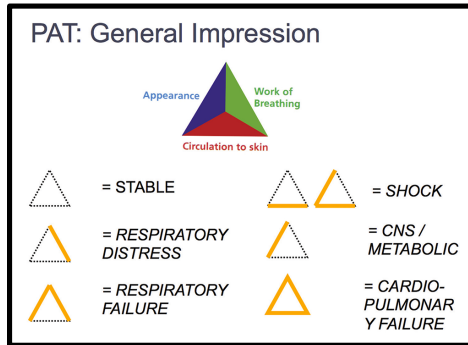


# CRASHING NEONATE ALGORITHM



- 1) Assess **ABCs** / PAT
- 2) Place on **monitor**, pulse oximeter
- 3) Place on **oxygen**, assist ventilation with bag-valve-mask as needed
- 4) Get **vascular access**: IV or IO or if < 1 week old may try umbilical venous catheter
- 5) Get **bedside glucose, i-Stat** lytes / lactate, POC hemoglobin, venous blood gas

Give **10-20 cc/kg NS bolus** rapidly (hand push) & reassess. Unless worsens w/fluids, cont. boluses 10-20 cc/kg prn to 60 cc/kg

**Correct abnormal POC labs:**  
 Hypoglycemia **D10W 2-3 cc/kg**  
 Hyponatremia NS bolus or **3% saline 5 cc/kg**  
 Hypocalcemia **calcium gluconate 100 mg/kg**  
 Hyperkalemia calcium as above, insulin 0.1 u/kg + dextrose D10W as above, albuterol neb  
 Severe anemia **PRBCs 10 cc/kg**

Perform focused rapid **history and PE**  
**THE MISFITS DIFFERENTIAL DX**  
 Trauma  
 Heart disease  
 Endocrine (CAH, thyrotoxicosis)  
 Metabolic disorders  
 Inborn errors of metabolism  
 Sepsis  
 Formula mishap  
 Intestinal catastrophe (volvulus, NEC)  
 Toxins  
 Seizures

Resp failure / arrest:  
**RSI**  
**Fentanyl 1 mcg/kg**  
**Rocuronium 1 mg/kg**  
 3.5 ETT, 1 blade Miller  
 (No etomidate in pediatric sepsis, no ketamine in < 3mo)

**R/o sepsis & labs:**  
**CBC, blood cx, chem panel, UA, Utox**  
**Ampicillin 50 mg/kg IV/IM**  
**Cefotaxime 50 mg/kg IV or Gentamicin 4 mg/kg IM**  
 Consider  
**Vanco 15 mg/kg IV**  
**Acyclovir 20 mg/kg IV**

**Cardiac**  
 Get **EKG, CXR**  
 1) HR>220: r/o SVT:  
**Adenosine 0.1 mg/kg**  
 2) 1-2 wks of life, poor perfusion + O2 sat low and not increased with oxygen: r/o ductal-dep lesion: **Prostaglandin E1 0.1 mcg/kg/min**  
 3) Gallop, hepatomeg, worse w/fluids: r/o CHF  
**Furosemide 1mg/kg**

**Surgical**  
 1) Abd distension, tenderness, bilious vomiting: volvulus, NEC  
 Get **KUB**, consult surgeon  
 2) Bruises, abd distension, bulging fontanel, dropping Hct: Trauma  
**FAST**, serial Hct, CT, surgeon

**Fluid-refractory shock**  
**Epi 0.1 mcg/kg/min +/- Dopa 5-10 mcg/kg/min**

**Seizure:** lip-smacking, blinking  
**Lorazepam 0.1 mg/kg IV or 0.2 mg/kg IN, Phenobarb 20 mg/kg, empiric Pyridoxine 100mg IV x 1**

**CAH:** ambig genitalia, hypoNa, hyperK, hypoglycemia, low BP->  
**Hydrocort 25mg IV**

**Inborn errors:** send **NH3, lactate**; NPO, D10  
 ½ NS maint fluids