**Sheet A**

**Rapid Assessment and Immediate Management of Emergencies**

Look for EMERGENCY signs

- Not breathing at all (even when stimulated) OR gasping respiration OR respiratory rate less than 20/minute

- Weak and fast pulse (HR>180/mt) AND Extremities cold to touch AND Capillary Refill Time> 3 sec, with or without pallor, or lethargy or unconscious

- Temperature <36.0°C

- Blood glucose less than 45 mg/dL

- Seizures

- APNEA OR GASPING RESPIRATION

- SHOCK

- BLEEDING

- HYPOGLYCEMIA

- MODERATE TO SEVERE HYPOTHERMIA

- SEIZURES

Evaluate all neonates for emergency signs and afterwards refer to Sheet B

**APNEA OR GASPING RESPIRATION**

- Start PPV
- Continue oxygen

**SHOCK**

- If bleeding is the likely cause of shock:
  - Infuse normal saline 10 ml/kg body weight over 10 minutes
  - Stop external bleeding
  - Give Vit K IV

- If bleeding is not the likely cause of shock:
  - Give 10 ml/kg normal saline over 30 min
  - (Follow STP)

**BLEEDING**

- Manage airways, Check and manage low blood glucose, check Calcium, Give anticonvulsants
  - (Follow STP)

**SEIZURES**

- Treat Hypoglycemia
  - (Follow STP)

- Keep under warmer Rapid re-warm if temp <32°C up to 34°C and then gradual rewarming
  - (Follow STP)

**HYPOGLYCEMIA**

- Make sure newborn is warm, manage airways; start oxygen if saturation <90%; insert IV; measure blood glucose; correct low blood glucose

For additional / next level management please refer to WHO Guidelines (Managing Newborn Problems and Pocket Book of Hospital Care of Children), http://www.ontop-in.org/sick-newborn/, http://www.newbornwho.cc.org/
Standard Treatment Protocol for management of common newborn conditions in small hospitals  
(Adapted from WHO Guidelines)

SHEET B  
ASSESSMENT FOR SPECIFIC CONDITIONS

(AFTER EMERGENCY MANAGEMENT OR IF EMERGENCY SIGNS ARE ABSENT)

NEONATAL HISTORY
- Age of the neonate and the birth weight if available.
- Was the baby born term? If not, then at what gestation?
- Delayed Cry/ not breathing at birth/ requirement of BMV at birth
- Is the baby having any other problem in feeding/ choking/ vomiting?
- When did the problem start?
- Has the baby worsened?

MATERNAL HISTORY
- Medical, obstetric, social history,
- Pregnancy: Duration, chronic diseases, HIV, any complications, history of maternal fever
- Labour: Any complications, duration of rupture of membranes, any complication-fetal distress, prolonged labor, caesarean section, color and smell of amniotic fluid, instrumental delivery, vaginal delivery, malposition, malpresentation, any other complications

EXAMINATION
- Recheck Temperature*
- Recheck Heart rate*
- Recheck Respiratory rate*
- Severe chest indrawing, grunting, central cyanosis.
- Abdominal distention and/or vomiting
- Seizure
- Lethargy
- Jaundice
- Any other obvious abnormality

*IF taken more than 30 minutes before

ASK

LOOK

Newborn with hypothermia
Follow STP

Preterm
Follow STP for feeding low birth weight/ sick newborn

Newborn with sepsis
Suspect if any of following signs are present
Breathing difficulty, abnormal movements, unconscious or lethargic, not feeding or poor feeding, abdominal distension, or vomiting
OR
Maternal risk factors for sepsis present
Follow STP

Neonate with breathing difficulty

Neonate with birth asphyxia
- Requiring bag and mask ventilation / intubation / drugs at birth
Follow STP

Neonate with jaundice
Follow STP

Baby may have more than one condition to treat; so look for all conditions

For additional / next level management please refer to WHO Guidelines (Managing Newborn Problems and Pocket Book of Hospital Care of Children), http://www.ontop-in.org/sick-newborn/, http://www.newbornwho.cc/