

Neonatal Resuscitation

All newborn infants

- Assess breathing and muscle tone

Apnoea or inadequate breathing

Establish a patent airway

- Stimulate
- Dry
- Prevent hypothermia

Apnoea or inadequate breathing

Ventilate

- 60 breaths/min

Attach ECG and pulse oximeter

Assess ventilation

- Is the chest rising?
- Are breath sounds audible?
- Is the heart rate increasing?

Ensure effective ventilation

Assess ventilation

- Is the chest rising?
- Are breath sounds audible?
- Is the heart rate increasing?

Heart rate < 60, not increasing despite 60 sec of ventilation with a secured airway (endotracheal tube / laryngeal mask)

Continue ventilation

- Give chest compressions at a 3:1 ratio
- Prepare vascular access

Reassess ventilation and heart rate every 30 seconds

Continue ventilation

- Continue chest compressions at a 3:1 ratio

Consider drugs

- CALL FOR HELP
- Clear LEADERSHIP
- Clear COMMUNICATION
- REASSESS REGULARLY

Supplemental oxygen if

SpO₂ is:

- 3 min < 70%
- 5 min < 85%
- 10 min < 90%

If SpO₂ > 95%, reduce O₂

Chest does not rise

- Adjust mask
- Adjust head position
- Remove airway obstruction
- Consider suction

Heart rate increases

Continue ventilation

Heart rate does not increase

Laryngeal mask Intubation

Tube size and insertion depth

Infant weight	< 1 kg	1-2 kg	2-3 kg	> 3 kg
Tube size	2.0-2.5	2.5-3.0	3.0-3.5	3.5-4.0
Insertion depth (at corner of mouth)	6-7 cm	7-8 cm	8-9 cm	9-10 cm

Drugs

Infant weight	1 kg	2 kg	3 kg	4 kg
Adrenaline (0.1 mg/mL)				
Initial dose 0.01 mg/kg	0.1 mL	0.2 mL	0.3 mL	0.4 mL
Repeated doses	0.3 mL	0.6 mL	0.9 mL	1.2 mL
Volume				
NaCl (9 mg/mL)	10 mL	20 mL	30 mL	40 mL
RBCs (O RhD-negative)				

