

Medication	Concentration	Preparation	Dose/Route	Weight/Dose	Rate
Epinephrine ET	0.1 mg/mL1 (1: 10,000)	Draw up in a 3 mL syringe and label "for ET"	0.1 mg/kg (1 mL/kg) via ET Maximum 0.3 mg (3 ml) per dose	1kg = 0.1 mg (1 mL) 2kg = 0.2 mg (2 mL) ≥ 3kg = 0.3 mg (3 mL)	Rapidly Do not follow with a flush First dose may be given via ET while UVC inserted
Epinephrine UVC*/ IV/ IO3 *preferred route	0.1 mg/mL1 (1:10,000)	Draw up in a 1 mL syringe and label "for IV/UVC"	0.01 mg/kg (0.1 mL/kg) via IV	1kg = 0.01 mg (0.1 mL) 2kg = 0.02 mg (0.2 mL) 3kg = 0.03 mg (0.3 mL) 4kg = 0.04 mg (0.4 mL)	Rapidly Follow with up to 0.5-1 mL 0.9% NaCl flush
Volume Expand ers4	0.9% NaCl (normal saline) O-negative PRBC	40 mL (Prepare 2 x 20 mL syringes and label)	10 mL/kg by IV/IO route	1kg = 10 mL 2kg = 20 mL 3kg = 30 mL 4kg = 40 mL	Over 5 to 10 minutes
Naloxone	No longer recommended	" There is insufficient evidence to evaluate the safety and efficacy of this practice" (NRP textbook, 7th edition – pg. 257)			
Sodium Bicarb	No longer recommended	"There is currently no evidence to support this routine practice" (NRP textbook, 7th edition – pg. 221)			

Table 5-4. Initial endotracheal tube insertion depth ("tip to lip") for orotracheal intubation

Gestation (weeks)	Endotracheal tube insertion depth at lips (cm)	Baby's Weight (grams)
23-24	5.5	500-600
25-26	6.0	700-800
27-29	6.5	900-1000
30-32	7.0	1,100-1,400
33-34	7.5	1,500-1,800
35-37	8.0	1,900-2,400
38-40	8.5	2,500-3,100
41-43	9.0	3,200-4,200

Adapted from Kempley ST, Moreira JW, Petrone FL. Endotracheal tube length for neonatal intubation. *Resuscitation*. 2008;77(3):369-373.

First Assessment

Heart Rate After 15 Seconds of PPV

Increasing

- Announce *"Heart rate is increasing"*
- Continue PPV
- Second HR assessment after another 15 seconds of PPV

Not Increasing Chest IS Moving

- Announce *"Heart rate NOT increasing, Chest IS moving"*
- Continue PPV that moves the chest
- Second HR assessment after another 15 seconds of PPV that moves the chest

Not Increasing Chest NOT Moving

- Announce *"Heart rate NOT increasing, chest is NOT moving"*
- Ventilation corrective steps until chest movement with PPV
 - Intubate or laryngeal mask if necessary
- Announce when chest moving
- Continue PPV that moves the chest
- Second HR assessment after 30 seconds of PPV that moves the chest

Second Assessment

Heart Rate After 30 Seconds of PPV That Moves the Chest

At least 100 beats per minute (bpm)

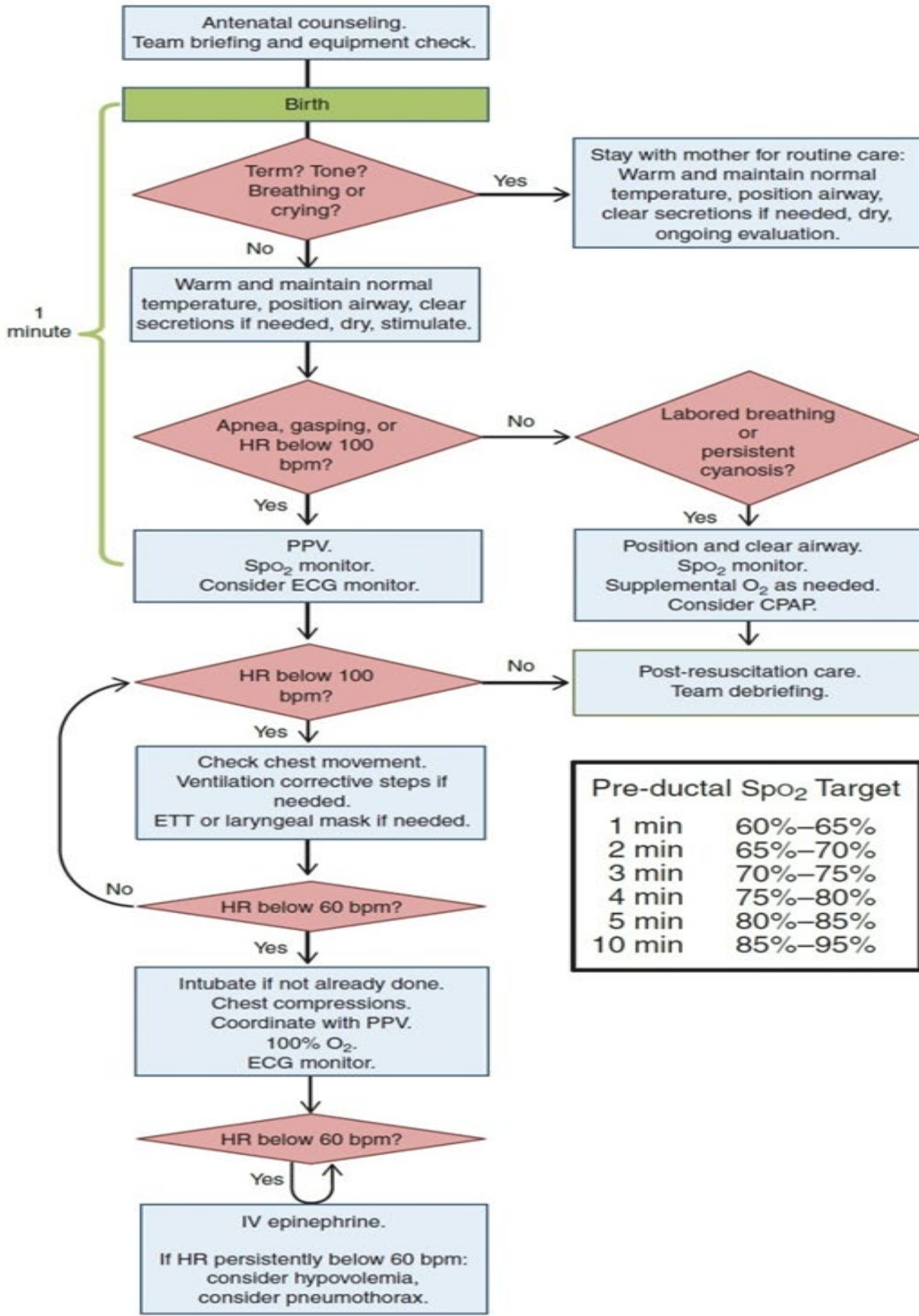
- Continue PPV 40–60 breaths/min until spontaneous effort.

60–99 bpm

- Reassess ventilation.
- Ventilation corrective steps if necessary.

<60 bpm

- Reassess ventilation.
- Ventilation corrective steps if necessary.
- Insert an alternative airway.
- If no improvement, 100% oxygen and chest compressions.



Pre-ductal SpO ₂ Target	
1 min	60%–65%
2 min	65%–70%
3 min	70%–75%
4 min	75%–80%
5 min	80%–85%
10 min	85%–95%