# 4-2 Unexpected need for Newborn Resuscitation v.1

The approach to the assessment, stabilisation and resuscitation of all babies should follow UK Newborn Life Support Guidance

## START

- Call for help (neonatal crash team)
  - Ask "who will be team leader?"
  - ► Team leader assigns checklist reader and scribe
- 2 Switch on resuscitaire + heat source, check gas supply. Confirm initial settings (Box A)
  Start clock at time of baby's birth. Note time
- 3 Start resuscitation algorithm
  - Dry, wrap, stimulate and keep baby warm (if ≤ 32 weeks place undried in plastic wrap + radiant heat)
  - Put head in neutral position and open airway
  - Assess colour, tone, breathing, heart rate
- 4 Check breathing
  - ► If gasping/not breathing → give 5 inflation breaths lasting 2-3 sec using settings (Box A) looking for chest movement with breaths -and- assessing heart rate after 5 breaths
  - ► If chest <u>not</u> moving → **6** if chest moving → **6**
- Optimise airway (Box B) -and- repeat 5 inflation breaths
  - Perform airway opening manoeuvres sequentially -and- repeat 5 inflation breaths until chest movement seen or HR increases then → 6
- 6 Assess HR
  - ► If HR > 60/min and increasing continue uninterrupted ventilation breaths 30/min until baby breathing adequately and HR >100/min
  - ► If HR < 60/min → optimise airway (Box B) and give 30s ventilation -then- reassess If HR remains < 60/min → ⑦
  - ► Monitor saturations on right hand → titrate oxygen (Box C)
- Start CPR and call senior neonatal help
  - ▶ If not intubated consider intubation. Alternative is laryngeal mask (Box D)
  - Ventilate with 100% oxygen
  - Synchronise 3 chest compressions: 1 breath -and- ensure chest movement throughout
  - Check HR and chest movement every 30 sec
  - ► Continue CPR until HR > 60/min
  - ► If HR remains <60/min → insert UVC -and- give appropriate drug (Box E)
  - ▶ Check for pneumothorax, hypovolaemia, congenital abnormalities, kit failure

Box A: Initial settings							
Gestation weeks	Inspired oxygen %	PIP cm H₂0	PEEP cm H <sub>2</sub> 0	Facemask mm			
< 28	30	25	5	35 - 42			
28 - 31	21 - 30	25	5	42			
> 31	21	30	5	42 - 50			

Inflation breaths: 5 breaths lasting 2 – 3 s Ventilation breaths 30 / min

#### **Box B: Airway opening manoeuvres**

### Attempt steps sequentially. Reassess chest movement and HR after each step

Optimise neutral head position

Jaw thrust with another person assisting with ventilation

Oropharyngeal suction under direct vision

Consider laryngeal mask (Box D)

Increase inspiratory pressure and / or inspiratory time

Consider intubation (Box D)

Box C: Acceptable preductal saturations		
2 min	65%	
5 min	85%	
10 min	90%	

Box D: Laryngeal mask and endotracheal tube placement							
<b>Gestation</b> weeks	Weight kg	Laryngeal mask size	ETT size	Length at lips cm			
≤ 24	≤ 0.7	Not recommended	2.0 – 2.5	5.0 – 5.5			
25 - 26	0.8 - 0.9	Consider in extremis	2.5	6.0			
27 - 29	1.0 – 1.3	Consider iGel size 1	2.5 – 3.0	6.5			
30 - 32	1.4 – 1.8	-or-	3.0	7.0			
33 - 34	1.9 – 2.2	Laryngeal mask size 0.5 / 00	3.0	7.5			
35 - 37	2.5 – 2.9	iGel size 1	3.5	8.0			
38 - 40	3.1 – 3.5	-or-	3.5	8.5			
41 - 43	3.6 – 4.2	Laryngeal mask size 1	4.0	9.0			

#### **Box E: Drug doses**

 $\textbf{Adrenaline} \ (\text{every 3-5 min if HR} < 60/\text{min}) \ 20 \ \text{mcg/kg} \ (0.2 \ \text{ml/kg of 1:10,000} \ [0.1 \ \text{mg/ml}])$ 

Glucose 250 mg/kg (2.5 ml/kg of 10% glucose solution)

Sodium bicarbonate 1–2 mmol/kg (2 – 4 ml/kg of 4.2% solution

Fluids 10 mL/kg O Rh-negative blood or isotonic crystalloid