

	<b>Department Name</b> <b>Address</b>	<b>ALS</b>	<b>Paramedic</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>2.2.18 Care of the Newborn</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

Treatment goals for care of the newborn is to protect the infant from injury, ensure oxygenation, perfusion and warmth, provide advanced life support, and immediate transportation of the newborn and mother to the appropriate facility.

1. Baseline care standards.
2. Body Substance Isolation precautions.
3. Deliver baby per protocol.
4. The infant should be assessed continually. Record the assessment findings one minute after birth and again 5 minutes after birth.
5. Never delay life-saving treatment to obtain a score.
6. Use the APGAR score below:

<b>Test</b>	<b>0 Points</b>	<b>1 Point</b>	<b>2 Points</b>
<b>A</b> ctivity (Muscle Tone)	Absent	Arms & legs extended	Active movement with flexed arms & legs
<b>P</b> ulse (Heart Rate)	Absent	Below 100 bpm	Above 100 bpm
<b>G</b> rimace (Response Stimulation or Reflex Irritability)	No Response	Facial grimace	Sneeze, cough, pulls away
<b>A</b> pppearance (Skin Color)	Blue-gray, pale all over	Pink body and blue extremities	Normal over entire body – Completely pink
<b>R</b> espiration (Breathing)	Absent	Slow, irregular	Good, crying

7. For inadequate respiratory effort (slow, shallow, or absent), provide positive–pressure ventilations at a rate of 30 to 60 per minute.
8. For inadequate heart rate of less than 100 per minute, provide positive–pressure ventilations at a rate of 60 per minute.
9. Intubate under the following conditions:
  - BVM ventilations are ineffective.

- Tracheal suctioning is required. Especially for thick meconium.
  - Prolonged positive pressure ventilation is required.
10. For heart rate of less than 80 beats per minute, follow newborn CPR standards.
  11. Reassess. If the heart rate is greater than 100 beats per minute and respirations are adequate, stop CPR and ventilations and give oxygen via blow-by.
  12. If cyanosis is present in the infant's trunk, but the infant's breathing and heart rate are adequate, administer oxygen via blow-by.
  13. Transport emergent to the appropriate facility.
  14. Inform hospital as soon as possible of your patient so they can prepare for arrival.

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*Medical Director's Signature*

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*Date*

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.