





ABNORMAL RESPIRATIONS, include:

- Any *increased* respiratory effort:
 - **Retractions, Grunting or Gaspings.**
- Any *decreased* respiratory effort:
 - **RR < 30**
- Any concern of **hypoxia**:

Neonatal (Pre-ductal) SpO2 Target	
1 min	60 - 65%
2 min	65 - 70%
3 min	70 - 75%
4 min	75 - 80%
5 min	80 - 85%
10 min	85 - 95%

RESUSCITATION NOTES

- Initial ventilations may be done on Room Air.
- Rescue Breathing (for HR 60-100) should be initially at a *rate of 40-60 breaths per minute* to achieve/sustain a HR >100.
- CPR (chest compressions) in Neonates
 - **100-120 compressions/minute**
 - **3:1 compression to ventilation ratio** (ventilation rate of 30-40 per minute).
 - In neonates, effective ventilations are just as important as compressions, therefore time ventilations between compressions so they are delivered effectively. Limit interruptions of chest compressions.
- Utilize **SpO₂ (place on Right Wrist)** and continuous Cardiac Monitoring for all patients, however, do not delay interventions to place monitoring equipment.

MECONIUM STAINING/ASPIRATION

- If the infant appears well, continue observation & supportive care.
- If the infant is not vigorous:
 - **Positive pressure ventilation (PPV) is recommended (BVM, CPAP or advanced airway).**
 - **Endotracheal suctioning is no longer recommended.**

OTHER CONSIDERATIONS

- Consider CPAP for an infant with continued grunts/retractions but appropriate heart rate/inspirations otherwise.
- Maternal sedation or narcotics will affect the infant as well.
 - **Avoid Narcan (naloxone) & provide supportive care (O2 & ventilations).**
- If the child is not placed on the mother's abdomen, place on a warming mattress and cover with a blanket as able.