

## NEWBORN CARE

### **ACTION/TREATMENT:**

- If possible, deliver infant in a warm, draft-free area.
- Upon delivery of the head, suction the newborn's mouth, then nostrils. Re-suction upon complete delivery, mouth then nose.
- Minimize heat loss: dry face, head, and body. Do not allow wet linen to remain in contact with child. Wrap infant in dry blanket or towel.
- Position infant on back or on side with neck in a neutral position. If copious secretions are present, place on side with the neck slightly extended to allow secretions to collect in the mouth rather than the posterior pharynx.
- ABCs.
- Perform Apgar Score at 1 minute and 5 minutes after birth (see Treatment Guideline I-30, page 6 of 6).
- Clamp and cut cord.

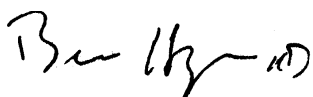
### **NEWBORN IN DISTRESS:**

- Meconium-stained amniotic fluid:  
If amniotic fluid is meconium stained, use a bulb syringe to suction mouth, pharynx, and then the nose. If thick meconium is present, and the infant has poor tone or depressed respirations, consider use of a 10-12 Fr suction catheter to suction the trachea (use laryngoscope to visualize trachea).
  - Limit suctioning to no more than 3 to 5 seconds.
  - Monitor heart rate for possible bradycardia during suctioning.
- Respiratory Depression or Mild Respiratory Distress:
  - Administer 100% free-flow oxygen via mask or via "blow-by" with oxygen tubing.
  - Stimulate by rubbing along the spine or slap feet.
  - Reposition to ensure open airway.
- Moderate Respiratory Distress / Gasping Respirations / Apnea / HR<100/minute / Persistent Central Cyanosis:
  - Assisted positive pressure ventilation, rate 40-60 breaths/minute with 100% oxygen.
- Heart Rate < 60/minute / No Response to Above Measures:
  - Begin chest compressions; interpose chest compressions with ventilations in a 3:1 ratio (90 compressions and 30 breaths per minute).

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



Treatment Guideline: Pediatric: P-10  
Implementation Date: 12/16/02  
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### **NEWBORN IN DISTRESS: (continued)**

- Medication Options:
  - Epinephrine 1:10,000: 0.01 mg/kg IVP every 3-5 minutes.
  - Naloxone: For respiratory depression due to narcotics and unresponsive to other measures, including ventilation:
    - ❖ 0.1 mg/kg IVP every 2-3 minutes as needed.
    - ❖ 0.1 mg/kg IM once to a maximum of 1 mg.

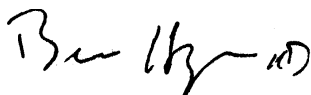
### **NOTES:**

- Drying and suctioning usually produce enough stimulation to initiate effective respirations in most newborns.
- Infants who appear vigorous do not require tracheal suctioning. In fact, tracheal suctioning of these infants may cause complications.
- Auscultate heart rate, do not attempt to palpate.

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