



Treatment Protocol P3

Pediatric Medical Treatment Protocols

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Newl	У	Borr	
For the ne	wly b	orn child	

APGAR Scoring						
	ndicator	0 Points	1 Point	2 Points		
Α	Activity (muscle tone)	Absent	Flexed arms and legs	Active		
Ρ	Pulse	Absent	Below 100 bpm	Over 100 bpm		
G	Grimace (reflex irritability)	Floppy	Minimal response to stimulation	Prompt response to stimulation		
Α	Appearance (skin color)	Blue; pale	Pink body, blue extremities	Pink		
R	Respiration	Absent	Slow and irregular	Vigorous cry		

Pearls

- Newborns born outside of the hospital can often present with no respiratory effort (apnea) and require the first steps of neonatal resuscitation (warm, dry, and stimulate). Newborns are often hypothermic, depending on the birthing event, and will respond well to warming measures, which is why warming is emphasized over airway intervention.
- Most newborns requiring resuscitation will respond to ventilation/ BVM, compressions, or Epinephrine. If not responding, consider hypovolemia, pneumothorax, or hypoglycemia (< 40mg/dl).
- Wait at least 30 seconds after delivery before clamping cord.
- Transport mother WITH infant whenever possible.
- Do not place hot packs directly on baby's skin as it may cause severe burns.
- Common pediatric terms used to describe children are defined as:
 - □ Newly born are ≤ 24 hours old
 - □ Neonates are ≤ 28 days old
 - □ Infants are ≤ 1 year old
- Term gestation, strong cry/ breathing and with good muscle tone generally will need no resuscitation.
- Most important vital signs in the newly born are respirations/respiratory effort and heart rate.
- Place baby skin-to-skin on mother.
- It is extremely important to keep an infant warm.
- Maternal sedation or narcotics will sedate an infant.
- Naloxone is no longer recommended for use in the newly born who may be sedated from maternal medications.

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