Assessment
- evaluate respirations
- dry, remove wet linen
- suction mouth, then nose

spontaneous
evaluate HR
above 100

below 100
evaluate HR
60-100

PCP ICP ACP CCP
O₂ 100%
PPV (BVM)

HR not increasing

PCP ICP ACP CCP
continue ventilation
- chest compressions

HR below 60
No

PCP ICP ACP CCP
- continue ventilation
- chest compressions

HR below 60 after 30 seconds
No

PCP ICP ACP CCP
Transport

PCP ICP ACP CCP
Transport

PCP ICP ACP CCP
Intubate (see pediatric advanced airway management protocols)

epinephrine**
0.1cc/kg ETT (1:10 000)

PCP ICP ACP CCP
O₂ 100%*

Transport

PCP ICP ACP CCP
O₂ 100%*

PCP ICP ACP CCP
O₂ 100%*

blue
PCP ICP ACP CCP
pink or peripheral cyanosis

Transport

PCP ICP ACP CCP
O₂ 100%*

PCP ICP ACP CCP
observe and monitor

*via blow by: hold O₂ tubing 3cm from neonate's mouth and nare and cup hand around end of tubing to direct oxygen toward neonate's face

**if no improvement in HR