



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 14200
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NEWBORN CARE

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Field delivery with or without complications.

II. BLS INTERVENTIONS

- When head is delivered, suction mouth then the nose, and check to see that cord is not around baby's neck.
- Dry infant and provide warm environment. Prevent heat loss (remove wet towel).
- Place baby in supine position at or near the level of the mother's vagina. After pulsation of cord has ceased double clamp cord at approximately seven (7) inches and ten (10) inches from baby and cut between clamps.
- Maintain airway, suction mouth and nose.
- Provide tactile stimulation to facilitate respiratory effort.
- Assess breathing if respirations less than 20 or gasping, provide tactile stimulation and assisted ventilation if indicated.
- Circulation:
 - Heart Rate less than 100 ventilate BVM with 100% oxygen for 30 seconds and reassess. If heart rate is still less than 100 per minute but greater than 60, reevaluate BVM and reposition airway.
 - If heart rate is less than 60 bpm after above interventions, begin compressions with ventilations at a 3:1 ratio (approximately 100 compressions and 30 ventilations per minute).
- If central cyanosis is present, utilize supplemental oxygen at 10 to 15 L per minute using oxygen tubing close to infant's nose and reassess. If no improvement is noted after 30 seconds assist ventilation with BVM.
- Obtain Apgar scoring at one (1) and five (5) minutes. Do not use Apgar to determine need to resuscitate.

APGAR SCORE

SIGN	0	1	2
Heart Rate	Absent	Less than 100 per minute	More than 100 per minute
Respirations	Absent	Less than 20 or irregular	More than 20 or crying
Muscle Tone	Limp	Some Flexion	Active Motion
Reflex Irritability	No Response	Grimace	Cough or Sneeze
Color	Blue or pale	Blue Extremities	Completely Pink

III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Obtain vascular access via IV if indicated.
- Obtain blood glucose by heel stick.
 - If blood glucose less than 35 mg/dL, administer Dextrose per ICEMA Reference #11010 - Medication - Standard Orders.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Obtain vascular access via IV/IO if indicated.
- If BVM is ineffective or tracheal suctioning is required, utilize waveform capnography to assess efficacy of compressions and ventilations. Place orogastric tube.
- Obtain blood glucose by heel stick.
 - If blood glucose less than 35 mg/dL, administer Dextrose per ICEMA Reference #11010 - Medication - Standard Orders.
- Evaluate airway for hypoxemia and assess body temperature for hypothermia then consider Epinephrine per ICEMA Reference #11010 - Medication - Standard Orders, if heart rate less than 60 after one (1) minute.
- Contact base hospital if hypovolemia is suspected. Base hospital may order 10 ml/kg IV NS over five (5) minutes. If unable to contact base hospital and transport time is extended, administer 10 ml/kg IV NS over five (5) minutes, may repeat.
- For persistent hypotension despite adequate ventilation and fluid resuscitation, base hospital may order Epinephrine per ICEMA Reference #11010 - Medication - Standard Orders, every ten (10) minutes. If unable to contact base hospital and transport time is extended, give indicated dosage and contact base hospital as soon as possible.

V. REFERENCE

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders