

Medications	Concentration to Administer	Route	Dosage/Prep	Total Dose in mL according to Weight (Kg)					Rate/Precautions
				Dose	1 Kg	2 Kg	3 Kg	4 Kg	
Epinephrine Caution: 2 ROUTES 2 DOSAGES	1:10,000	Endotracheal route acceptable while IV access is being established.	0.5- 1 mL/kg via ETT Draw up in 3-mL or 5-mL syringe	0.5 mL/ kg	0.5 mL	1 mL	1.5 mL;	2 mL	Give rapidly. Can give 1 dose of ETT epinephrine. If epinephrine does not work, IV epinephrine ASAP do not wait 3-5 minutes. Give directly into endotracheal tube. Follow with several positive pressure ventilations.
				0.6 mL/ kg	0.6 mL	1.2 mL	1.8 mL	2.4 mL	
				0.7 mL/ kg	0.7 mL	1.4 mL	2.1 mL	2.8 mL	
				0.8 mL/ kg	0.8 mL	1.6 mL	2.4 mL	3.2 mL	
				0.9 mL/ kg	0.9 mL	1.8 mL	2.7 mL	3.6 mL	
				1 mL/ kg	1 mL	2 mL	3 mL	4 mL	
	1:10,000	Umbilical Vein/ PIV/ Intraosseous	0.1-0.3 mL/kg IV Draw up in 1-mL syringe	0.1 mL/ kg	0.1 mL	0.2 mL	0.3 mL	0.4 mL	Give rapidly. May be repeated every 3-5 minutes. Follow with a 3 mL flush of normal saline to ensure the drug reaches the blood
				0.2 mL/ kg	0.2 mL	0.4 mL	0.6 mL	0.8 mL	
				0.3 mL/ kg	0.3 mL	0.6 mL	0.9 mL	1.2 mL	
	Volume Expanders	Normal Saline (Recommended)	Umbilical Vein/ PIV	10 mL/kg					Give over 5 to 10 minutes. Give by syringe or infusion pump.
Acceptable: O Rh-negative packed RBCs		10 mL/ kg		10 mL	20 mL	30 mL	40 mL		

ETT Size		
Gestational Age (Weeks)	Weight (KG)	ET Tube Size
< 28	< 1.0	2.5
28 - 34	1.0 - 2.0	3.0
34 - 38	2.0 - 3.0	3.5
> 38	> 3.0	3.5

