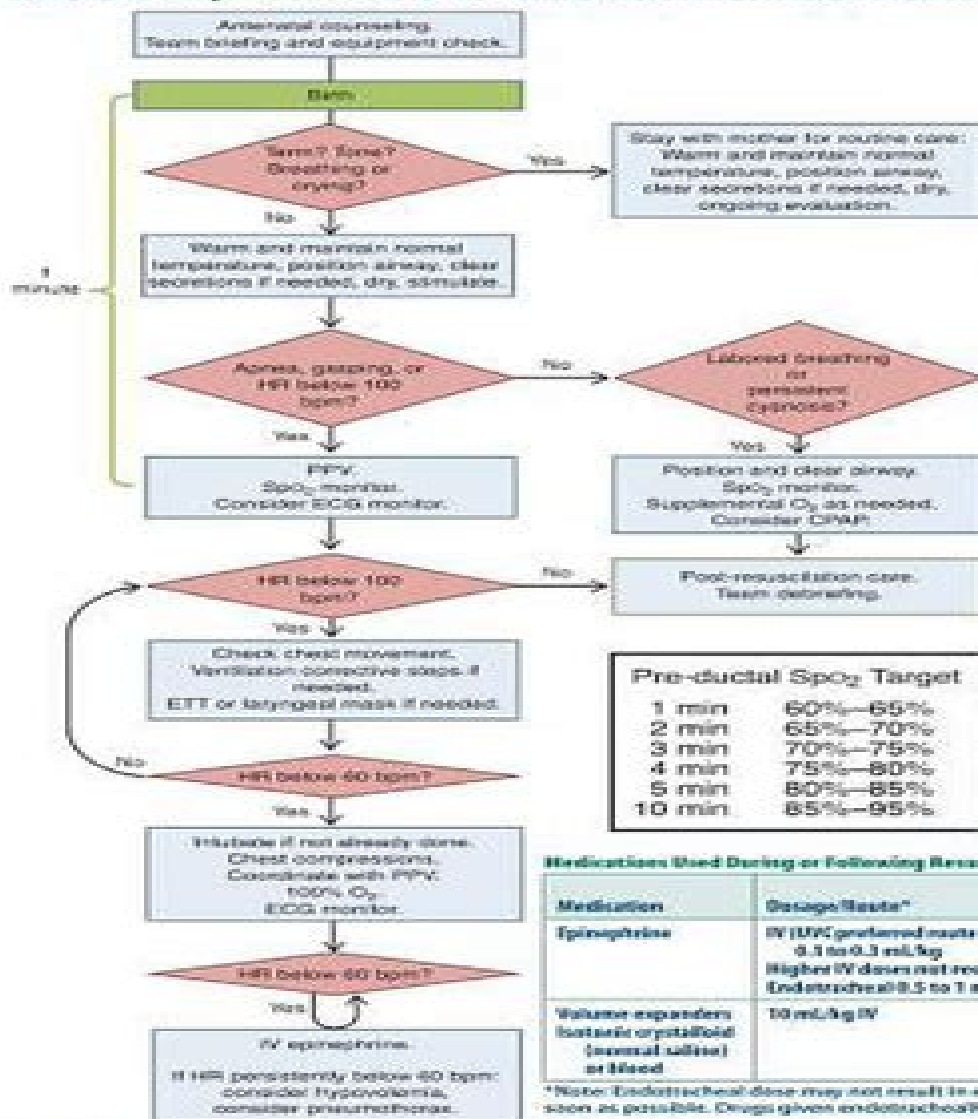


Neonatal Resuscitation Program® - Reference Chart

The most important and effective action in neonatal resuscitation is ventilation of the baby's lungs.



Airway

- Put baby's head in "sniffing" position
- Suction mouth, then nose
- Suction trachea if meconium-stained and NOT vigorous

Breathing

- PPV for apnea, gasping, or pulse <100 bpm
- Ventilate at rate of 40 to 60 breaths/minute
- Listen for rising heart rate, audible breath sounds
- Look for slight chest movement with each breath
- Use CO₂ detector after intubation
- Attach a pulse oximeter

Circulation

- Start compressions if HR is <60 after 30 seconds of effective PPV
- Give 3 compressions: 1 breath every 2 seconds
- Compress one-third of the anterior-posterior diameter of the chest

Drugs

- Give epinephrine if HR is <60 after 45 to 60 seconds of compressions and ventilation
- Caution: epinephrine dosage is different for ET and IV routes

Corrective Steps

M	Mask adjustment.
R	Reposition airway.
S	Suction mouth and nose.
O	Open mouth.
P	Pressure increase.
A	Airway alternative.

