NEWBORN RESUSCITATION ALGORITHM

TERM GESTATION? BREATHING? GOOD TONE?

PROVIDE WARMTH
CLEAR AIRWAY IF NECESSARY
(DON'T DRY IF <30 WEEKS - WRAP PRETERM BABY'S TORSO IN PLASTIC BAG)
NOTE THE TIME

ASSESS BREATHING/CRYING AND/OR HEART RATE
GASPING, APNOEIC OR HR <100

START VENTILATING WITH ROOM AIR (RATE: 30 - 40/MIN)
USE OXYGEN IF PRETERM STARTING AT 30 - 40%
CONNECT TO PULSE OXIMETER IF AVAILABLE, AVOID HYPEROXIA
ENSURE CHEST RISE WITH EACH BREATH

ASSESS BREATHING, HEART RATE AND SATS/COLOUR EVERY 30 - 60 SECONDS
HR <100

VENTILATE WITH SUPPLEMENTAL OXYGEN AS REQUIRED

ASSESS BREATHING, HEART RATE AND SATS/COLOUR EVERY 30-60 SECONDS
HR <60

CONTINUE VENTILATING WITH SUPPLEMENTAL OXYGEN AS REQUIRED
CONSIDER INTUBATION
START CHEST COMPRESSIONS WITH COORDINATED VENTILATION
(3 COMPRESSIONS : 1 BREATH)
EACH CYCLE SHOULD TAKE 2 SECONDS

ASSESS BREATHING, HEART RATE AND SATS/COLOUR
HR <60

CONTINUE COMPRESSIONS AND VENTILATION
GIVE 0.1 - 0.3 ML/KG ADRENALINE IV (1:10 000 DILUTION)
(1 ML/KG ADRENALINE ETT (1:10 000 DILUTION) ONLY IF NO IV ACCESS)
MAY REPEAT ADRENALINE IV AFTER 3 - 5 MIN
CORRECT HYPOVOLAEMIA IF NECESSARY
(10 ML/KG NS IV OVER 5 - 10 MIN)
CONSIDER PNEUMOTHORAX / CHECK GLUCOSE

OXYGEN ADMINISTRATION
USE BLENDED O₂ IF AVAILABLE TO ACHIEVE TARGETED PRE-DUCTAL SATS (SEE BELOW)

ALTERNATIVELY:
• BAG WITH NO O₂ ≈ 21%
• BAG WITH O₂ ≈ 40%
• BAG WITH O₂ + RESERVOIR ≈ 100%

IF CHEST NOT MOVING:
M - MASK SEAL ADEQUATE?
O - OBSTRUCTION?
(V - SECRETIONS/POSITIONAL)
I - INTUBATE IF NEEDED?
N - NASAL CHOANAL ATRESIA?
G - GASTRIC DISTENSION?

NORMAL PRE-DUCTAL SATS AFTER BIRTH
(RIGHT HAND OR EAR)
1 MIN: > 60%
2 MIN: > 65%
3 MIN: > 70%
4 MIN: > 75%
5 MIN: > 80%
> 10 MIN: 90 - 95%

POST RESUSCITATION CARE
• MAINTAIN NORMOTHERMIA 36.5° - 37.5°C
• CONSIDER INDUCED HYPOThERMIA WHERE AVAILABLE ACCORDING TO PROTOCOL
• IF ONGOING RESPIRATORY DISTRESS – CONSIDER NASAL CPAP AND SURFACTANT AS REQUIRED ACCORDING TO PROTOCOL
• MAINTAIN SATS 90 - 95%