NEWBORN RESUSCITATION ALGORITHM

POWERPOINT SLIDE 1

Term gestation?  
Breathing?  
Good Tone?  

[golden minute - 60 seconds]

Cry/breathe well & good tone

Provide warmth  
Clear airway if necessary  
Dry and stimulate  

(Don’t dry if <30 weeks - Wrap preterm baby’s torso in plastic bag)  
Note the time

Assess breathing/crying  
and/or heart rate  

Gasing, apnoeic or HR <100

Start ventilating with room air (Rate: 30 - 40/min)  
Use oxygen if preterm starting at 30 - 40%  
Connect to pulse oximeter if available, avoid hyperoxia  
Ensure chest rise with each breath

Assess breathing, heart rate  
and sats /colour  
every 30 - 60 seconds

HR <100

Ventilate with supplemental oxygen as required

Assess breathing, heart rate  
and sats /colour  
every 30-60 seconds

HR <60

Continue ventilating with supplemental oxygen as required  
Consider intubation  
Start chest compressions with coordinated ventilation  
(3 compressions : 1 breath)  
Each cycle should take 2 seconds

Assess breathing, heart rate  
and sats /colour

HR <60

Continue compressions and ventilation  
Give 0.1 - 0.3 ml/kg Adrenaline IV (1:10 000 dilution)  
(1 ml/kg Adrenaline ETT (1:10 000 dilution) only if no IV access)  
May repeat Adrenaline IV after 3 – 5 min  
Correct hypovolaemia if necessary  
(10 ml/kg NS IV over 5 - 10 min)  
Consider pneumothorax / Check glucose

Oxygen Administration  
Use blended O₂ if available to achieve targeted pre-ductal sats (see below)

Alternatively:
• Bag with no O₂ ≈ 21%
• Bag with O₂ ≈ 40%
• Bag with O₂ + Reservoir ≈ 100%

If chest NOT moving:
M - Mask seal adequate?  
O - Obstruction?  
(Secretions/Positional)  
V - Ventilate more firmly?  
I - Intubate if needed?  
N - Nasal choanal atresia?  
G - Gastric distension?

Normal pre-ductal sats after birth  
(right hand or ear)

1 min: > 60%  
2 min: > 65%  
3 min: > 70%  
4 min: > 75%  
5 min: > 80%  
10 min: 90 - 95%

Post Resuscitation Care
• Maintain normothermia  
36.5° - 37.5°C

• Consider Induced Hypothermia where available according to protocol

• If ongoing respiratory distress – consider nasal CPAP and surfactant as required according to protocol

• Maintain sats 90 - 95%

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