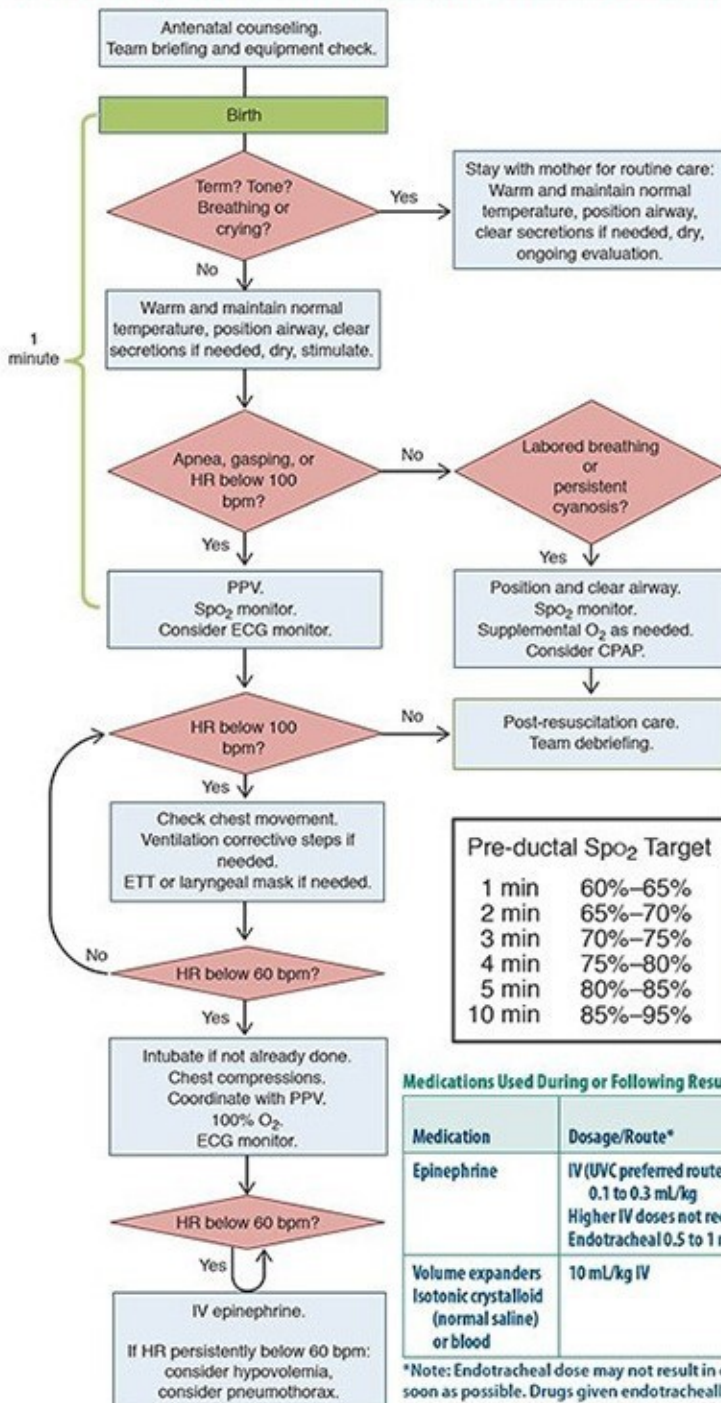


Neonatal Resuscitation Program® - Reference Chart

The most important and effective action in neonatal resuscitation is ventilation of the baby's lungs.



Airway

- Put baby's head in "sniffing" position
- Suction mouth, then nose
- Suction trachea if meconium-stained and NOT vigorous

B Breathing

- PPV for apnea, gasping, or pulse <100 bpm
- Ventilate at rate of 40 to 60 breaths/minute
- Listen for rising heart rate, audible breath sounds
- Look for slight chest movement with each breath
- Use CO₂ detector after intubation
- Attach a pulse oximeter

C Circulation

- Start compressions if HR is <60 after 30 seconds of effective PPV
- Give (3 compressions: 1 breath) every 2 seconds
- Compress one-third of the anterior-posterior diameter of the chest

D Drugs

- Give epinephrine if HR is <60 after 45 to 60 seconds of compressions and ventilation
- Caution: epinephrine dosage is different for ET and IV routes

Corrective Steps

M	Mask adjustment.
R	Reposition airway.
S	Suction mouth and nose.
O	Open mouth.
P	Pressure increase.
A	Airway alternative.

Endotracheal Intubation

Gestational Age (weeks)	Weight (kg)	ET Tube Size (ID, mm)	Depth of Insertion* (cm from upper lip)
<28	<1.0	2.5	6-7
28-34	1.0-2.0	3.0	7-8
34-38	2.0-3.0	3.5	8-9
>38	>3.0	3.5-4.0	9-10

*Depth of Insertion (cm) = 6 + weight (in kg)

Pre-ductal SpO₂ Target

1 min	60%–65%
2 min	65%–70%
3 min	70%–75%
4 min	75%–80%
5 min	80%–85%
10 min	85%–95%

Medications Used During or Following Resuscitation of the Newborn

Medication	Dosage/Route*	Concentration	Wt (kg)	Total IV Volume (mL)	Precautions
Epinephrine	IV (UVC preferred route) 0.1 to 0.3 mL/kg Higher IV doses not recommended Endotracheal 0.5 to 1 mL/kg	1:10,000	1	0.1-0.3	Give rapidly. Repeat every 3 to 5 minutes if HR <60 with chest compressions.
			2	0.2-0.6	
			3	0.3-0.9	
			4	0.4-1.2	
Volume expanders Isotonic crystalloid (normal saline) or blood	10 mL/kg IV		1	10	Indicated for shock. Give over 5 to 10 minutes. Reassess after each bolus.
			2	20	
			3	30	
			4	40	

*Note: Endotracheal dose may not result in effective plasma concentration of drug, so vascular access should be established as soon as possible. Drugs given endotracheally require higher dosing than when given IV.



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