



# **Neonatal resuscitation**

For the management of neonatal resuscitation and supporting the transition of infants at birth, please follow the below resuscitation council guidelines (2021).

https://www.resus.org.uk/library/2021-resuscitation-guidelines/newborn-resuscitation-and-support-transition-infants-birth



To access the Newborn Life Support Algorithm and Proforma for neonatal resuscitation, please scroll down to page 3 and 4.

# **Calling for help**

Bleep:510 Paediatric SHO

607 Paediatric Reg

Inform them they are needed urgently and state location

If no answer – crash call via 2222

# Putting out a crash call

# **Bleep 2222**

Request the Neonatal Emergency Team

And state location

**Neonatal Emergency Team includes:** 

**Paediatric Registrar** 

**Paediatric SHO** 

**Neonatal Nurse** 

Please note this does NOT include the Neonatal Consultant

If they are required:

**Bleep 2222** 

Request the On-call Neonatal Consultant and state the location





Review date	October 2024	
Approval	Maternity guideline group	Date: 14/10/2021
recommended by	Women's Business and Governance Meeting	Date: 21/01/2022
Approved by	CBU 3 Overarching Governance Meeting	Date: 23/02/2022
Distribution	Please note that the intranet version that is maintained.  Any printed copies must therefor and as such, may not necessarily	sion of this document is the only
	amendments	



# Newborn life support

### (Antenatal counselling)

Team briefing and equipment check

# Preterm < 32 weeks

Place undried in plastic wrap + radiant heat

### Inspired oxygen

28–31 weeks 21–30% < 28 weeks 30%

If giving inflations, start with 25 cm H<sub>2</sub>O

Acceptable pre-ductal SpO <sub>2</sub>							
2 min	65%						
5 min	85%						
10 min	90%						

# TITRATE OXYGEN TO ACHIEVE TARGET SATURATIONS

# **Birth**

Delay cord clamping if possible

Start clock / note time

Dry / wrap, stimulate, keep warm

### Δεερεε

Colour, tone, breathing, heart rate

Ensure an open airway Preterm: consider CPAP

### If gasping / not breathing

- Give 5 inflations (30 cm H<sub>2</sub>O) start in air
- Apply PEEP 5-6 cm H<sub>2</sub>0, if possible
- Apply SpO<sub>2</sub> +/- ECG

## Reassess

If no increase in heart rate, look for chest movement

### If the chest is not moving

- Check mask, head and jaw position
- 2 person support
- Consider suction, laryngeal mask/tracheal tube
- Repeat inflation breaths
- Consider increasing the inflation pressure

# Reassess

If no increase in heart rate, look for chest movement

Once chest is moving continue ventilation breaths

# If heart rate is not detectable or < 60 min<sup>-1</sup> after 30 seconds of ventilation

- Synchronise 3 chest compressions to 1 ventilation
- Increase oxygen to 100%
- Consider intubation if not already done or laryngeal mask if not possible

Reassess heart rate and chest movement every 30 seconds

If the heart rate remains not detectable or < 60 min<sup>-1</sup>

- Vascular access and drugs
- Consider other factors e.g. pneumothorax, hypovolaemia, congenital abormality

Update parents and debrief team Complete records APPROX 60 SECONDS

AINIAIN - EMPERAIC



# **Proforma for Neonatal Resuscitation**

Name:
D.O.B:
Unit number:NHS Number:

						1	-			
		Time called help:	for	Room number						
Date and time of birth:			Gestation:		-	Room temp				
Name of staff pres	rd clamped & Delayed Cord time:					Time arrived				
Procedure carried out	<u>Yes</u>	<u>Time</u>	By whom	Comments/details of baby's response (changes HR, Colour or Respirations)						
Cord clamped & cut				Delayed Cord time:						
Baby dried & stimulated with warm dry towels & hat applied				Resuscitaire temperature manually increased? Yes or No						
If less than 32 weeks –in bag				DO NOT DRY BABY (less than 32 weeks)						
Inflation breaths				Number:						
Ventilation breaths				Type used T piece or self-ventilating:						
Cardiac compressions										
Any other procedures? Intubated? UVC?				Please	state:					
Temp of baby initially:										
Temp of baby at 15mins:										
APGAR Score	1min	5 mins	10 mins							
Heart rate				Mode	of birth:					
Respiration				Heart I	rate at birth:					
Tone				Time F	HR above 100bpm:					
Reflex response				respira	of onset of regular ations:					
Colour				Risk fa	ectors:					
Total:										

	ceptable pre- ctal SpO2 at: 2 mins 65%			5 mins 85%					10 mins 90%				
Actua	l SpO2:												
Cord gases			Arterial Base excess:			Venous PH:	S	Venou exces	ıs Base s:	Blood sugar:			
				me g	given			Dosage:					
<u>drugs</u> Adrenaline							0.2ml/kg of 1:10,000 (if not effective try 0.3ml/kg of 1:10,000)						
	dium bonate							2-4ml/kg (1-2mmol/kg 4.2% bicarbonate solution)					
10% Glucose						2.5ml/k	g (25	i0mg/k	(g)				
	Sodium oride							10ml/k	g or (	O nega	tive blood		
	<u> </u>	Interve	entions	3				Further documentation:					
TIME	O2 Saturations % (right hand)	릅	PEEP	O2 % on blender		Ventilation Kate	Mask (M) EII (E)	Compressions		es (e.g C etc)	g. Curosurf, o	cold light	t, chest drain,
30sec													
1 min													
2 min													
3 min													
4 min													
5 min													
6 min													
7 min													
8 min													
9 min													
10min													
min													
min													
Transfe	rred to	Yes	N	0	Datio	x numl	ber						
Placed i	or	Yes	N		on tr	peratu ansfe		Time of transfer					
Print name: Designation:				S	ign:								