



## NEONATAL RESUSCITATION

**Effective:** May 1, 2017  
**Replaces:** June 2012  
**Review:** May 1, 2022

### 1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric **(700-S05)**
  - 1.1.1. The majority of newborns require no resuscitation beyond the maintenance of temperature, suctioning and mild stimulation
  - 1.1.2. Keep all prehospital delays to a minimum
  - 1.1.3. Place newborn supine in neutral position
  - 1.1.4. Avoid hyperextension or flexion of the neck
  - 1.1.5. Avoid hypothermia
  - 1.1.6. Clamp and cut umbilical cord
- 1.2. If **Respirations** are shallow and/or inadequate:
  - 1.2.1. Assist ventilations with **BVM** at a rate of **40–60** respirations per minute
  - 1.2.2. If gestational age of child is greater than thirty-five (35) weeks, **BVM** with **room air**
  - 1.2.3. If gestational age of child is less than thirty-five (35) weeks, **BVM** with supplemental **oxygen at 2 LPM**
- 1.3. If **Heart Rate** is **less than sixty (60)** beats per minute and unresponsive to **BVM**:
  - 1.3.1. Assist ventilations with **BVM** with **100%** supplemental **oxygen**, AND
  - 1.3.2. Start **chest compressions** at a rate of **90** compressions a minute, AND
  - 1.3.3. **Ventilate** every third chest compression
- 1.4. If **Heart Rate** is **greater than sixty (60)** beats per minute:
  - 1.4.1. Continue to monitor and assist with ventilations as needed

### 2. ALS Treatment

- 2.1. Establish **vascular access (IV)** if applicable
  - 2.1.1. Consider **10ml/kg normal saline bolus**, may repeat once
- 2.2. If **Heart Rate** is sixty (60) beats per minute or less:
  - 2.2.1. **Epinephrine (1:10,000) 0.01mg/kg IV** repeat every 3-5 minutes if no response to ventilation and chest compressions
  - 2.2.2. Consider **Naloxone 0.1mg/kg IV**, if heart rate is persistently **less than sixty (60)** beats per minute and there is a known or suspected maternal opioid use