



**Pediatric Specific:
NEWBORN CARE ASSESSMENT:
Practice Guideline**

Patient Care Goals:

1. Provide routine care to the newly born infant
2. Perform a neonatal assessment
3. Rapidly identify newly born infants requiring resuscitative efforts
4. Provide appropriate interventions to minimize distress in the newly born infant
5. Recognize the need for additional resources based on patient condition and/or environmental factors

Patient Presentation:

Inclusion Criteria
Newly born infants

Exclusion criteria
Documented gestational age <20 weeks (if any doubt about accuracy of gestational age, initiate resuscitation)

Oxygen administration:
Provide blow-by oxygen as needed
BVM with room air at 40-60 breaths/min
Primary indicator of effective ventilations is HR
If no improvement after 90 sec on room air, increase oxygen to 100% FIO2 until HR normalizes

Chest Compressions:
Two-thumb-encircling hands technique is preferred
Coordinate compressions and BVM (3:1 ratio, 90 compressions and 30 breaths per minute)

Target Preductal (R hand) O2 saturation after birth:
1 min: 60-65%
5 min: 80-85%
10 min: 85-95%

Epinephrine
0.01 mg/kg max of 1mg; may repeat q 3 to 5 min PRN.

Quality Improvement:
Key Documentation Elements

1. Date and time of birth
2. History (prenatal, birth/delivery complications)
3. Estimated gestational age
4. HR (precordium, brachial, or umbilical stump)
5. Muscle tone, appearance, color, APGAR
6. Interventions

Patient Safety Considerations
Hypothermia is common, ensure heat retention at all times by drying thoroughly, wrapping in dry cloth or if stable and not impeding care, skin to skin warming
Routine use of lights and sirens is not recommended during transport unless hemodynamically unstable