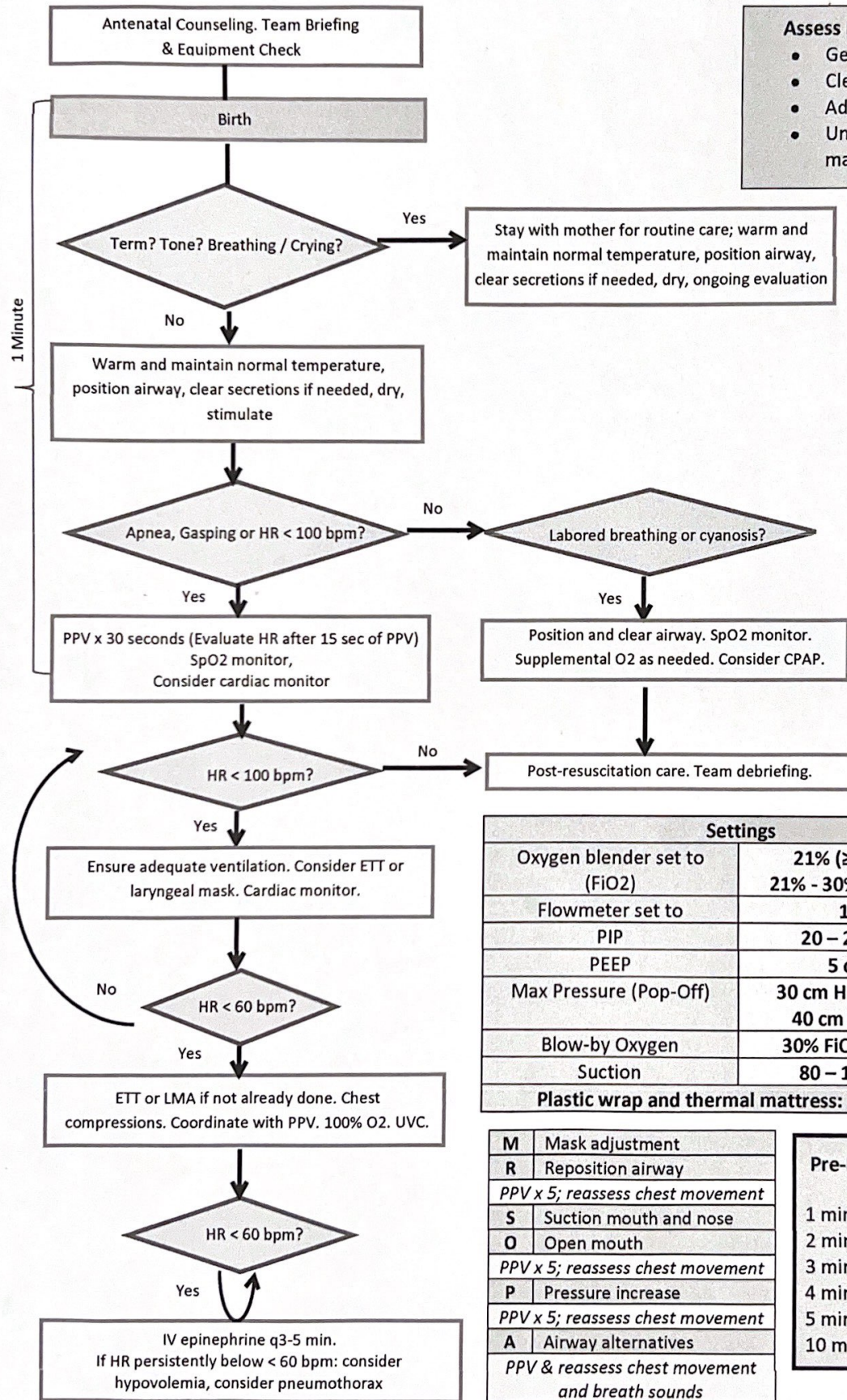
ETT Insertion Depth		
Gestation (wks)	Insertion Depth at Lip (cms)	Baby's Weight in Grams
23 - 24	5.5	500 - 699
25 - 26	6.0	700 - 899
27 - 29	6.5	900 - 1099
30 - 32	7.0	1100 - 1499
33 - 34	7.5	1500 - 1899
35 - 37	8.0	1900 - 2400
38 - 40	8.5	2500 - 3199
41 - 43	9.0	3200 - 4200

- Airway**
- Head in sniffing position.
 - Suction mouth then nose.
- Breathing**
- PPV for apnea, gasping or pulse < 100 bpm.
 - Ventilate at rate of 40-60 breaths per minute.
 - Listen for rising heart rate and audible breath sounds.
 - Look for chest movement with each breath.
 - Use CO2 detector after intubation.
 - Attach pulse oximeter.
- Circulation**
- Start compressions if HR is < 60 bpm after 30 seconds of **effective PPV**.
 - Give 3 compressions : 1 breath every 2 seconds.
 - Compress 1/3 anterior-posterior diameter of chest.
- Drugs**
- Give epinephrine if HR < 60 bpm after 45 - 60 seconds of compression and ventilations.

NRP 8th Edition Algorithm

Assess Prenatal Risk Factors

- Gestational Age?
- Clear fluid?
- Additional risk factors?
- Umbilical cord management plan?



Settings	
Oxygen blender set to (FiO2)	21% (≥ 35 weeks) 21% - 30% (<35 weeks)
Flowmeter set to	10 L/m
PIP	20 – 25 cm H2O
PEEP	5 cm H2O
Max Pressure (Pop-Off)	30 cm H2O (preterm) 40 cm H2O (term)
Blow-by Oxygen	30% FiO2 @ 10 LPM
Suction	80 – 100 mm Hg
Plastic wrap and thermal mattress: < 32 weeks	

M	Mask adjustment
R	Reposition airway
PPV x 5; reassess chest movement	
S	Suction mouth and nose
O	Open mouth
PPV x 5; reassess chest movement	
P	Pressure increase
PPV x 5; reassess chest movement	
A	Airway alternatives
PPV & reassess chest movement and breath sounds	

Pre-Ductal SpO2 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%