



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
NEWBORN IN FIELD – PEDIATRIC

#: BH-P-10  
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Org. Date: 04/01/17  
Revised Date: 07/20/2023

**BASE GUIDELINES**

1. Hospitals with Obstetrical Service (appropriate for triage of mother and newborn):

Anaheim Regional Medical Center  
Fountain Valley Regional Hospital  
Hoag – Irvine  
Hoag – Newport Beach  
Kaiser - Anaheim  
Kaiser - Irvine  
Mission Hospital – Mission Viejo  
Orange Coast Memorial Medical Center  
Orange County Global Medical Center  
Saddleback Memorial Medical Center  
St. Joseph Hospital  
St. Jude Medical Center  
South Coast Global Medical Center  
UCI Medical Center

2. Once cord is clamped, it does not necessarily need to be cut in the field.
3. If a nuchal cord occurs upon delivery, instruct the paramedic to slip a finger under the cord and move it over the head to free the cord, slight to moderate stretching the cord to accomplish this maneuver is appropriate.

**ALS STANDING ORDER**

**NEWBORN CARE:**

1. If possible, deliver infant in a warm, draft-free area.
2. 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.
3. 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.
4. Assure airway is open; provide oxygen by blow-by technique until child is active and crying.
5. Perform Apgar Score at 1 minute and 5 minutes after birth (see Guidelines below).
6. If possible, clamp and cut cord (see OCEMS Procedure B-060).
7. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.
8. ALS escort with mother.

**NEWBORN IN DISTRESS:**

If in respiratory distress:

1. Assure airway is open and clear of secretions.
2. Administer oxygen by blow-by technique.
3. Stimulate by rubbing along the spine or slap feet.
4. Reposition to ensure open airway.
5. For respiratory depression due to suspected maternal use of narcotics and unresponsive to stimulation:
  - *Naloxone 0.1 mg/kg IN/IM once to a maximum of 1 mg.*
6. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.

Approved:

*Carl Schultz, MD*

Reviewed: 05/01/16, 07/25/17, 11/24/21, 09/13/22, 7/23  
Initial Release Date: 08/01/2023  
Implementation Date: 10/01/2023



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**BASE GUIDELINES**

**APGAR SCORE**

- The Apgar Score measures newborn's status.
- Each of the five categories are scored from 0-2 and then totaled. Apgar scoring is done twice; 1 minute after birth and 5 minutes after birth.
- Resuscitation, if needed, should not await Apgar scoring.

| Scoring            | 0           | 1                                | 2               |
|--------------------|-------------|----------------------------------|-----------------|
| Heart Rate         | Absent      | Slow (Below 100)                 | ≥ 100           |
| Respiratory Effort | Absent      | Weak Cry;<br>Hypoventilation     | Strong Cry      |
| Muscle Tone        | Limp        | Slight Flexion of<br>Extremities | Active Flexion  |
| Reflex Responses*  | No Response | Some Grimace                     | Cough or Cry    |
| Color              | Blue, pale  | Body pink,<br>Extremities blue   | Completely pink |

- Total score indications are:
    - o One (1) minute Apgar Score indications:
      - 7-10 -- a healthy infant
      - 4-6 -- a potentially sick infant
      - 0-3 -- a severely depressed infant
    - o Five (5) minute Apgar Score indications:
      - 7-10 -- a healthy infant
      - 4-6 -- a potentially sick infant
      - 0-3 -- a severely depressed infant
- \*Test for reflex irritability by using a mild pinch to the abdomen or slapping the feet

**ALS STANDING ORDER**

Gasping Respirations / Apnea / HR<100/minute / Persistent Cyanosis

1. Assisted positive pressure ventilation with appropriately sized bag-valve-mask, rate 40-60 breaths/minute with room air. Provide oxygen if no improvement in 5 minutes.
2. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.

Heart Rate < 60/minute / No Response to Above Measures:

1. Begin chest compressions; interpose chest compressions with ventilations in a 3:1 ratio (90 compressions and 30 breaths per minute).
2. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.

**TREATMENT GUIDELINES:**

- ▶ Drying will usually produce enough stimulation to initiate effective respirations in most newborns.
- ▶ To determine heart rate: auscultate, do not attempt to palpate.

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