

## 8.05 PEDIATRIC CARDIAC ARREST: NEONATAL RESUSCITATION

### PUBLIC COMMENT - JULY 2024

#### BLS Treatment

- 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.

#### HR < 60

CPR at rate of 120/min, compression to ventilation ratio 3:1.

#### HR > 100, but persistent cyanosis and/or labored breathing

- Blow by **Oxygen** using non-rebreather mask at 100%.

#### HR < 100, gasping or apnea

- BVM rate of 40-60/min with 100% **Oxygen**.
- If HR < 100 persists, reposition airway and adjust ventilation rate.

#### ALS Treatment

**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.**

- Advanced airway if indicated
- Provide grief support and referrals for on-site survivors as needed.

#### HR < 60

- 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 <45 mg/dl <del>60 mg/dl</del>: administer **Dextrose**.

#### Base Hospital Contact Criteria

**Naloxone** for respiratory depression following restoration of HR > 60 and skin signs.