Neonatal Resuscitation Protocol:

- American Academy of Pediatric ; Oct 2015
- ~10% of neonate need some resuscitation
- <1% → need chest compression & medicine

Antenatal counseling
- Team briefing
- Equipment check

Birth

- Term gest ?
- Good muscle tone
- Breathing or crying?

Yes → **Routine care**: Provide warmth (25°C at delivery room)
- clear airway
- Dry
- ongoing evaluation

NO →
- Provide warmth
- Position
- clear airway
- Dry
- stimulate

HR < 100/min or Apnea / Gasping

Yes →
- start PPV
- Check SpO_2
- consider cardiac monitoring

30 sec

HR < 100/min

NO → Post-resuscitation Then debriefing

Yes →

Check chest movement
Ventilation corrective step
may intubate baby

NO HR < 60/min

Yes →
- start chest compression, coordinate PPV
- use 100% O_2
- use cardiac monitor
- Intubation
- consider UVC

HR < 60/min

NO

Yes → Inject Adrenaline

If after 3 time dose → NO improvement

consider
- Hypovolemia
- Pneumothorax

infant pale
poor peripheral Perfusion
feeble Pluse

Give
- Normal saline
- O +ve Rh-ve Blood
- Not ringer lactate

Labored breathing or persistent cyanosis

Yes →
- clear airway
- check SpO_2
- consider CPAP
- supplement O_2 if req

NO →

Place the baby in skin to skin contact with the mother

then use drugs ... to increase the tissue perfusion.

Following drugs are commonly used:

- Epinephrine (1: 10,000). Indicated when heart rate is not improving in spite of adequate effective ventilation and chest compressions. Dose is 0.1–0.3 ml/kg I/V or intra-tracheal. Dose can be repeated in 3–5 min.
- Volume expanders (Normal saline, Ringer lactate or 5% albumin). These are indicated where there is evidence or suspicion of hypovolemia e.g. pallor persisting after oxygenation, weak pulses with good heart rate, poor response to resuscitation. Dose is 10 ml/kg I/V in 5–10 min.
- Sodium bicarbonate: It is indicated in prolonged cardiac arrest that does not respond to other therapy. It should be used only after ventilation is established. Dose is 1–2 mEq/kg I/V slow diluted over 2 min.
- Naloxone hydrochloride. It is indicated when there is H/O maternal narcotic administration within past 4 hours. Dose is 0.1 mg/kg through endotracheal tube, I/V, I/M or S/C.