



POLICIES AND
PROCEDURES

POLICY: 555.10
TITLE: Pediatric Newborn Resuscitation

EFFECTIVE: 02/01/2026DRAFT
REVIEW: 02/2028DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC NEWBORN RESUSCITATION

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

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order
Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
WARM AND STIMULATE: dry and keep warm with thermal blanket or dry towel. Stimulate by drying vigorously including the head and back.	X	X	X	X	X	
CLAMP and CUT CORD: leaving at least 2 inches of cord remaining. Consider delayed cord clamping (60 seconds) if newborn stable.	X	X	X	X	X	
ASSESS: evaluate breathing and heart rate. Perform APGAR score 1 and 5 minutes after delivery, if time allows. Do not delay resuscitative measures to score patient.	X	X	X	X	X	
PULSE OXIMETRY: if oxygen indicated, apply and monitor.		X	X	X	X	
HEART RATE > 100						
ASSESS COLOR: if peripheral cyanosis present, administer 100% oxygen via blow-by or mask.	X	X	X	X	X	
REASSESS: heart rate and respirations every 60 seconds.	X	X	X	X	X	
HEART RATE < 100						
OXYGEN: 100% via mask.	X	X	X	X	X	
VENILATE: if heart rate < 100 after 30 seconds of oxygen and stimulation, begin assisted ventilation with 100% oxygen via bag-valve mask, 40 - 60 breaths per minute.	X	X	X	X	X	
DEEP SUCTION: consider deep suction if meconium present. Limit suctioning to 5			X	X	X	

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seconds per attempt.						
	F	E	O	A	P	D
REASSESS: heart rate and respirations every 30 seconds.	X	X	X	X	X	
ECG MONITOR: if heart rate not > 100 after 2 reassessments. Lead placement may be delegated.					X	
HEART RATE < 60						
HP-CPR: including AED. 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 30 seconds.	X	X	X	X	X	
Deliver 3 compressions followed by a ventilation breath (3:1 ratio) when providing chest compressions to newborn infants.						
DEEP SUCTION: consider deep suction if meconium present. Limit suctioning to 5 seconds per attempt.				X	X	
SUPRAGLOTTIC AIRWAY: if compressions and ventilations fail to increase patient's heart rate. Ventilate with 100% oxygen via BVM.			X	X	X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	X	
FLUID BOLUS: 20 mL/kg as indicated. Reassess after each bolus.				X	X	
EPINEPHRINE: 0.01 mg/kg of 1:10,000 (0.1 mg/mL) IV/IO if heart rate fails to increase above 80.					X	
REASSESS: heart rate and respirations every 30 seconds.	X	X	X	X	X	
TEST FOR GLUCOSE		X	X	X	X	
D10: 2 mL/kg IV/IO if blood sugar < 40 mg/dL. Recheck glucose after 10 minutes and repeat infusion until blood sugar > 40 mg/dL.				X	X	

APGAR SCORE	0	1	2
APPEARANCE	Blue	Pink Body/Blue Limbs	All Pink
PULSE	Absent	< 100/Min	>100/Min
GRIMACE	None	Grimace	Cough/Sneeze
ACTIVITY	Limp	Some Flexion	Active Motion
RESPIRATIONS	Absent	Slow/Irregular	Good

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4

NEWBORN RESUSCITATION ALGORITHM

