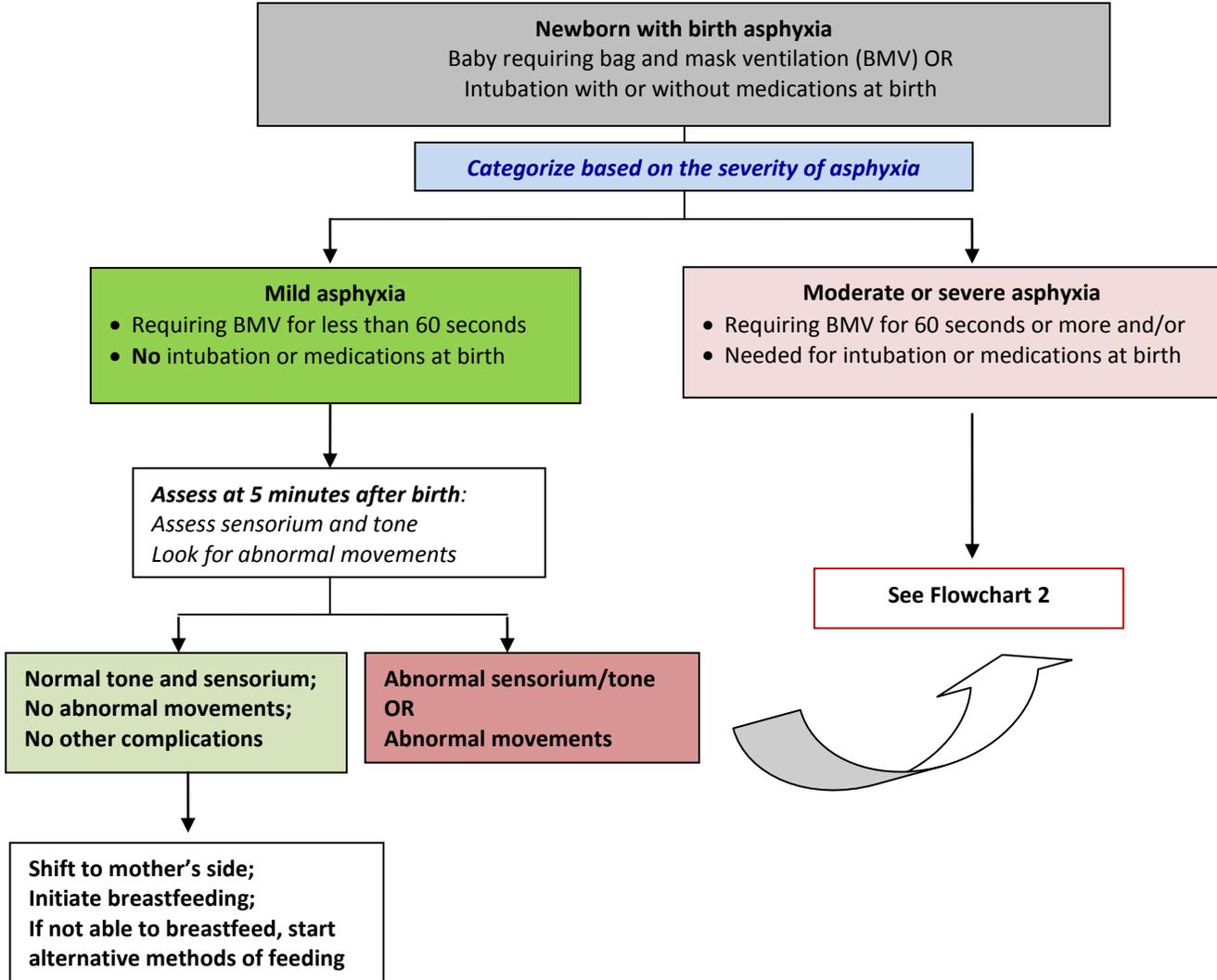




Management of an asphyxiated newborn

Flowchart 1 Immediate Management of an asphyxiated newborn



**Standard Treatment Protocol for management of common newborn conditions in small hospitals
(Adapted from WHO Guidelines)**

Flowchart 2

Management of a newborn who has been resuscitated for moderate or severe birth asphyxia

Newborn with moderate or severe asphyxia, who

- Required bag and mask ventilation (BMV) for 60 seconds or more at birth, OR
- Needed intubation or medications at birth

Check vitals (Annexure1):
Temperature, heart rate, capillary refill time (CRT), colour, oxygen saturation (SpO2), respiratory rate, lower chest retractions, abnormal movements

If any one of vital signs is abnormal

*Follow Sheets A and B
(Management of Emergencies)*

1. Maintain normal temperature	<ul style="list-style-type: none"> • If Hypothermia, Follow STP • Avoid hyperthermia (temperature >37.5° C)
2. Maintain oxygenation and ventilation	<ul style="list-style-type: none"> • Secure airway • Start oxygen by nasal cannula or hood if SpO2 is <90% (Target SpO2 90-95%)
3. Maintain normal perfusion	<ul style="list-style-type: none"> • Administer normal saline bolus if CRT is prolonged • Transfuse if there is evidence of blood loss • If shock, Follow STP
4. Maintain normal blood glucose	<ul style="list-style-type: none"> • Start IV 10% Dextrose for the next 12 hours • Check blood glucose every 12 hours in the first 48-72 hours of life • Maintain blood glucose between 60 and 120 mg/dl • If Hypoglycaemia, Follow STP
5. Watch for seizures	<ul style="list-style-type: none"> • Administer phenobarbitone if the baby has seizures (Follow STP for Seizures)

• *Assess if the infant has encephalopathy, 8-hourly until 72 hours (based on consciousness, tone, seizures, and suck/respiration; (Panel 1):*

No or mild encephalopathy

Initiate alternative methods of feeding, after vitals are stable
Shift to Breastfeeding as soon as possible

Moderate or severe hypoxic-ischemic encephalopathy (HIE)

- *Monitor vital signs and urine output (Panel 2)*
- Continue IV fluids; restrict fluids to 60 mL/kg/d on the first day; do not increase volume if baby urinates <6 times/day
- Initiate intra gastric tube feeding followed by spoon/*paladai* feeds gradually after vitals are stable
- Assess for sepsis, if the baby does not improve even after 3 days
- If no improvement or deterioration, **REFER**

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Panel 1: Classification of hypoxic-ischemic encephalopathy (Levene)

Feature	Mild	Moderate	Severe
Consciousness	Irritability	Lethargy	Comatose
Tone	Hypotonia	Marked hypotonia	Severe hypotonia
Seizures	No	Yes	Prolonged
Sucking/respiration	Poor suck	Unable to suck	Unable to sustain spontaneous respiration

Panel 2: Monitoring of an asphyxiated baby

Signs	At admission	2 hr	4 hr	6 hr	8 hr	10 hr	12 hr
Temperature							
Color							
Heart rate							
Capillary Refill Time							
Respiration Rate							
Oxygen saturation (SpO ₂)							
Urine output (8 hourly)							
Neurological examination (Panel 1) (8 hourly): <i>Consciousness</i> <i>Tone</i> <i>Seizures</i> <i>Sucking/ respiration</i>							