	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9009.19
	PROGRAM DOCUMENT: **Pediatric - Neonatal Resuscitation**	Initial Date:	02/25/95
		Last Approval Date:	09/09/21
		Effective Date:	05/01/24
		Next Review Date:	09/01/25

Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To establish treatment standards in the resuscitation of the neonate – (defined as birth to 28 days).

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

A. Neonatal cardiac arrest is predominantly caused by asphyxia, so maintain the A-B-C resuscitation Sequence with a 3:1 compression-to-ventilation ratio.
B. Once positive-pressure ventilation (PPV) or supplementary oxygen administration is begun, assessment should consist of simultaneous evaluation of 3 clinical characteristics: heart rate, respiratory rate, and evaluation of the state of oxygenation. The state of oxygenation is optimally determined by a pulse oximeter rather than by a simple assessment of color.
C. Pulse oximetry, with a probe attached to the right upper extremity, shall be used to assess any need for supplementary oxygen. For babies born at term, it is best to begin resuscitation with air rather than 100% oxygen. Administration of supplementary oxygen, using the “blow-by” method, should be guided by oximetry monitored from the right upper extremity (i.e., usually the wrist or palm).
D. Suctioning immediately after birth (including suctioning with a bulb syringe) should be reserved for babies who have an obvious obstruction to spontaneous breathing or require positive-pressure ventilation.
E. Positive-pressure ventilation should be administered with sufficient pressure to increase the heart rate or create chest expansion; excessive pressure can seriously injure the pre-term lung.
F. If the heart rate is less than 60/min despite adequate ventilation, chest compressions are indicated. Because ventilation is the most effective action in neonatal resuscitation and because chest compressions are likely to compete with effective ventilation, rescuers should ensure that assisted ventilation is being delivered optimally before starting chest compressions.
G. The ability to maintain temperature in prehospital settings after birth is a significant problem with a dose-dependent increase in mortality for temperatures below 37°C or 98.6°F. Premature newborns are at a much higher risk than those born at term. Simple interventions to prevent hypothermia between birth and arrival at the hospital reduce mortality. During transport, warm and maintain normal temperature, being careful to avoid hyperthermia.

Neonatal Resuscitation