



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)

Thick Meconium
in amniotic fluid?

Yes

B	Airway Suction	B
I	Visualize hypopharynx and Perform Deep Suction Repeat until free of meconium Oral Intubation	I

No
 Dry infant and keep warm.
Bulb syringe suction mouth / nose

Stimulate infant and
note **APGAR Score**

Respirations present?

Yes

Heart rate

HR > 100

Reassess and
Give report to receiving hospital

HR < 60

HR 60-100

HR > 100

Peds Airway Protocol / CPR

Pediatric Airway Protocol

IV Protocol

Reassess heart rate

Appropriate Protocol
 Pediatric Bradycardia
 Pediatric Pulseless Arrest

**D10, Naloxone
and NS bolus**

IV Protocol

**Notify Destination or
Contact Medical Control**

Legend

	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

BVM 30 seconds
at 40-60
Breaths/minute
with 100%
Oxygen

Monitor
Reassess
5 Minute **APGAR**

**Continue
Oxygen**

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)

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