Neonatal Resuscitation Birth ¹Preductal SpO2 Target 1 min 60-65% **Term Gestation?** No resuscitation is needed; Yes 2 min 65-70% dry the newborn and keep warm. **Good Tone?** 3 min 70-75% Clear/suction secretions if needed. **Breathing or Crying?** 4 min 75-80% 5 min 80-85% No 10 min 85-95% Keep the newborn warm. Position, dry ¹Measure on patient's to stimulate breathing, oxygenate prn, right hand clear/suction secretions as needed No Inadequate breathing? Labored breathing or ²HR < 100/min? persistent cyanosis? ² Initial HR assessment is Yes Yes most accurate using a Position and clear airway Positive Pressure Ventilation stethoscope placed on SpO₂ monitoring **EKG** monitoring the left side of the chest Supplemental O2 as needed SpO₂ monitoring¹ Positive pressure ventilation PRN No HR <100/min? Post Resuscitation Care **Term Newborn Vital Signs** Yes Heart rate 120 - 160 Respiratory Rate 30 - 60 Check chest rise/fall SBP 56 - 90 mm/HgTake ventilation corrective steps DBP 26 - 56 mm/Hg ETT as needed (x1 attempt) Glucose ≥ 40 mg/dL No APGAR score at 1 and 5 HR <60/min? minutes postpartum APGAR SCORING SYSTEM Yes Chest compressions and ventilatory support to correct HR.

	0 Points	1 Point		2 Points	Points totaled
Activity (muscle tone)	Absent	Arms and legs flexed		Active movement	
Pulse	Absent	Below 100 bpm		Over 100 bpm	
Grimace (reflex irritability)	Flaccid	Some flexion of Extremities		Active motion (sneeze, cough, pull away)	
Appearance (skin color)	Blue, pale	Body pink, Extremities blue		Completely pink	
Respiration	Absent	Slow, irregular		Vigorous cry	
			Severely depressed 0-3		
			Moderately depressed		4-6
			Excellent condition 7-10		

Chest compressions and ventilatory support to correct HR.

(Use a 3:1 ratio unless suspected cardiac etiology, then use a 15:2 ratio)

After 2 minutes of chest compressions and ventilatory support

without a spontaneous return of HR > 60 administer

Epinephrine 0.1mg/ml (1:10,000) 0.01 to 0.03mg/kg IV/IO

HR <60/min after 60 seconds of CPR?

Yes

Consider hypovolemia Consider pneumothorax

Contact Medical
Control for
additional orders
or consultation

Routine intubation for tracheal suction with presence of meconium-stained amniotic fluid is NOT recommended. It is only indicated if airway obstruction is suspected after providing positive pressure ventilation.

