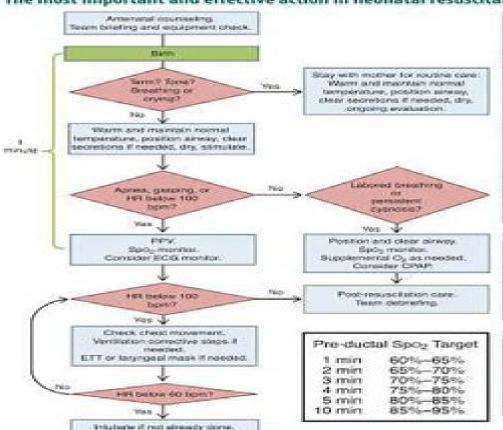
Neonatal Resuscitation Program® - Reference Chart







Almeran

- . Put bally's head in "sniffing" position
- Suction mouth, then note
- Surtion traches if meconium-stained and NOT vigorous.

(2) Breathing

- PPV for aprea, gasping, or pulse < 100 bpm
- Ventilate at rate of 40 to 60 breaths/immute.
- Listen for rising heart rate, auditive breath sounds.
- Look for slight chest movement with each breath.
- . Use CO, detector after intubation
- · Attach a pulse oximater

(B) Circulation

- Start compressions if HR is <60 after 30 seconds of affective PPV
- Give (3 compressions: 1 breath) every 2 seconds
- . Compress one third of the anterior potterior diameter of the chest

(II) Orwers

- 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.

Convention Stages

M .	Mask adjustment.			
A.	Reposition sirvey.			
5	Suction mouth and noor.			
0	Open mouth.			
P	Pressure increase.			
A	Airway sitters satire.			

Employment Intubation

Gestational Age (seeda)	Weight (kg)	EX Nutre Store (60), resect	Septh of Insertion* Sen from opper Epi	
<28	< 1.00	2.5	6-7	
26-34	1.0-2.0	3.0	7-4	
34-38	2.0-3.0	3.5	8-9	
>14	>14 >5.0 3.5-4.0		9-10	

[&]quot;Depth of Insertion (cm) is 6 + weight (in kg)

Hedications Used During or Following Resocitation of the Hesborn

Medication	Oproge Sente*	Concentration	W/C (Ng/)	Total IV Volume (mil.)	Precautions
Epitropitrino	IV (UVC genetisted maste) 0.1 to 0.3 mil. bg Higher IV dosen not recommended Endetracte all 0.5 to 1 mil. bg	1:10,000	1 2 3 4	0.1-0.3 0.2-0.6 0.3-0.9 0.4-1.2	Give rapidly. Repeat every 3 to 5 minutes if 881 < 60 with thest compressions.
Valume expanders Isotaelic orystalloid (normal salites) or blood	10 mL/kg IV		1 2 3 4	10 26 30 40	Indicated for shock, Give over 5 to 38 minutes, Beausies after each below.

*Note: Endotrucheal dose may not result in effective plasma concentration of drug, so vaccular access should be established as soon as possible. Drugs gives endotrucheally require higher downs than when gives PC.



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If HR pensistently below 60 bpm: consider hydovolamia.

consider presurrentiscops.

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book is written not only for the pediatric cardiologist but for all those specialists and subspecialists who participate in a programmatic approach to the child with congenital heart disease from the embryologist to the pediatrician or family practitioner to the hands of caregivers in the tertiary care setting From the Foreword by William B Strong MD

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Comprehensive Neonatal Nursing Care Carole Kenner, Judy Lott, 2013-08-21 Print CourseSmart A Practical Guide to Third Trimester of Pregnancy & Puerperium Alok Sharma, 2016-04-30 A Practical Guide to Third Trimester of Pregnancy Puerperium is a comprehensive resource for the management of the final stage of pregnancy and its complications Divided into 78 chapters the book begins with chapters on risk management in obstetrics a general introduction and information on physiological changes during the third trimester of pregnancy Further chapters cover care guidelines clinical understanding and recent advances in management of the third trimester Complications covered include pre term labour pre labour rupture of membranes post term pregnancy placental adhesive disorders and umbilical cord abnormalities Chapters in the second half of the book cover disorders that may be associated with third trimester pregnancy including gastrointestinal endocrinal thromboembolic and psychiatric disorders A Practical Guide to Third Trimester of Pregancy Puerperium is enhanced by over 120 images and tables providing quick reference information for obstetricians and gynaecologists Key Points Comprehensive resource for the management of third trimester complications Covers a broad range of disorders including associated

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