

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

EFFECTIVE DATE 01/01/2004

SUPERSEDES: _____

REVISED: _____

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

REVIEW DATE: 01/01/2009

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PEDIATRIC-NEWBORN RESUSCITATION

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

PATIENTS LESS THAN 24 HOURS OF AGE DELIVERY

SUCTION: ~~Position~~ Open airway. Suction mouth and nasopharynx with bulb syringe

WARM: Dry and keep warm with thermal blanket or dry towel. Stimulate by drying vigorously, including the head and back. If not already performed, ~~cl~~ cl-clamp and cut cord.

ASSESS: Evaluate breathing and heart rate. Perform APGAR score at 1 and 5 minutes after delivery if time allows. Do not delay resuscitative measures to score patient.

HEART RATE greater than 100

ASSESS COLOR: If peripheral cyanosis present: administer 100% oxygen via blow-by or mask.

REASSESS: Heart rate and respirations every 60 seconds while enroute.

HEART RATE 80 – 100

OXYGEN: 100% via mask.

STIMULATE:

REASSESS: If heart rate remains less than 100 after 30 seconds of oxygen and stimulation, begin assisted ventilation with 100% oxygen via bag-valve mask at 40 breaths per minute.

REASSESS: Heart rate and respirations every 60 seconds while enroute.

HEART RATE 60 – 80

OXYGEN: Assist ventilations with 100% oxygen via bag-valve mask at 40 breaths per minute.

CPR: If no increase in heart rate following ventilations, start compressions at 120 per minute. If patient's heart rate is increasing, continue ventilations without compressions for an additional 15 - 30 seconds.

**SECURE AIRWAY/
INTUBATE:** If compressions and ventilations fail to increase patients heart rate. Ventilate with 100% oxygen via BVM using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation ~~while en route only if unable to establish adequate ventilation and oxygenation using a BVM.~~ while en route only if unable to establish adequate ventilation and oxygenation using a BVM. Confirm placement, if intubated, with end-tidal CO₂ detector ~~and esophageal detector device.~~ Continuous waveform capnography should be used in all intubated patients, if available.

EPINEPHRINE: 0.01 mg/kg of 1:10,000 IV/IO ~~or 0.1 mg/kg of 1:1000 ET,~~ if heart rate fails to increase above 80.

REASSESS: Heart rate and respirations every 60 seconds while enroute.

STANDING ORDERS CONTINUED NEXT PAGE

STANDING ORDERS CONTINUED	
HEART RATE <u>less than 60</u>	
OXYGEN:	Assist ventilations with 100% oxygen via bag-valve mask at 40 breaths per minute.
CPR:	120 compressions per minute.
SECURE AIRWAY/ INTUBATE:	If compressions and ventilations fail to increase patients heart rate. Ventilate with 100% oxygen via BVM using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation while en route <u>only if unable to establish adequate ventilation and oxygenation using a BVM</u> . Confirm placement, if intubated, with end-tidal CO ₂ detector and esophageal detector device . Continuous waveform capnography should be used in all intubated patients, if available.
EPINEPHRINE:	0.01 mg/kg of 1:10,000 IV/IO or 0.1 mg/kg of 1:1000 ET , if heart rate fails to increase above 80.
REASSESS:	Heart rate and respirations every 60 seconds while enroute.

ALGORITHM CHART FOLLOWS

NEWBORN RESUSCITATION ALGORITHM SUMMARY

