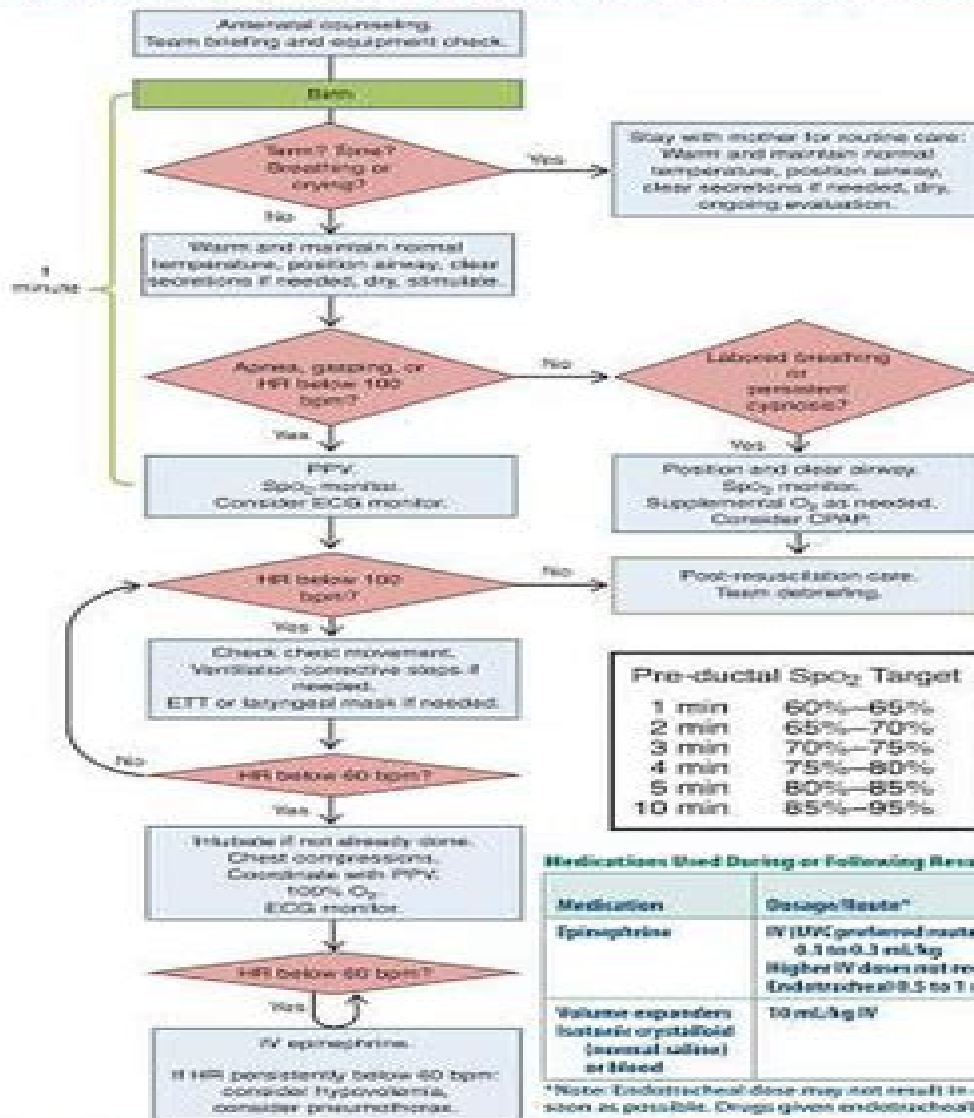


Neonatal Resuscitation Program® - Reference Chart

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.



