

Southern Illinois Regional EMS System

FF-7 NEONATAL CPR

1. Airway:
 - 1.1. “Sniffing” or neutral position.
 - 1.2. Endotracheal intubation as needed.
2. Oxygen:
 - 2.1. Preferred method:
 - 2.1.1. Simple face mask held firmly on face using 5-10 liters/minute flow.
 - 2.1.2. May use standard oxygen tubing and a flow rate of 5-10 liters to direct blow-by oxygen towards the neonate’s nares.
3. Bag Valve Mask (BVM):
 - 3.1. Rate 40-60 breaths/minute.
 - 3.2. Adequate ventilation is assessed by chest wall movement and auscultation of bilateral breath sounds.
 - 3.3. BVM volume for full term neonate:
 - 3.3.1. At least 450 to 750 ml.
4. Compressions:
 - 4.1. Acceptable method for newborns:
 - 4.1.1. Thumb technique (preferred method):
 - 4.1.1.1. 2 thumbs on the lower third of the sternum with hands encircling the body and fingers supporting the back.
 - 4.1.2. 2 finger technique:
 - 4.1.2.1. Using the tips of 2 fingers to compress the lower third of the sternum and the other hand to support the back (unless on a firm surface).
 - 4.2. Compression to ventilation ratio:
 - 4.2.1. 3:1 (three compressions to one ventilation).
 - 4.2.2. Results in 90 compressions and 30 ventilations/minutes.
 - 4.2.3. Important to allow for adequate ventilation between compressions.
 - 4.3. Compression depth:
 - 4.3.1. Depress the sternum $\frac{1}{2}$ to $\frac{3}{4}$ of an inch.

Adapted from Emergency Cardiac Care Committee and Subcommittees. American Heart Association. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. *JAMA*. 1992;268:2276-2281).