



Welcome to Neonatal Resuscitation (NRP)

NRP is a joint venture between the American Academy of Pediatrics (AAP) and the American Heart Association (AHA) to teach participants how to handle neonatal emergencies.

Currently the course is comprised of an online segment through the AAP website (aap.org) and a hands-on skills practicum. This is a required course for most Respiratory Therapist, NICU/L&D nurses as well as ER staff or OB/ER physicians.

The AAP has teamed up with HealthStream, so you will be directed from AAP.org to a HealthStream page where you create a user name and log in if you don't already have one. Once you complete the online portion, you are ready for the skills check off.

Here is a link to a nice power point that is a GREAT NRP review if you would like to use it.

https://www.cps.ca/uploads/nrp/Webinar_Slides-The_Science_Behind_NRP_7th_Edition.pdf

We have also attached the latest 2020 AHA algorithm for NRP as well as the ACLS algorithm for maternal codes.

Please let us know if you have any questions, or text/call when you are ready to schedule your skills portion.

Thank you-
Medical Education Angels LLC
661-205-0927

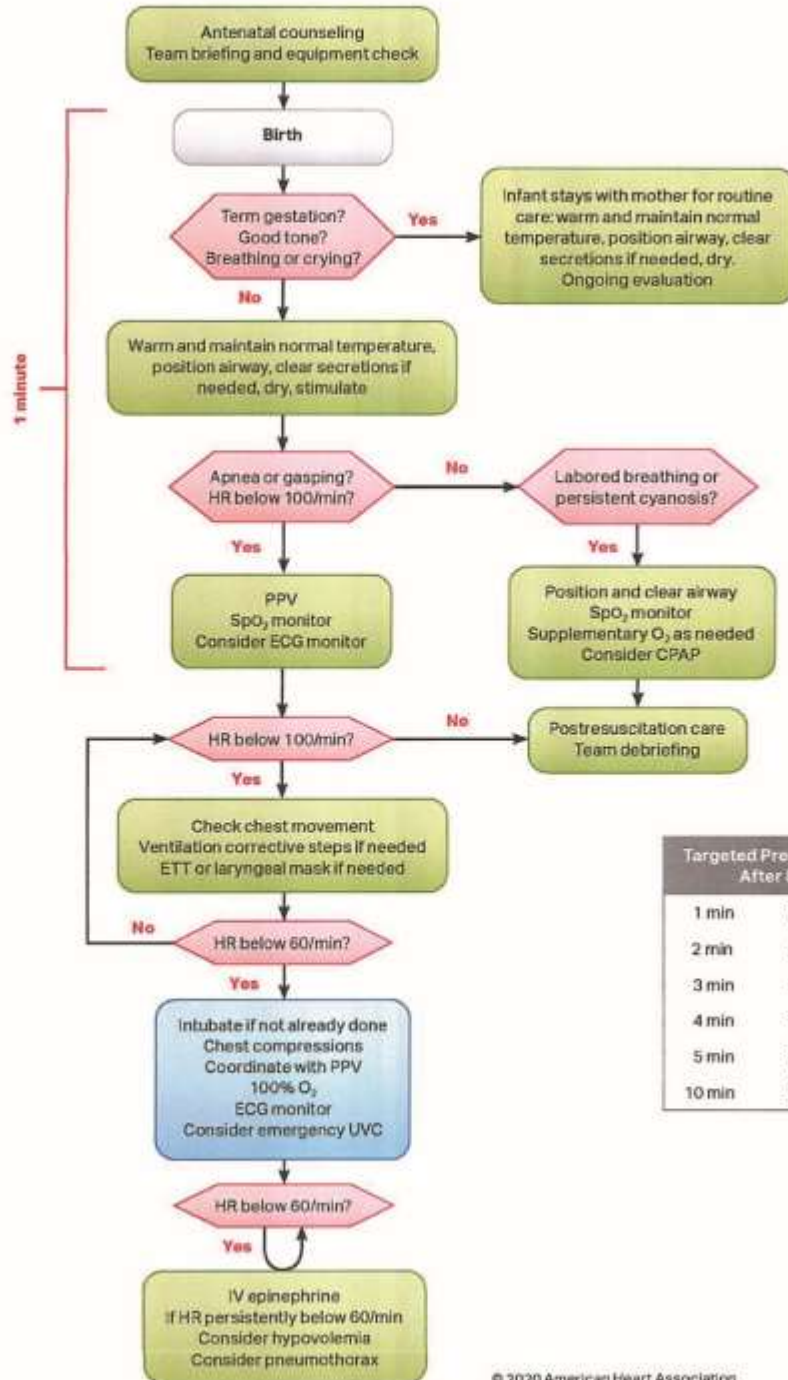
Additional References:

https://cpr.heart.org/-/media/cpr-files/cpr-guidelines-files/highlights/highlights_2020_ecc_guidelines_english.pdf

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000918>

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000890>

Neonatal Resuscitation Algorithm



Neonatal Resuscitation



The 2020 neonatal resuscitation guidelines are based on extensive evidence evaluation performed in conjunction with the International Liaison Committee on Resuscitation and affiliated member councils.



