSCITATION ALGORITHM SUMMARY

