



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
NEWBORN CARE (PEDIATRIC)

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

- Apgar Score
 - The Apgar Score measures newborn's status.
 - Each of the five categories are scored from 0-2 and then totaled. Apgar scoring is done twice; 1 minute after birth and 5 minutes after birth.
 - Resuscitation, if needed, should not await Apgar scoring.

Scoring	0	1	2
Heart rate	Absent	Slow (below 100)	≥ 100
Respiratory Effort	Absent	Weak Cry; Hypoventilation	Strong Cry
Muscle Tone	Limp	Slight Flexion of Extremities	Active Flexion
Reflex Responses (to bulb syringe in nostril)	No response	Some Grimace	Cough or cry
Color	Blue, pale	Body pink, Extremities blue	Completely pink

- Total score indications are:
 - One (1) minute Apgar Score indications:
 - 7-10 – a healthy infant.
 - 4-6 – a potentially sick infant.
 - 0-3 – a severely depressed infant.

ALS STANDING ORDER

ALS STANDING ORDERS:

1. If possible, deliver infant in a warm, draft-free area.
2. Upon delivery of the head, use suction bulb to gently suction mouth, then nostrils. Re-suction upon complete delivery, mouth then nose.
3. Minimize heat loss: dry face, head, and body. Do not allow wet linen to remain in contact with child. Wrap infant in dry blanket or towel.
4. Position infant on back or on side with neck in a neutral position. If copious secretions are present, place on side with the neck slightly extended to allow secretions to collect in the mouth rather than the posterior pharynx.
5. Assure airway is open; provide oxygen by blow-by technique until child is active and crying.
6. Perform Apgar Score at 1 minute and 5 minutes after birth (see Guidelines below).
7. Clamp and cut cord.
8. ALS escort with mother (if neonate stable, place in mother's arms.
9. Contact Base Hospital for appropriate destination with neonatal care capability.

NEWBORN IN DISTRESS:

- A. Limit any suctioning to no more than 3 to 5 seconds.
- B. Provide oxygen by blow-by technique
- C. Limit time in field, ALS escort with mother to nearest labor and delivery capable ERC.

Approved:



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BASE GUIDELINES

- Five (5) minute Apgar Score indications:
 - 7-10 – a healthy infant.
 - 4-6 – a potentially sick infant.
 - 0-3 – a severely depressed infant.
- Consider Naloxone 0.1 mg/kg in newborns with respiratory depression

ALS STANDING ORDER

If respiratory depression:

- A. Assure airway is open and clear of secretions.
- B. Administer oxygen by blow-by technique.
- C. Stimulate by gently rubbing along the spine or slap feet.
- D. Reposition to ensure open airway.
- F. Contact Base Hospital for appropriate destination with neonatal care capability.

Gaspings Respirations / Apnea / HR<100/minute / Persistent

Cyanosis:

- A. Assisted positive pressure ventilation with appropriate sized bag-valve-mask, rate 40-60 breaths/minute with 100% oxygen.
- B. Contact Base Hospital for appropriate destination with neonatal care capability.

Heart Rate < 60/minute / No Response to Above Measures:

- A. Begin chest compressions; interpose chest compressions with ventilations in a 3:1 ratio (90 compressions and 30 breaths per minute)
- B. Contact Base Hospital for appropriate destination with neonatal care capability.

TREATMENT GUIDELINES:

- Drying and suctioning usually produce enough stimulation to initiate effective respirations in most newborns.
- To determine heart rate: auscultate, do not attempt to palpate.

Approved:

Review Dates: 11/16

Final Date for Implementation: 04/01/2017

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