



## Neonatal Resuscitation

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### Rating Levels:

- 1 – Team meets all criteria
- 2 – Team meets criteria with minimal prompting
- 3 – Team requires retraining to meet criteria

Rating      Team Competency Criteria:

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### OVERVIEW

*The care team will:*

- 1) Listen to the initial **scenario** presented by the group facilitator
- 2) Hold a **briefing** session to discuss risk factors and roles after the facilitator presents the initial case (limit to five minutes)
- 3) Simulate patient care management (**teamwork in action**). The facilitator intervenes as little as possible. (limit to 30 minutes)
- 4) Participate in a structured **debriefing** lead by the facilitator. (approximately one hour)

*Videotape to playback sections during debriefing if possible.*

### INITIAL SCENARIO

*“You are called to the delivery of a 38 year old G6P3023 woman at 41 weeks two days by LMP consistent with an eight week ultrasound who was admitted in active labor at 6 cm with regular contractions six hours ago. SROM at 7 cm revealed particulate meconium. The woman progressed to complete and has been pushing for 45 minutes. Fetal heart tones have become, category 2, with minimal variability and late decelerations. A vacuum extraction is being attempted.”*

*“What risk factors does this patient have for fetal compromise?”*

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#### Brief: Identifies Risk Factors

- ☐ Post-dates
- ☐ Particulate meconium
- ☐ Non-reassuring fetal heart tones
- ☐ Advanced maternal age
- ☐ Assisted vaginal delivery

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*“What preparations should you take while awaiting the delivery?”*

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#### Brief checklist: Team preparation

- ☐ Choose appropriate endotracheal tube – 3.5 French for term

- ☐ Prepare laryngoscope – size one blade for term; check that battery is working
- ☐ Prepare pulse oximeter
- ☐ Turn on oxygen at 21% saturation (room air) to five liters
- ☐ If anesthesia bag, adjust flow valve
- ☐ If T-valve resuscitator, set initial PIP to 20 cm H<sub>2</sub>O, PEEP to 5 cm H<sub>2</sub>O
- ☐ Turn on wall suction, hook up to tubing and test
- ☐ Turn on radiant warmer
- ☐ Prepare dry blankets
- ☐ Have bulb suction available
- ☐ Identify assistant in case chest compressions are needed
- ☐ Prepare patient and family that airway will be suctioned via intubation if not vigorous at birth and cry will not be heard at first
- ☐ Plan of care?
- ☐ Staff availability?
- ☐ Workload?
- ☐ Available resources?

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*“The baby is born. She is covered in meconium, limp and not crying.”*

*Facilitator now observes the team in action to evaluate their performance.*

*Facilitator throws in challenges: significant other passes out or objects to needed intervention, stepstool not available, bed unplugged, language barrier ...*

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### **Teamwork in action: Implementation of neonatal resuscitation**

- ☐ Call for additional assistance
- ☐ Intubate to clear airway with suction; reintubate if meconium remains in airway
- ☐ Dry, warm, stimulate
- ☐ Assess heart rate, respirations and central color
- ☐ If HR>100 but labored breathing or central cyanosis, consider CPAP
- ☐ Obtain pre-ductal (right arm) pulse oximetry
- ☐ If heart rate < 100, give positive pressure ventilation (PPV)
- ☐ Start with room air; increase using oxygen blender if below target oximetry
  - 1 min 60-65%
  - 2 min 65-70%
  - 3 min 70-75%
  - 4 min 75-80%
  - 5 min 80-85%
  - 10 min 85-95%
- ☐ Reassess every 30 seconds
- ☐ If heart rate less than 60 after 30 seconds PPV, chest compressions
- ☐ If heart rate remains below 60, give epinephrine
- ☐ If heart rate remains below 60, consider fluids via umbilical catheter
- ☐ If heart rate over 100, but central cyanosis, give blow by oxygen
- ☐ No blow by oxygen delivered via self-inflating bag

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**Teamwork in action – Core TeamSTEPPS tools:**

- ☐ **Huddle** (for critical issues and emerging events)
- ☐ **Situation Monitoring:** STEP (Status of patient; Team members; Environment; Progress towards goal)
- ☐ **Shared Mental Model**
- ☐ **SBAR** (Situation; Background; Assessment; Recommendation)
- ☐ **Check back** (closed loop communication)

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**Teamwork in action teamwork – other appropriate TeamSTEPPS tools:**

- ☐ Cross monitoring (monitoring actions of other team members)
- ☐ Feedback (Timely; Respectful; Specific; Directed toward improvement; Considerate)
- ☐ Advocacy and assertion (Advocate for patient; Assert corrective action in firm and respectful manner)
- ☐ Two-challenge rule for informational conflict; Anyone can “stop the line” after concern voiced twice
- ☐ CUS (I’m Concerned; I’m Uncomfortable; This is a Safety issue)
- ☐ I’M SAFE checklist (Illness; Medication; Stress; Alcohol and Drugs; Fatigue; Eating and elimination)
- ☐ Collaboration (Win/win; commitment to common mission)
- ☐ Call out (for critical information)
- ☐ Handoff

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*“What complications will you assess for in the mother and infant?”*

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**Teamwork in action content: Assesses possible maternal complications**

- ☐ Third or fourth degree perineal laceration
- ☐ Postpartum hemorrhage

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**Teamwork in action content: Assesses possible neonatal complications**

- ☐ Meconium pneumonitis
- ☐ Brachial plexus injury (temporary or permanent)
- ☐ Clavicle fracture
- ☐ Hypoxic brain injury (obtains cord blood gases)
- ☐ Death
- ☐ Prematurity

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*“When and how will you discuss the emergency with the family?”*

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**Discusses effective communication with patient and family members**

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*“Tell me about what you will document and what forms are needed in your facility for adequate documentation (including applicable policies).”*

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**Discusses adequate documentation**

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*“Is there a plan in your facility to debrief emergency situations? What can be learned and/or gained from debriefing session?”*

\_\_\_\_\_ **Debriefing**

- ☐ What went well and why?
- ☐ What could have gone better and why?
- ☐ What would you do different next time?
- ☐ Communication clear?
- ☐ Roles and responsibilities understood?
- ☐ Situation awareness maintained?
- ☐ Workload distribution?
- ☐ Did we ask for or offer assistance?
- ☐ Were errors made or avoided?
- ☐ Did our team have a shared and understood plan of care?

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*Facilitator now discusses team performance during the drill, reviewing points of success and recommendations for improvement.*

Date: \_\_\_\_\_

Observer: \_\_\_\_\_ Title: \_\_\_\_\_

Participants:

_____	_____
_____	_____
_____	_____

Summary of Training:

Competency Validated (circle one)                      YES                      NO  
If no, discuss the areas of concern and repeat the scenario and document below

Competency Validated following remediation    YES                      NO  
If no, unit leaders must be informed so re-education and training can be addressed