**Newly Born**

### History
- Due date and gestational age
- Multiple gestation (twins etc.)
- Meconium
- Delivery difficulties
- Congenital disease
- Medications (maternal)
- Maternal risk factors
  - Substance abuse
  - Smoking

### Signs and Symptoms
- Respiratory distress
- Peripheral cyanosis or mottling (normal)
- Central cyanosis (abnormal)
- Altered level of responsiveness
- Bradycardia

### Differential
- Airway failure
- Secretions
- Respiratory drive
- Infection
- Maternal medication effect
- Hypovolemia
- Hypoglycemia
- Congenital heart disease
- Hypothermia

### Universal Patient Care Protocol
(for mother)

1. **Thick Meconium in amniotic fluid?**
   - No
     - Dry infant and keep warm.
     - Bulb syringe suction mouth/nose
   - Yes
     - Visualize hypopharynx and perform deep suction
     - Repeat until free of meconium
     - Oral intubation

### Peds Airway Protocol / CPR

1. **IV Protocol**
   - HR < 60
     - Notify destination or contact medical control
   - HR 60-100
     - Reassess heart rate
     - Reassess 5 minute APGAR
     - Monitor
     - Reassess 5 minute APGAR
     - Continue oxygen
   - HR > 100
     - Pediatric Airway Protocol
     - HR 60-100
     - IV Protocol
     - M
     - Notify destination or contact medical control

### Pearls
- **Recommended Exam:** Mental Status, Skin, HEENT, Neck, Chest, Heart, Abdomen, Extremities, Neuro
- CPR in infants is 120 compressions/minute with a 3:1 compression to ventilation ratio
- It is extremely important to keep infant warm
- Maternal sedation or narcotics will sedate infant (Naloxone effective but may precipitate seizures)
- Consider hypoglycemia in infant
- Document 1 and 5 minute Apgars in PCR
- D10 = D50 diluted (1 ml of D50 with 4 ml of Normal Saline)