Endotracheal Intubation

Gestational Age (weeks)	Weight (kg)	ET Tube Size (ID, mm)	Depth of Insertion* (cm from upper lip)
<28	<1.0	2.5	6-7
28-34	1.0-2.0	3.0	7-8
34-38	2.0-3.0	3.5	8-9
>38	>3.0	3.5-4.0	9-10

*Depth of Insertion (cm) = 6 + weight (in kg)

Pre-ductal SpO₂ Target

1 min	60%–65%
2 min	65%–70%
3 min	70%–75%
4 min	75%–80%
5 min	80%–85%
10 min	85%–95%

Medications Used During or Following Resuscitation of the Newborn

Medication	Dosage/Route*	Concentration	WT (kg)	Total IV Volume (mL)	Precautions
Epinephrine	IV (IVC preferred route) 0.1 to 0.3 mL/kg Higher IV doses not recommended Endotracheal 0.5 to 1 mL/kg	1:10,000	1	0.1–0.3	Give rapidly. Repeat every 3 to 5 minutes if HR <60 with chest compressions.
			2	0.2–0.6	
			3	0.3–0.9	
			4	0.4–1.2	
Volume expanders Isotonic crystalloid (normal saline) or blood	10 mL/kg IV		1	10	Indicated for shock. Give over 5 to 10 minutes. Reassess after each bolus.
			2	20	
			3	30	
			4	40	

*Note: Endotracheal dose may not result in effective plasma concentration of drug, so vascular access should be established as soon as possible. Drugs given endotracheally require higher dosing than when given IV.



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S Nieto

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Table of Contents Nrp Guidelines For Neonatal Resuscitation

1. Understanding the eBook Nrp Guidelines For Neonatal Resuscitation
 - The Rise of Digital Reading Nrp Guidelines For Neonatal Resuscitation
 - Advantages of eBooks Over Traditional Books
2. Identifying Nrp Guidelines For Neonatal Resuscitation
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Nrp Guidelines For Neonatal Resuscitation
 - User-Friendly Interface
4. Exploring eBook Recommendations from Nrp Guidelines For Neonatal Resuscitation
 - Personalized Recommendations
 - Nrp Guidelines For Neonatal Resuscitation User Reviews and Ratings
 - Nrp Guidelines For Neonatal Resuscitation and Bestseller Lists
5. Accessing Nrp Guidelines For Neonatal Resuscitation Free and Paid eBooks
 - Nrp Guidelines For Neonatal Resuscitation Public Domain eBooks
 - Nrp Guidelines For Neonatal Resuscitation eBook Subscription Services
 - Nrp Guidelines For Neonatal Resuscitation Budget-Friendly Options
6. Navigating Nrp Guidelines For Neonatal Resuscitation eBook Formats

- ePub, PDF, MOBI, and More
- Nrp Guidelines For Neonatal Resuscitation Compatibility with Devices
- Nrp Guidelines For Neonatal Resuscitation Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Nrp Guidelines For Neonatal Resuscitation
 - Highlighting and Note-Taking Nrp Guidelines For Neonatal Resuscitation
 - Interactive Elements Nrp Guidelines For Neonatal Resuscitation
- 8. Staying Engaged with Nrp Guidelines For Neonatal Resuscitation
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Nrp Guidelines For Neonatal Resuscitation
- 9. Balancing eBooks and Physical Books Nrp Guidelines For Neonatal Resuscitation
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Nrp Guidelines For Neonatal Resuscitation
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Nrp Guidelines For Neonatal Resuscitation
 - Setting Reading Goals Nrp Guidelines For Neonatal Resuscitation
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Nrp Guidelines For Neonatal Resuscitation
 - Fact-Checking eBook Content of Nrp Guidelines For Neonatal Resuscitation
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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