The Neonatal Resuscitation Algorithm starts with the needs of every newly born baby and proceeds to steps that address the needs of at-risk newborns.

Impact
on neonatal mortality rate in the United States and Canada:



Anticipation and Preparation



Approximately
10%
of newborns need
help **breastfeeding**



Approximately
1%
of newborns need
further **resuscitation**



Umbilical Cord Management

Most newly born infants do not require immediate cord clamping or resuscitation and can be evaluated and monitored during skin-to-skin contact with their mothers after birth.



Temperature Management

Placing healthy newborn infants **skin-to-skin** after birth can be effective in improving breastfeeding, temperature control, and blood glucose stability.

Steps for Nonvigorous Newborns With Meconium-Stained Amniotic Fluid



IV/IO Access

Umbilical venous catheterization is the preferred technique in the delivery room for babies who require vascular access to infuse epinephrine or volume expanders. **ID access** is an alternative.



Cessation of Resuscitation

Newborns after delivery who do not respond to 20 minutes of resuscitation have a low likelihood of survival. At this point, discussions should be initiated with the family and care team regarding cessation of resuscitative efforts.

Limitations



Weak Evidence
Numerous questions and practices were identified to have weak, uncertain, or absent evidence during the review of recommendations.



Knowledge Gaps
Significant knowledge gaps—including team composition and training, devices for resuscitation, and special newborn populations care—were also highlighted.

†† Indicates evidence of, † Insufficient, N Insufficient and PFC, positive pressure ventilation.

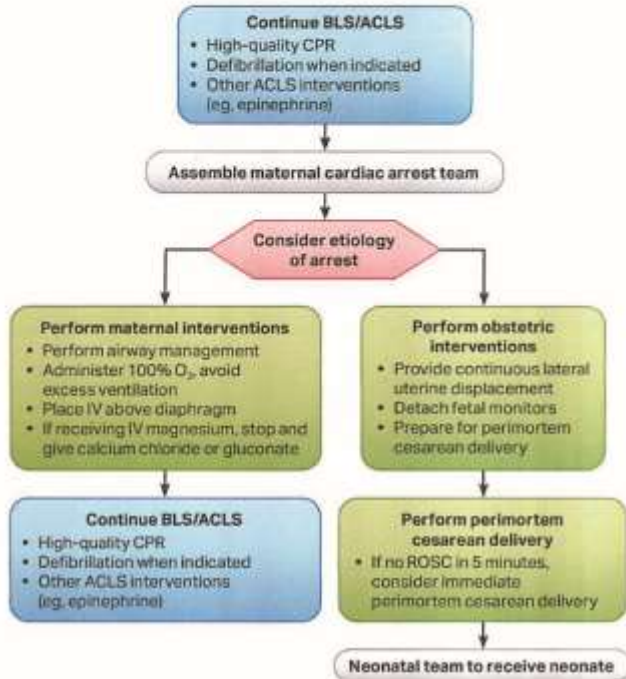


Infographic by Hee-yeon Gwon, MD, Temel one developed by Sarah Stark, MD. Edited and reviewed by Sarah Stark, MD, Chiu, MD, MSc, and Corbin Sisson, MD, PhD.

Distalives provided by



Figure 9. Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm.



Maternal Cardiac Arrest
<ul style="list-style-type: none"> • Team planning should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services. • Priorities for pregnant women in cardiac arrest should include provision of high-quality CPR and relief of aortocaval compression with lateral uterine displacement. • The goal of perimortem cesarean delivery is to improve maternal and fetal outcomes. • Ideally, perform perimortem cesarean delivery in 5 minutes, depending on provider resources and skill sets.
Advanced Airway
<ul style="list-style-type: none"> • In pregnancy, a difficult airway is common. Use the most experienced provider. • Provide endotracheal intubation or supraglottic advanced airway. • Perform waveform capnography or capnometry to confirm and monitor ET tube placement. • Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.
Potential Etiology of Maternal Cardiac Arrest
<ul style="list-style-type: none"> A Anesthetic complications B Bleeding C Cardiovascular D Drugs E Embolic F Fever G General nonobstetric causes of cardiac arrest (H's and T's) H Hypertension

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