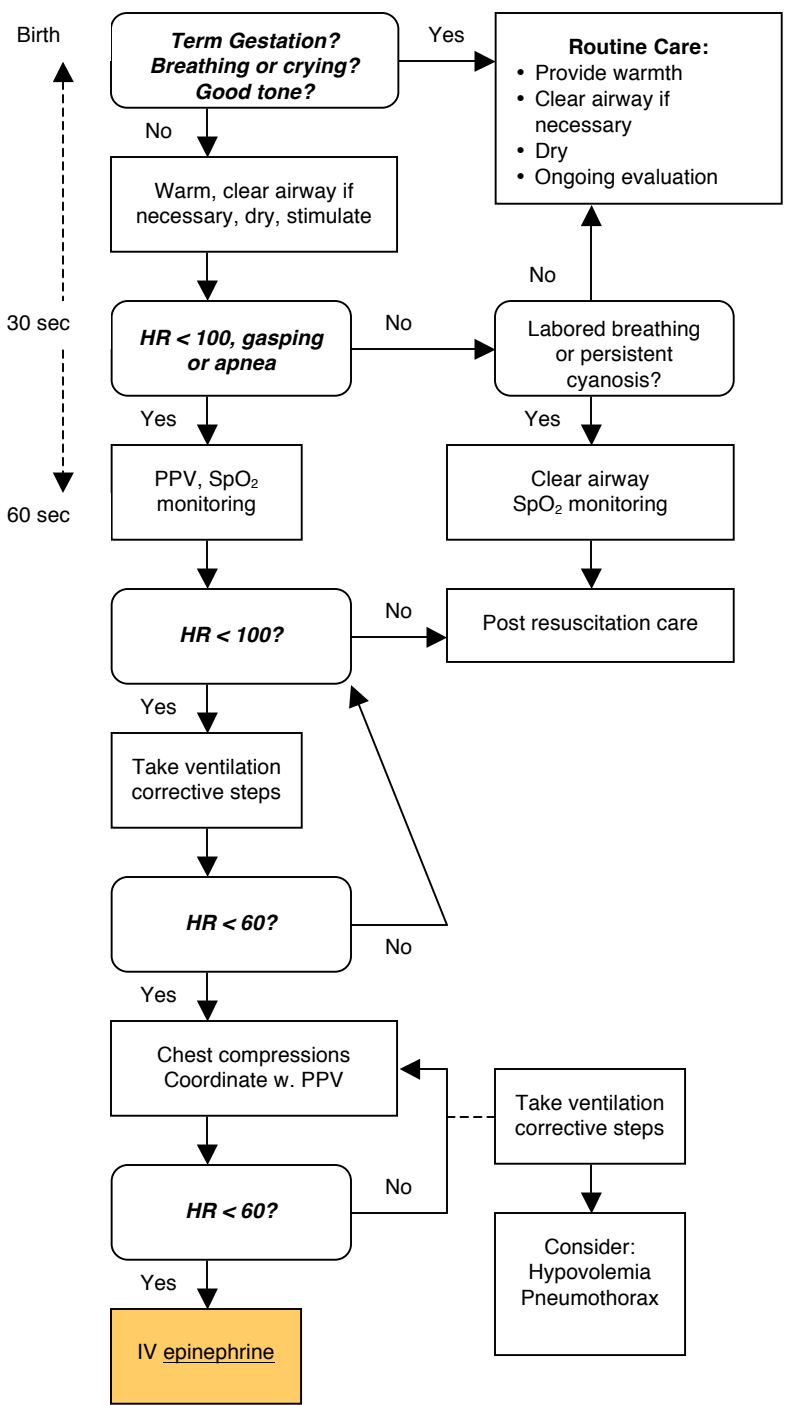


# 6025 NEONATAL RESUSCITATION

EMT	AEMT
EMT-I	Paramedic



**General Considerations**  
(From 2010 AHA Guidelines)

- Newborn infants who do not require resuscitation can be identified generally based on 3 questions:
  - Term gestation?
  - Crying or breathing?
  - Good muscle tone?
- If answer to all 3 questions is "yes" then baby does not require resuscitation and should be dried, placed skin-to-skin on mother and covered to keep warm
- If answer to any of 3 questions is "no" then infant should receive 1 or more of following 4 categories of intervention in sequence:
  - Initial steps in stabilization (warm, clear airway, dry, stimulate)
  - Ventilation
  - Chest compression
  - Administration of epinephrine and/or volume expansion
- It should take approx. 60 seconds to complete initial steps
- The decision to progress beyond initial steps is based on an assessment of respirations (apnea, gasping, labored or unlabored breathing) and heart rate (>/< 100 bpm)

**Assisting Ventilations:**

- Assist ventilations at rate of 40-60 breaths per minute to maintain HR > 100

**Chest compressions:**

- Indicated for HR < 60 despite adequate ventilation w. supplemental O<sub>2</sub> for 30 seconds
- 2 thumb – encircling hands technique preferred
- Allow chest recoil
- Coordinate with ventilations so not delivered simultaneously
- 3:1 ratio of compressions to ventilations w. exhalation occurring during 1<sup>st</sup> compression after each ventilation