Follow Initial Protocol for All Patients

**Goals:**
- Provide adequate oxygenation
- Provide adequate perfusion

**Signs/Symptoms:**
- Respiratory distress
- Apnea
- Bradycardia
- Poor perfusion

**Documentation Key Points:**
- Vitals
- Time starting/stopping treatments

**Follow-up Protocol for All Patients**

**Breathing/Crying? and/or Good Tone?**
- Yes → Routine Care
  - Warmth, clear airway as needed - routine suctioning not recommended, dry, ongoing evaluation
- No → Warm, clear airway if needed, stimulate

**HR below 100?**
- No → Persistent Cyanosis
- Yes → Gasping or Apnea or Labored Breathing

**Positive Pressure Ventilation**
- SpO2 Monitoring, right upper extremity
- HR <100 bpm
  - No → Ventilation Corrective Steps, MR. SOPA
  - Yes
    - Ventilation Corrective Measures:
      - M - Adjust Mask
      - R - Resposition Airway
      - S - Suction
      - O - Open Mouth
      - P - Increase Pressure
      - A - Airway Alternative
- HR <60 bpm
  - No → Chest Compressions
  - Yes

**E1. Airway Management/Crash Airway**
- No → HR <60 bpm
- Yes → H46. Normal Saline Bolus 10 ml/kg
  - Repeat x3
- Consider H16. Epinephrine 1:10,000
  - 10 - 30 mcg/kg (0.1-0.3 ml/kg)

**APGAR Evaluation of newborn infants**

<table>
<thead>
<tr>
<th>SIGN</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart rate</td>
<td>Absent</td>
<td>Below 100</td>
<td>Over 100</td>
</tr>
<tr>
<td>Respiratory effort</td>
<td>Absent</td>
<td>Slow, irregular</td>
<td>Good, crying</td>
</tr>
<tr>
<td>Muscle tone</td>
<td>Limp</td>
<td>Some flexion</td>
<td>Active motion</td>
</tr>
<tr>
<td>Reflex*</td>
<td>No response</td>
<td>Grimace</td>
<td>Cough or sneeze</td>
</tr>
<tr>
<td>Color</td>
<td>Blue, Pale</td>
<td>Body pink, Extremities blue</td>
<td>Completely pink</td>
</tr>
</tbody>
</table>

*Response to calcifer in neonates

**Special Considerations**
- Transport should be to hospital with available Neonatal Intensive Care Unit; Blank Children's Hospital & MercyOne Des Moines.
- Notify receiving hospital as soon as possible.

**Protocol: D6. Pediatric - Neonatal Resuscitation**

**Original Adoption Date:** 6/20
**Date of Most Recent Update:** 6/2020

**Past Protocol Updates:**
Medical Director: Chad Torstenson, MD; Cory Vaudt, DO