



Parkland Health & Hospital System  
Women & Infant Specialty Health

Nursery Services Procedure Manual

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## Role of the RN during Neonatal Arrest Management

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### Practice

**Statement** The person who discovers an infant with no response to physical stimuli, apneic and / or bradycardiac, or having ineffective respirations shall initiate cardiopulmonary resuscitation and activate the Baby Code Beeper System, unless the patient has a “DO NOT RESUSCITATE” order.

The standards of the American Heart Association in conjunction with the American Academy of Pediatrics will be followed in performing Basic and Advanced Life Support. This is called the Neonatal Resuscitation Program:

- Neonatal Resuscitation Program (NRP) for Delivery Room Resuscitation Guidelines.
- Neonatal Arrest Management (NAM) for Bedside Resuscitation Guidelines.

Upon arrival of the Neonatal Resuscitation Team in NBN and CCN, they will coordinate efforts of the resuscitation.

**Purpose** Resuscitation efforts are most effective when performed by a coordinated team.

**Equipment** Radiant Warmer  
Stethoscope  
Infant Resuscitation Record  
Cardiac Arrest Cart with board  
Ambu bag with reservoir and pop-off valve or  
Anesthesia resuscitation bag with manometer  
Size appropriate facemask: premature or newborn  
Cardiac monitor  
Wall suction machine and suction catheter  
Wall oxygen, O<sub>2</sub> flow meter, O<sub>2</sub> tubing  
Pulse oximeter  
Dinamap with appropriate size cuff  
Gloves  
Gowns  
Goggles  
Mask

## **Procedure**

1. During an arrest, each responder shall assess the situation and perform/maintain appropriate role(s) to ensure a safe, organized, and efficient resuscitation.
2. There shall be a nursing leader to direct and coordinate all nursing roles. They are responsible for overseeing the resuscitation efforts and evaluating the quality of interventions in collaboration with the physician.
3. Roles of the RN during Neonatal Arrest Management include:

### **A. 1st Responder**

1. Performs Initial Assessment and activates the Baby Code Beeper System:
  - a. Establishes Airway
    - Position
    - Suction
    - Stimulate
    - Re-evaluates effectiveness of interventions
  - b. Initiates PPV with 100% oxygen when indicated
    - Infant apneic or gasping
    - HR less than 100 bpm
    - Central cyanosis persisting after administration of free flow 100% oxygen

### **B. 2nd Responder**

1. First to arrive and assist 1st responder:
  - a. Activates the Baby Code Beeper System if not already activated
  - b. Evaluates effectiveness of PPV
    - Gentle rise and fall of chest wall
    - Symmetrical chest expansion
    - Bilateral breath sounds
    - HR increasing
    - Color improving
  - c. Evaluates heart rate
    - HR <100 but >60 continue PPV
    - HR <60 BEGIN CHEST COMPRESSIONS and continue PPV with 100% oxygen

**C. Director**

1. Usually the Fellow or Attending Physician:
  - a. Runs the code by making medical decisions and determines sequence of events per NRP guidelines.
  - b. Evaluates QUALITY of resuscitation efforts (ventilation, chest compressions) along with the director and lead RN.

**D. Provider (Intern, Resident or NNP)**

- a. Performs intubation
- b. Puts in lines, chest tubes, etc.
- c. Orders/administers medications
- d. Evaluates QUALITY of resuscitation efforts (ventilation, chest compressions) along with the director and lead RN
- e. Signs the resuscitation record as these are the orders

**E. Lead RN**

1. Nursing leader to direct and coordinate all nursing roles:
  - Usually the charge nurse assumes this role
  - a. Responsible for overseeing the resuscitation efforts of the team in collaboration with the provider
  - b. Evaluates QUALITY of resuscitation efforts (ventilation, chest compressions) along with the provider
  - c. Ensures that adequate communication occurs between:
    - Provider
    - Medication RN
    - Bedside RN
    - Recorder
  - d. Responsible for “crowd control”
    - Parents, visitors, nursery staff

**F. Medication Nurse**

1. Prepares medications as requested by the provider:

- a. Requests “code sheet” with infant’s weight and drug dosage guidelines
- b. Draws up and labels anticipated medications
- c. Hands off medications/fluids to bedside nurse
  - calls out drug & dose as part of hand off process
- d. Most likely there will be two medication nurses
  - Pharmacist will respond if arrest occurs during NNICU pharmacy hours
- e. May assist the recorder in gathering information regarding the arrest

### **G. Equipment Nurse**

1. Also referred to as the “runner”:
  - a. Opens the crash cart
  - b. Performs the following tasks:
    - Prepares intubation equipment
    - Sets up equipment for peripheral IV or umbilical line placement if needed
    - Prepares equipment for blood gas determination
    - Performs blood glucose test
    - Obtains and assembles equipment for transillumination, thoracentesis or chest tube placement
    - Prepares chest tube drainage system

### **H. Bedside Circulating Nurse**

1. Usually the 1st responder assumes this role after Respiratory Therapy takes over airway management:
  - a. Assists where needed
  - b. Ensures that O2 and suction equipment are set up and functioning
  - c. Attaches monitor leads to patient and turns on monitor to audible “beat to beat”
  - d. Attaches temperature probe to patient and sets warmer to servo mode
  - e. Starts peripheral IV or determines patency of existing IV
  - f. Assists with umbilical line placement
  - g. Attaches Dinamap for blood pressure assessment
  - h. Administers medications

- Calls out drug and dosage as drug is administered as part of the “hand off” process

### **I. Recorder**

1. Documents all resuscitation efforts:
  - a. Uses minute to minute or second to second
  - b. Documents by exception  
May not rewrite
  - c. Reminds provider of the time intervals and dosage of drugs administered
  - d. Signs the resuscitation record

### **J. Special Considerations**

1. Upon arrival of the Neonatal Resuscitation they will coordinate efforts of the resuscitation:
  - Respiratory Therapist will assume 1st responder responsibilities (manage airway)
  - Resuscitation RN may assume medication nurse, 2nd responder (chest compressions, infant assessment) or bedside circulating nurse responsibilities
  - Provider will collaborate with NBN or CCN provider to coordinate resuscitation efforts

### **K. Charge RN Responsibilities**

1. The charge nurse is ultimately responsible for the following:
  - Arranging for patient transport
  - Ensuring that charges are documented on the patient charge voucher
  - Re-stocking the arrest cart
  - a. These responsibilities may be delegated

**Reference:** Textbook of Neonatal Resuscitation by the American Heart Association and American Academy of Pediatrics.