

8.05 PEDIATRIC CARDIAC ARREST: NEONATAL RESUSCITATION

BLS Treatment
<ul style="list-style-type: none">• Assess circulation, airway, breathing, and responsiveness.• Oxygen as indicated.• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.• Appropriately splint suspected fractures/instability as indicated.• Bandage wounds/control bleeding as indicated. <p>HR < 60 CPR at rate of 120/min, compression to ventilation ratio 3:1.</p> <p>HR > 100, but persistent cyanosis and/or labored breathing</p> <ul style="list-style-type: none">• Blow by Oxygen using non-rebreather mask at 100%. <p>HR < 100, gasping or apnea</p> <ul style="list-style-type: none">• BVM rate of 40-60/min with 100% Oxygen.• If HR < 100 persists, reposition airway and adjust ventilation rate.
ALS Treatment
<p>Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p> <ul style="list-style-type: none">• Advanced airway if indicated• Provide grief support and referrals for on-site survivors as needed. <p>HR < 60</p> <ul style="list-style-type: none">• If thick meconium and baby is not vigorous, perform deep tracheal suctioning using ETT and meconium aspirator.• IV/IO with Normal Saline TKO.• Epinephrine (1:10,000)• Check blood glucose. If blood glucose <60 mg/dl: administer Dextrose.
Base Hospital Contact Criteria
<p>Naloxone for respiratory depression following restoration of HR > 60 and skin signs.</p>