



RAMA
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INTRODUCTION-

The adaptation from intrauterine to extra uterine life involves a complex and rapid interpretation of physiologic changes. Within minutes of life. Approximately 10% of newborns require some assistance to begin breathing at birth. <1% requires extensive resuscitation measures. According to the National Resuscitation Program, those newborns that do not require resuscitation can generally be identified by a rapid assessment of following 3 characteristics----

- Term gestation?**
- Crying or breathing?**
- Good muscles tone?**

TABC OF RESUSCITATION-

T- Maintenance of temperature

A- Establish an open airway

B- Initiate the breathing

C- Circulation

DEFINITION-

Neonatal Resuscitation is intervention after a baby is born to help it breathe and to help its heart beat. Before a baby is born, the placenta provides oxygen and nutrition to the blood and removes carbon dioxide.

Resuscitation is helping with Airway, Breathing, and Circulation, also known as the ABCs.

Indication-

- **Preterm delivery**
- **Delivery other than normal**
- **Malpresentation**
- **Multiple pregnancy**
- **Fetal distress**
- **Meconium staining**
- **Severe IUGR**
- **Ante partum hemorrhage**

Contraindication-

- **Diaphragmatic hernia**
- **Non-vigorous baby born through meconium stained liquor**

Articles-

- Mechanical suction
- Suction catheters (12 and 14 fr)
- Feeding tubes (6 fr & 8 fr) and 20 ml syringe
- Neonatal self inflating resuscitation bags
- Face masks (term & preterm size)
- Oxygen with flow meter and tubing

Intubation equipment-

- Laryngoscope with straight blade
- Endotracheal tubes

Resuscitation drugs and fluids-

- Inj. Epinephrine
- Inj. Naloxone
- Normal saline

WARMTH-

- Avoid hypothermia.
- Delivery in a warm and draft free area.
- Baby received with a pre warmed towel.
- Rapidly dry head and skin.
- Discard wet linen.
- Place on firm surface under radiant warmer/ on mothers body.

CHEST COMPRESSION TECHNIQUES

Methods

- ▶ **Thumb technique:** 2 thumbs depress the sternum, hands encircle the torso and the fingers support the spine.
Preferred technique

- ▶ **2 - Finger technique:** Tips of middle & index/ring finger of one hand compresses sternum, other hand supports the back.



Procedure-

❖ **Preliminary preparation-**

1. Check if the baby is Term
2. Look for muscle tone
3. Check if the baby is crying or breathing
4. Wash hands and wear gloves

❖ **Initial Resuscitation steps-**

5. Provide warmth to the baby.
6. Clear airway if necessary
7. Dry and stimulate the newborn
8. Assess breathing/crying
9. Assess the heart rate

- 10. Indicates need for and initiates positive pressure ventilation (Gaspings, apnoeic or HR <100)**
- 11. Position the baby's head in a slightly extended position to open the airway.**
- 12. Place the mask on the baby's face so that it covers the chin, mouth and nose. Form a seal between the mask and face and begin ventilation**
- 13. Ensure that the chest is rising with each ventilation**
- 14. Ventilate at a rate of 40 breaths/minute for 30 seconds**
- 15. Checks for rising heart rate after 15 seconds after PPV**
- 16. Takes corrective steps when heart rate not rising and chest not moving (MRSOPA-mask readjustment, repositioning, suctioning, open mouth, pressure increase, alternative airway)**
- 17. Assess breathing, and every 30-60 seconds (if HR < 60 per minute)**
- 18. Assess heart rate (if HR < 60 per minute)**
- 19. Assess saturation /colour**
- 20. Demonstrates correct chest compression (Two thumb or two finger method with 3:1) techniques with PPV for 60 seconds**

- 21. Assess heart rate (if HR < 60 per minute)**
- 22. Administers emergency drugs and continues with chest compression and PPV for 30 seconds**

Post Resuscitation Care-

- 23. Maintains normothermia 36.5° - 37.5°C**
- 24. Continuous observe the child for at least 48-72 hours.**
- 25. Check the color of skin and assess the respiration**
- 26. Start IV infusion.**
- 27. Check the head and jaw position because tongue may fall back & can obstruct the airway.**
- 28. Discard the all articles & materials.**
- 29. Do proper record & reporting.**

NURSING RESPONSIBILITY-

- **Duties of a neonatal nurse usually include supplying vital nutrients to newborns, changing feeding tubes, administering medication, observing vital signs, performing intubations and using monitoring devices.**
- **Nurse should keep warm the baby.**
- **Nurse should take Heart Rate for 1 full minute.**
- **Nurse should be listening for murmuring of the baby.**
- **Nurse should assess the cyanosis.**
- **Nurse should be observing for CP distress.**

Thank you