Neonatal Resuscitation Program Nrp

Zaichkin Jeanette



Neonatal Resuscitation Program Nrp:

Neonatal Resuscitation Program ,1998 Nrp Zaichkin Jeanette,2021-10-27 New 8th Edition Innovative resource for interactive simulation based teaching and learning The Neonatal Resuscitation Program NRP is an educational program jointly sponsored by the American Academy of Pediatrics AAP and the American Heart Association AHA The course is designed to teach an evidence based approach to resuscitation of the newborn to health care professionals who care for newborns at the time of delivery Textbook of Neonatal Resuscitation Gary M. Weiner,Jeanette Zaichkin,2016

Textbook of Neonatal Resuscitation (NRP) 7th Edition 2016 American Heart Association,2020-09-06 New 7th Edition Powerful resource for interactive simulation based teaching and learning The Neonatal Resuscitation Program NRP is an educational program jointly sponsored by the American Academy of Pediatrics AAP and the American Heart Association AHA The course is designed to teach an evidence based approach to resuscitation of the newborn to hospital staff who care for newborns at the time of delivery New in the 7th edition Text updated to reflect the 2015 AAP AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care of the Neonate Two new chapters added covering post resuscitation care and preparing for resuscitation 140 new full color photographs replacing most line drawings **NRP** University of Iowa. Hospitals and Clinics. Emergency Medical Services Learning Resources Center,1989 *Neonatal Resuscitation Program (Nrp)* American Academy of Pediatrics,2000-03-01 *Instructor's Manual for Neonatal Resuscitation* American Academy of Pediatrics,2006 reflect new course content and instructor tips Advances in Emergency Treatment Research and Application: 2011 Edition ,2012-01-09 Advances in Emergency Treatment Research and Application 2011 Edition is a ScholarlyBrief that delivers timely authoritative comprehensive and specialized information about Emergency Treatment in a concise format The editors have built Advances in Emergency Treatment Research and Application 2011 Edition on the vast information databases of ScholarlyNews You can expect the information about Emergency Treatment in this eBook to be deeper than what you can access anywhere else as well as consistently reliable authoritative informed and relevant The content of Advances in Emergency Treatment Research and Application 2011 Edition has been produced by the world s leading scientists engineers analysts research institutions and companies All of the content is from peer reviewed sources and all of it is written assembled and edited by the editors at ScholarlyEditions and available exclusively from us You now have a source you can cite with authority confidence and credibility More information is available at <http://www.ScholarlyEditions.com> **Advances in Pediatrics, 2025** Jane Carver,Ronald Hirschl,Surendra Varma,Charlotte Lewis,2025-08-28 Advances in Pediatrics reviews the year s most important findings and updates within the field in order to provide pediatricians and primary care providers with the current clinical information they need to improve patient outcomes A distinguished editorial board led by Dr Carol Berkowitz identifies key areas of major progress and controversy and invites preeminent specialists to contribute original articles devoted to these topics These insightful overviews in pediatrics inform

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Textbook of Neonatal Resuscitation American Academy of Pediatrics, 2006 In addition to all of the content and illustrations contained in the textbook the DVD ROM also contains dramatic footage of actual resuscitation events laryngoscopic view of the airway digitized animation and several multilevel learner directed interactive video scenarios P xii first group of pages *International Partnerships for Strengthening Health Care Workforce Capacity: Models of Collaborative Education* Jeanne Mahoney Leffers, Jennifer Gail Audette, Kevin S. Hardwick, William Van Cleve, 2018-07-31 A critical problem in resource scarce countries across the globe is the shortage of appropriately trained health care providers According to the World Health Organization the current global health workforce shortage of 7.2 million providers is estimated to increase to 12.9 million by 2035 This disproportionately affects resource scarce countries denying basic health care to millions and limiting access to life saving treatments Due to limited resources in these countries not enough health professionals receive training few have the opportunity for continuing education and the ability to develop or implement educational programs and curricula is constrained Additionally many existing providers choose to emigrate in pursuit of professional advancement opportunities contributing to the overall shortage of qualified health care providers in these environments Efforts to strengthen health workforce capacity not only increases access safety and availability of care but is critical to building resilient health systems capable of caring for the world's neediest populations This requires not only cultivating new health care providers but also providing ongoing professional development to retain and support current

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