NEWBORN IN THE FIELD - PEDIATRIC

BASE GUIDELINES

1. Hospitals with Obstetrical Service (appropriate for triage of mother and newborn):
   - Anaheim Global Medical Center
   - Anaheim Regional Medical Center
   - Fountain Valley Regional Hospital
   - Garden Grove Medical Center
   - Hoag Memorial Hospital
   - Kaiser (Anaheim)
   - Kaiser (Irvine)
   - Mission Hospital, Mission Viejo
   - Orange Coast Memorial Medical Center
   - Orange County Global Medical Center
   - Saddleback Memorial Medical Center
   - St. Joseph Hospital
   - St. Jude Medical Center
   - South Coast Global Medical Center
   - UCI Medical Center

2. Once cord is clamped, it does not necessarily need to be cut in the field.

3. If a nuchal cord occurs upon delivery, instruct the paramedic to slip a finger under the cord and move it over the head to free the cord, slight to moderate stretching the cord to accomplish this maneuver is appropriate.

ALS STANDING ORDER

1. If possible, deliver infant in a warm, draft-free area.
2. Minimize heat loss: dry face, head, and body with soft towel or blanket. Do not allow wet linen to remain in contact with child. Wrap infant in dry blanket or towel.
3. Position infant on side with neck in a neutral position to allow secretions to collect in the mouth to drain rather than accumulate in the posterior pharynx.
4. Assure airway is open; provide oxygen by blow-by-technique until child is active and crying.
5. Perform Apgar score at 1 minute and 5 minutes after birth (see Guidelines below).
6. If possible, clamp and cut cord (see OCEMS Procedure B-060).
7. Contact Base Hospital (CCERC preferred) for appropriate destination with neonatal care capability.
8. ALS escort infant and mother.

NEWBORN IN DISTRESS:

If respiratory depression:
   A. Assure airway is open and clear of secretions.
   B. Administer oxygen by blow-by technique.
   C. Stimulate by rubbing along the spine or soles of feet.
   D. Reposition to assure open airway.
   E. For respiratory depression due to suspected maternal use of narcotics and unresponsive to stimulation:
      - Naloxone 0.1 mg/kg IN/IM once to a maximum of 1 mg.
   F. Contact Base Hospital (CCERC preferred) for appropriate destination with neonatal care capability.

Gasing Respirations / Apnea / HR <100/minute / Persistent Cyanosis:
   A. Assisted positive pressure ventilation with appropriate sized bag-valve-mask, rate 40-60 breaths/minute with 100% oxygen.
   B. Contact Base Hospital for appropriate destination with neonatal care capability.
BASE GUIDELINES

APGAR SCORE
- The Apgar Score measures newborn’s status.
- Each of the five categories are scored from 0-2 and then totaled. Apgar scoring is done twice; 1 minute after birth and 5 minutes after birth.
- Resuscitation, if needed, should not await Apgar scoring.

<table>
<thead>
<tr>
<th>Scoring</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart rate</td>
<td>Absent</td>
<td>Slow (below 100)</td>
<td>≥ 100</td>
</tr>
<tr>
<td>Respiratory Effort</td>
<td>Absent</td>
<td>Weak Cry; Hypoventilation</td>
<td>Strong Cry</td>
</tr>
<tr>
<td>Muscle Tone</td>
<td>Limp</td>
<td>Slight Flexion of Extremities</td>
<td>Active Flexion</td>
</tr>
<tr>
<td>Reflex Responses (to bulb syringe in nostril)</td>
<td>No response</td>
<td>Some Grimace</td>
<td>Cough or cry</td>
</tr>
<tr>
<td>Color</td>
<td>Blue, pale</td>
<td>Body pink, Extremities blue</td>
<td>Completely pink</td>
</tr>
</tbody>
</table>

- Total score indications are:
  - One (1) minute Apgar Score indications:
    - 7-10 ----- a healthy infant
    - 4-6 ----- a potentially sick infant
    - 0-3 ----- a severely depressed infant
  - Five (5) minute Apgar Score indications:
    - 7-10 ----- a healthy infant
    - 4-6 ----- a potentially sick infant
    - 0-3 ----- a severely depressed infant

ALS STANDING ORDER

Heart Rate < 60/minute / No Response to Above Measures:
- A. Begin chest compressions; interpose chest compressions with ventilations in a 3:1 ratio (90 compressions and 30 breaths per minute).
- B. Contact Base Hospital (CCERC preferred) for appropriate destination with neonatal care capability.

TREATMENT GUIDELINES:
- Refer to OCEMS Procedure B-060 for steps in field delivery of an infant.
- Drying will usually produce enough stimulation to initiate effective respirations in most newborns.
- To determine heart rate: auscultate, do not attempt to palpate.