



**\*\*\* BASE HOSPITAL CONTACT REQUIRED \*\*\***

**ALS STANDING ORDERS:**

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:

- A. Assure airway is open and clear of secretions.
- B. Administer oxygen by blow-by technique.
- C. Stimulate by rubbing along the spine or slap feet.
- D. Reposition to ensure open airway.
- E. 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.*

- F. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.

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

- A. 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.
- B. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.

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

Approved:

*Carl Schultz, MD*

Review Dates: 05/01/16, 07/25/17, 11/24/21, 09/13/22

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**NEWBORN CARE**

A. Begin chest compressions; interpose chest compressions with ventilations in a 3:1 ratio (90 compressions and 30 breaths per minute)

B. Contact Base Hospital (CCERC base preferred) for appropriate destination with neonatal care capability.

**TREATMENT GUIDELINES:**

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

- 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; Hypoventilation	Strong Cry
Muscle Tone	Limp	Slight Flexion of Extremities	Active Flexion
Reflex irritability *	No response	Some Grimace	Cough, sneeze, cry, withdrawal
Color	Blue, pale	Body pink, Extremities blue	Completely pink

- Total score indications are:
  - One (1) minute Apgar Score indications:
    - 7-10 – a healthy infant.
    - 4-6 – a potentially sick infant.
    - 0-3 – a severely depressed infant.
  - 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.

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