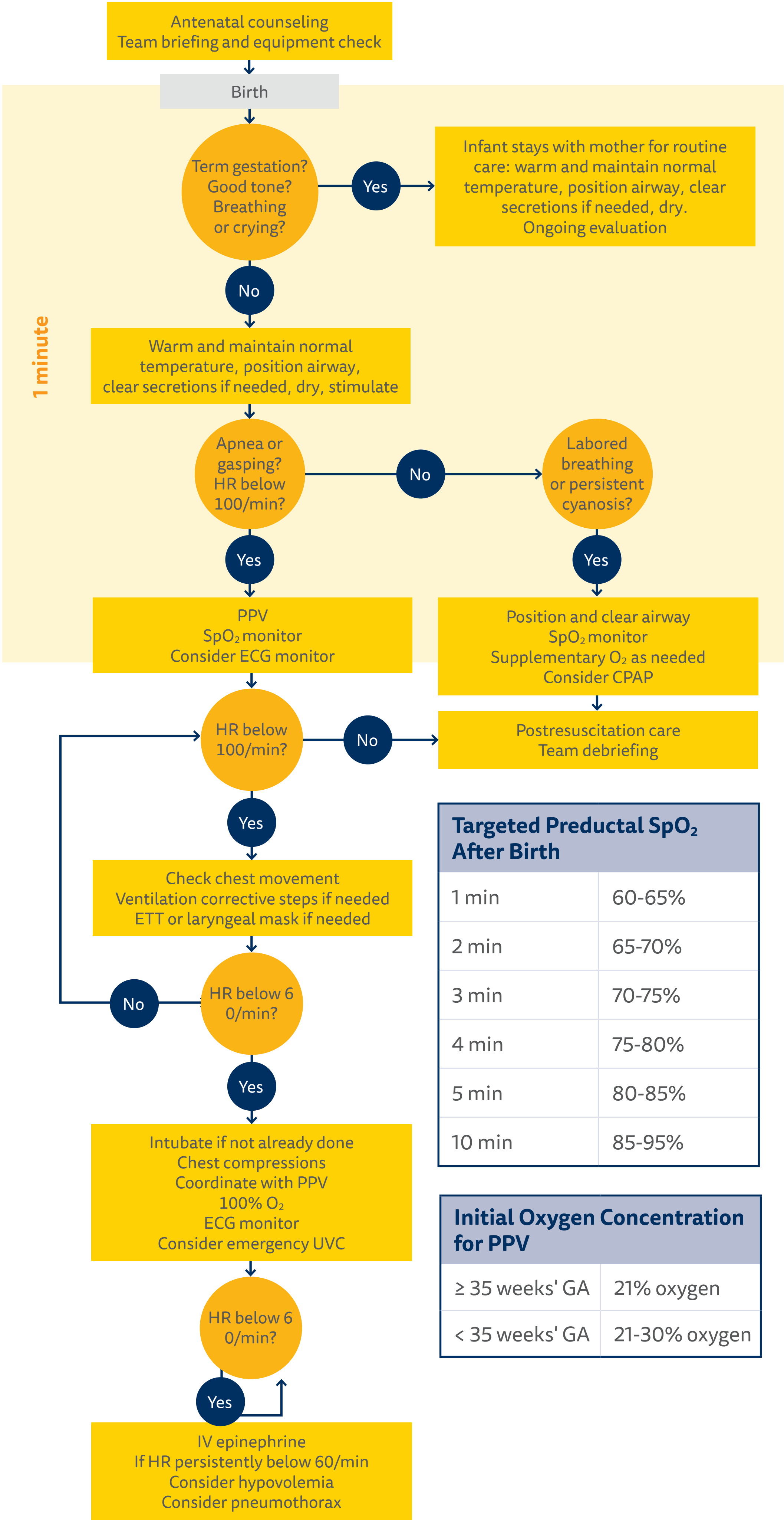




Neonatal Emergency Guidelines

NRP Algorithm



Hypoxic Ischemic Encephalopathy

Consider passive cooling in the delivery room IF the patient has the following criteria for Hypoxic Ischemic Encephalopathy:

Birth Gestational Age is 35 weeks or greater who has had a perinatal event WITH any of the following:

- APGAR score <5 at 10 minutes of age
- Requires positive pressure ventilation at 10 minutes of age
- Umbilical cord pH or any arterial pH (patient) <7 within 1 hour of life
- Base Deficit >16 mmol/L in cord blood or arterial blood within 1 hour of life

If patient has the above, is <6 hours of age, AND has moderate to severe encephalopathy with any of the following:

- Lethargy
- Seizure activity
- Decreased Tone
- Abnormal breathing

Call Children's OneCall for neonatal consultation/transport to determine if active therapeutic hypothermia should be considered.

Premature Infant (<32 weeks) Delivery Room Priorities

1. Ventilation
2. Thermoregulation
3. Delayed Cord Clamping (60 seconds if no contraindications)

Thermoregulation	Ventilation
<ul style="list-style-type: none">Room thermostat set to 74-77 degreesDiscuss delayed cord clamping for 60 seconds with OBRadiant warmer onChemical heating pad under one blanket, fabric-side upPlastic wrap or bag immediately-keep sealedHat on immediatelyTemp probe placed on infantChange warmer to servo or baby mode once temp probe on	<ul style="list-style-type: none">EKG leads for heart rate assessmentPreemie sized mask on T-piece or flow-inflating bag if availableSuction prior to PPVBreathe, 2, 3 (40-60 breaths/min)Blended O2 to 21-30%MRSOPA00 blade and 2.5 ETT available (<28 weeks or <1,000 g)0 blade and 3.0 ETT available (28-34 weeks or 1,000-2,000 g)

✓ The MR. SOPA Ventilation Corrective Steps

	Corrective Step	Actions
M	Mask adjustment.	Reapply the mask and lift the jaw forward. Consider the 2-hand hold.
R	Reposition the head and neck	Place head neutral or slightly extended.
Give 5 breaths and assess chest movement. If no chest movement, do the next steps.		
S	Suction the mouth and nose.	Use bulb syringe or suction catheter.
O	Open the mouth.	Use a finger to gently open the mouth.
Give 5 breaths and assess chest movement. If no chest movement, do the next steps.		
P	Pressure increase.	Increase in 5-10 cm H ₂ O increments to maximum recommended pressure. <ul style="list-style-type: none">• Max 40 cm H₂O term• Max 30 cm H₂O preterm
Give 5 breaths and assess chest movement. If no chest movement, do the next steps.		
A	Alternative airway.	Insert a laryngeal mask or endotracheal tube.
Try PPV and assess chest movement and breath sounds.		

Endotracheal Tube Size for Babies of Various Weights and Gestational Ages

Weight	Gestational Age	Endotracheal Tube Size
Below 1 kg	Below 28 weeks	2.5 mm ID
1-2 kg	28-34 weeks	3.0 mm ID
Greater than 2 kg	Greater than 34 weeks	3.5 mm ID

+ Epinephrine and Fluid Bolus dosing

Placeholder Text	
Epinephrine (0.1mg/ml)	ETT Dose: 0.1mg/kg given once IV/IO Dose: 0.02mg/kg every 3-5 minutes with a 3ml flush
Fluid Bolus (if signs of hypovolemia)	10ml/kg of Normal Saline or PRBCS (if suspected blood loss) over 5 - 10 minutes