



Portage County EMS Patient Care Guidelines



Care of the Newborn

Note:

- The majority of babies do not require any intervention after delivery. Approximately 10% require assistance to begin breathing and 1% requires extensive resuscitation.
- Use a pediatric reference guide (i.e. Broselow tape) for all medication doses.

Priorities	Assessment Findings
Chief Complaint	Newborn infant
Associated Symptoms/ Pertinent Negatives	Meconium staining; unusual delivery presentation; prematurity
SAMPLE	Mother's pre-natal history; Complications of delivery; Meconium-stained amniotic fluid
Initial Exam	ABCs
Detailed Focused Exam	Skin: Cool, pale diaphoretic; central cyanosis Chest: Labored breathing; Abnormally low RR Heart: Abnormally low HR Extremities: Muscle tone Neuro: Crying; Reflex irritability
Goals of Therapy	Support ABC's; Prevent heat loss
Monitoring	Frequent repeat HR & RR; Ongoing skin color assessment; APGAR scores

EMERGENCY MEDICAL RESPONDER/ EMERGENCY MEDICAL TECHNICIAN

- Term gestation AND good tone AND breathing or crying?
 - Clear airway if necessary
 - Prevent heat loss - Provide warm environment, dry baby, and wrap baby in clean dry blanket
 - Ongoing evaluation
- Premature OR respiratory distress OR poor tone?
 - Slightly extend head to facilitate patent airway
 - Suction mouth then nose as needed
 - Provide tactile stimulation as needed to facilitate normal respiratory effort, continually reassessing airway patency
- Assess circulation. If heart rate < 100 beats per minute or newborn continues to have respiratory distress or failure, provide BVM ventilations at a rate of 40 – 60 breaths per minute and continue to monitor heart rate. The primary measurement of adequate initial ventilation is prompt improvement in heart rate.
- If heart rate < 60 beats per minute, initiate CPR (rate of 120 per minute) with BVM ventilations (3:1 ratio with pause for ventilation). Continue CPR until HR remains above 60.
- Keep baby at level of placenta and assess cord pulsations
- After pulsations have ceased, double clamp cord and cut between clamps
- Assess baby for APGAR scoring[1] at 1 and 5 minutes after recorded time of birth
- Obtain blood glucose. If < 60 mg/dL refer to *Altered Level of Consciousness Guidelines*

Give a status report to the ambulance crew by radio ASAP.

ADVANCED EMT

- If infant continues to be in distress after BVM ventilations and compression, establish IV/IO of normal saline
 - Give an initial bolus of normal saline at 10 ml/kg

Give a status report to the ambulance crew by radio ASAP.

INTERMEDIATE/ PARAMEDIC

- If meconium-stained amniotic fluid was present AND the child is in respiratory distress or nonvigorous, intubate the trachea and suction with low pressure using a meconium aspirator while withdrawing the endotracheal tube.
 - Repeat the procedure if meconium is removed by suctioning
 - Discontinue the procedure if the heart rate drops or no meconium is removed
- If heart rate remains < 60 after BVM ventilation
 - Give **epinephrine** 0.01 – 0.03 mg/kg (0.1 – 0.3 ml/kg 1:10,000) IO(preferred)/IV
 - May repeat **epinephrine** 0.01 mg/kg every 3 – 5 min if heart rate remains < 60 with compressions

FOOTNOTES:

[1] APGAR Scores are performed at 1 minute and 5 minutes after birth according to the following table:

SCORE	0	1	2
APPEARANCE	Blue/pale	Pink Body/Blue Extremities	Pink
PULSE	Absent	Slow (< 100/minute)	> 100/minute
GRIMACE	No response to suction	Grimace to suction	Cough or Sneeze to suction
ACTIVITY	Limp	Some Flexion	Active Motion
RESPIRATIONS	Absent	Slow/Irregular	Good/Crying

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Electronically Signed

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