



Figure 40-8 Resuscitation algorithm for the distressed newborn.

- Prolonged positive-pressure ventilation is needed.
Before you begin ventilation, make sure that you have the following equipment available:

- Suction equipment (10F tubing, with 5F to 8F being available, suction set to 100 mm Hg)
- Laryngoscope (check the light to ensure that the bulb is bright and screwed in tightly)
- Blades—straight: No. 1 for full-term infants, No. 0 for preterm infants
- Shoulder roll
- Adhesive tape, to tape the endotracheal tube
- Endotracheal tube: 2.5 to 4.0 mm (2.5 mm if the newborn is delivered before 28 weeks of gestation, 3.0 mm if delivered before 28 to 34 weeks of gestation, 3.5 mm if delivered before 34 to 38 weeks of gestation, and 4.0 mm if delivered after 38 weeks of gestation)

Some paramedics use a stylet to provide rigidity to the ET tube. In such a case, you must secure the stylet (bending it over at the top of the ET tube so it can't advance) and make sure that it does not extend beyond the ET tube, or tracheal perforation may occur.

Intubation of the neonate is discussed in the following steps and shown in

Skill Drill 40-1 ▶ :

1. Be sure the newborn is preoxygenated by bag-valve-mask ventilation with 100% supplemental oxygen prior to making an intubation attempt, unless congenital diaphragmatic hernia is suspected, where bag-valve-mask ventilation is contraindicated, or the infant requires emergency intubation for bradycardia that is not responsive to bag-valve-mask ventilation **Step 1**.
2. Suction the oropharynx if there is an obvious obstruction to spontaneous breathing or requires positive-pressure ventilation **Step 2**. This is a vagal stimulus, so pay close attention to pulse rate and avoid deep suctioning. Bag-valve-mask ventilation may be needed if the newborn develops bradycardia at this point.
3. Place the laryngoscope blade in the oropharynx and then visualize the vocal cords **Step 3**. Avoid applying torque to the blade, as it increases the risk of trauma. Place the ET tube between the vocal cords until the black line on the tube is at