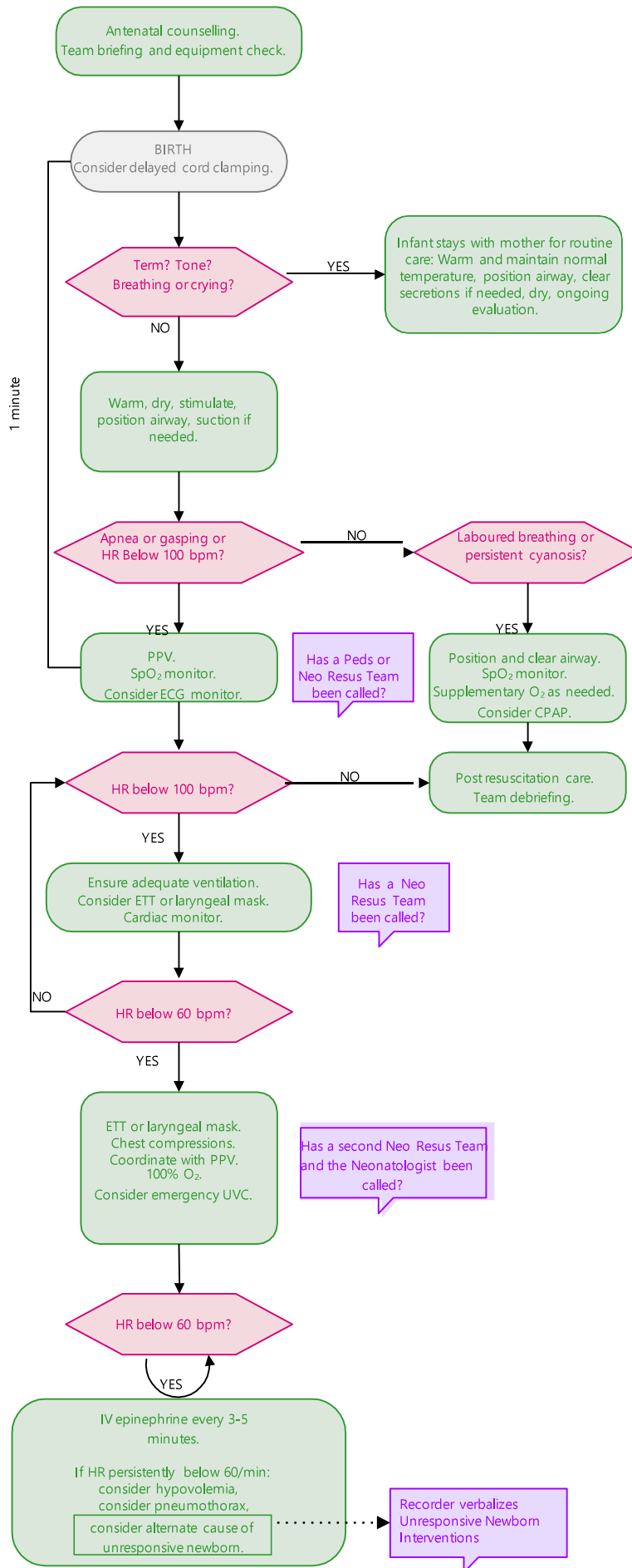


Neonatal Resuscitation Algorithm – 2021 Update

In 2021, additions were made to best suit BC Women's needs.



Targeted Preductal SpO₂ After Birth

1 min	60% - 65%
2 min	65% - 70%
3 min	70% - 75%
4 min	75% - 80%
5 min	80% - 85%
10 min	85% - 95%

MR SOPPA

M	Mask adjustment (consider 2-hand technique)
R	Reposition (head neutral or slightly extended)
S	Suction mouth (depth = nose tip to ear tragus)
O	Open mouth Once seal achieved, evaluated chest movement, air entry, then heart rate
P	Pressure increase to 25/5 cmH₂O Once seal achieved, evaluated chest movement, air entry, then heart rate
P	Pressure increase to 30/5 cmH₂O Once seal achieved, evaluated chest movement, air entry, then heart rate
A	Airway alternative (ETT or LMA) Evaluated chest movement, air entry, CO ₂ detector, and then heart rate - Continue pressure 30/5 cmH₂O and assess the need for decreasing pressure when the heart rate is above 100bpm - Consider the need to increase pressure incrementally to a maximum 40/5 cmH₂O

The DOPE Mnemonic

D	Displaced Endotracheal Tube
O	Obstructed Endotracheal Tube
P	Pneumothorax
E	Equipment Failure

C	Chest movement	Is the chest moving with each breath?
A	Airway	Is the airway secured with ETT or LMA?
R	Rate	Rate of 3 compressions to 1 ventilation every 2 seconds?
D	Depth	Depth of compressions is 1/3 AP diameter of chest?
IO	Inspired Oxygen	100% oxygen?

Unresponsive Newborn Interventions

Neonatologist Involved in Management
CARDIO Mnemonic Considered
Access → UVC or IO
Volume Expansion → 0.9% NS or Uncross matched PRBCs
Gastric Decompression → NGT/OGT
Needle Decompression
Pre/Postductal Saturations
Normothermia
Medication
Inotropes/PGE ₁ / iNO
Defibrillation/Cardioversion
Pericardiocentesis
Consult
- Cardiology - ENT/Anaesthesia - ECLS Activation