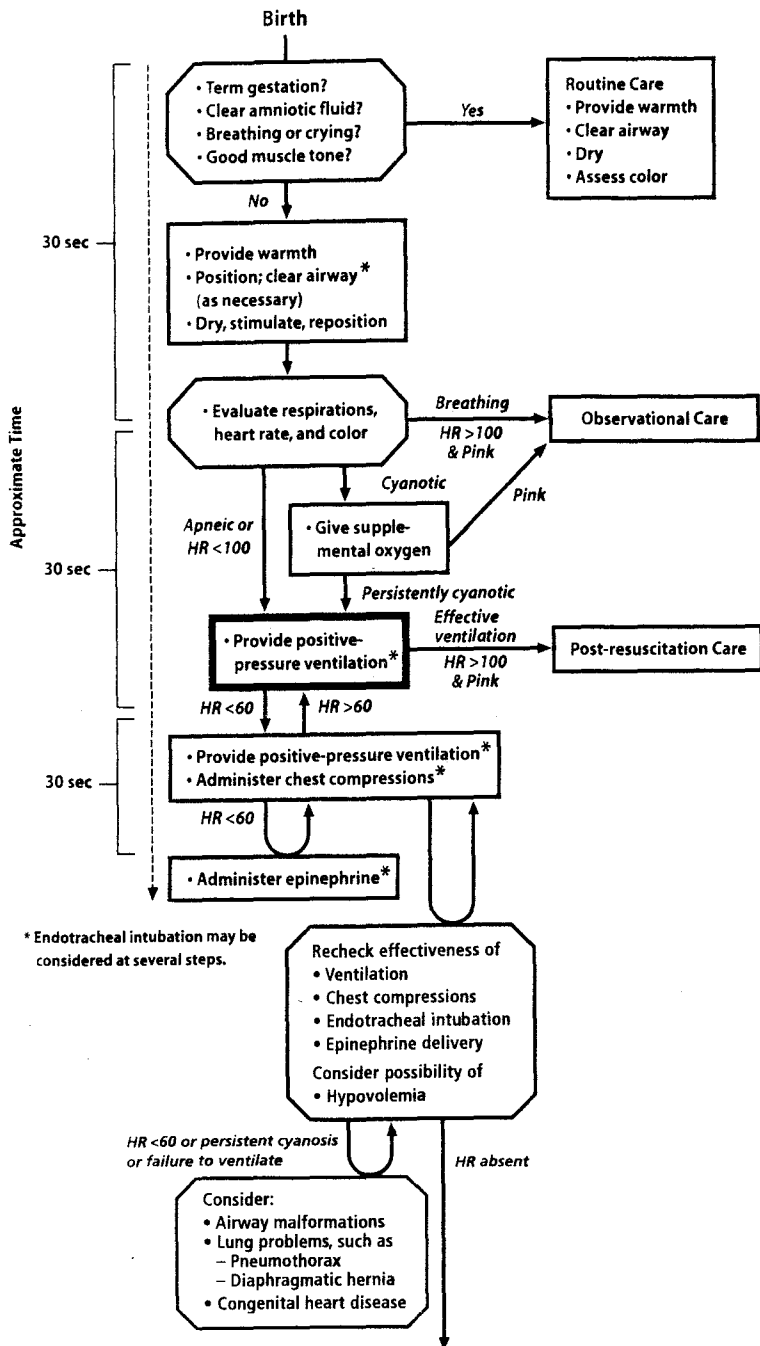


# Neonatal Resuscitation Program - Reference Chart

! The most important and effective action in neonatal resuscitation is ventilation of the baby's lungs.



- A Airway**
- Put baby's head in "sniffing" position
  - Suction mouth, then nose
  - Suction trachea if meconium-stained and NOT vigorous
- B Breathing**
- PPV for apnea, gasping, or pulse < 100 bpm
  - Ventilate at rate of 40 to 60 breaths/minute
  - Listen for rising heart rate, audible breath sounds
  - Look for slight chest movement with each breath
  - Use CO<sub>2</sub> detector after intubation
- C Circulation**
- Start compressions if HR is < 60 after 30 seconds of effective PPV
  - Give (3 compressions: 1 breath) every 2 seconds
  - Compress one third of the anterior-posterior diameter of the chest
- D Drugs**
- Give epinephrine if HR is < 60 after 30 seconds of compressions and ventilation
  - Caution: epinephrine dosage is different for ET and IV routes

## Endotracheal Intubation

Gestational Age (weeks)	Weight (kg)	ET Tube Size (ID, mm)	Depth of Insertion* (cm from upper lip)
<28	<1.0	2.5	6-7
28-34	1.0-2.0	3.0	7-8
34-38	2.0-3.0	3.5	8-9
>38	>3.0	3.5-4.0	9-10

\*Depth of Insertion (cm) = 6 + weight (in kg)

## Medications for Neonatal Resuscitation

Medication	Concentration to Administer	Preparation	Dosage/Route	Rate/Precautions
Epinephrine	1:10,000	1:10,000 solution in 1-mL syringe (or larger syringe if giving by ETT)	0.1 to 0.3 mL/kg IV (consider 0.3 to 1 mL/kg via ETT while IV access being obtained)	Give rapidly  Flush catheter with 0.5 to 1 mL normal saline
Volume expanders	Normal saline (recommended)  Ringer's lactate O Rh-negative blood	Estimated volume drawn into large syringe(s)	10 mL/kg  IV (umbilical vein)	Give over 5 to 10 minutes

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