Can the nurse give CPAP, and does he/she need a medical provider’s order to do so?

NRP is not a certification course and does not certify anyone to do any procedure. It is each hospital’s responsibility to determine the level of competence and qualifications required for someone to assume clinical responsibility for needed interventions.

That being said, in most states, administration of CPAP to a newborn in the delivery room is not considered an advanced practice procedure. Check to see if there is a state nursing commission (or board of nursing) policy or hospital policy or job description about who is qualified to administer CPAP in the delivery room. Because CPAP is rarely an emergent intervention (because the baby’s heart rate is more than 100 bpm and the baby is breathing), some hospitals may decide to take the time to designate the procedure to a respiratory care practitioner or a medical provider; however, RNs are probably qualified to provide this support in the delivery room.

For how long do you deliver PPV after each MR. SOPA step?

The MR. SOPA steps focus on attaining chest movement with ventilation. Spend only the amount of time you need after each MR. SOPA step to assess the presence of chest movement with PPV. Usually, this would be about 5 breaths. If you do not see chest movement, quickly move on to the next MR. SOPA step. You do not need to spend time assessing breath sounds until you insert an alternative airway, such as an endotracheal tube or laryngeal mask.

See a demonstration of how quickly the MR. SOPA steps are accomplished by going to the NRP app and looking at the MR. SOPA video.

The NRP app is available at no cost to you, and you can find it in the App Store or in the Google Play store.

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Coming Soon! Redesigned Instructor Toolkit

The American Academy of Pediatrics has partnered with HealthStream to develop a newly designed NRP Instructor Toolkit (ITK). This website, which contains valuable resources for instructors, is being remade to better meet your needs. To save you from spending excessive time browsing for information, the new ITK will have a more accessible site structure, featuring an expanded navigation menu as well as clean, orderly page layouts. We also want to ensure that when you find the information you need, it’s relevant and engaging. Therefore, we’re delivering content in thoughtfully chosen formats, using images, videos and tables to organize information and clearly convey key concepts. Here are some of the specific site features you can anticipate.

Simplified Page Structure
Page layouts will be uncluttered to ensure information is easily accessible, with content organized into clear sections with explicit headings and subheadings. Where appropriate, tables will be used to display specific information, such as processes (e.g., process for becoming an instructor) and sample course agendas.

An Expanded Navigation
A large navigation menu positioned prominently at the top of each ITK webpage will simplify searching for information. This menu will remain the same no matter which webpage you visit. Clicking on the Home tab at the far left of the menu will take you back to the ITK homepage. The other six tabs divide the site into a limited number of clearly defined categories.

We will send an email to all instructors and instructor candidates when the new ITK becomes accessible.

TEST YOUR KNOWLEDGE: NRP INSTRUCTOR EXAM

Scenario: You have started positive-pressure ventilation (PPV) for a newborn because her heart rate is low (bradycardia).

Question: What is the most important indicator of successful positive pressure ventilation?

A) Chest movement with each breath B) A rising heart rate C) Improvement in tone and movement D) Audible and bilateral breath sounds
2020 NRP Research Grant Call for Applications

The American Academy of Pediatrics Neonatal Resuscitation Program (NRP) Steering Committee is pleased to announce the availability of the 2020 NRP Research Grant and Young Investigator Awards. The awards are designed to support basic science, clinical, epidemiological, or educational research pertaining to the broad area of neonatal resuscitation. The “Intent for Application” for NRP grants will be available in January 2020.

Opportunities for Funding

- Physicians in training or individuals within four years of completing fellowship training are eligible to apply for up to $15,000 through the NRP Young Investigator Award.
- Any health care professional with an interest in the impact of human factors on delivery room resuscitation or optimization of NRP education is encouraged to submit a proposal for up to $15,000 for an NRP Human Factors or Education Grant.
- Any health care professional with an interest in neonatal resuscitation can submit a proposal for up to $50,000 through the NRP Research Grant Program.

NeoLog Now Available!

You can now find the NRP NeoLog on the Instructor Toolkit (ITK). The NeoLog is a new code sheet designed to promote accurate documentation during neonatal resuscitation and is optional for use. It can help with the coordination of post-resuscitation care as well as with recreating a resuscitation in the event of legal review. Learn about code documentation and the NeoLog in the August 2019 NRP Live webinar (on the launch page of the ITK).

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Respiratory Care in the Delivery Room Frequently Asked Questions

We have had trouble with endotracheal tube depth of insertion for babies of 22 weeks’ gestational age. The “6+ weight in kg” method does not result in correct depth. Will NRP be addressing new recommendations for these smaller newborns?

The NRP 7th edition textbook does not recommend using the “6+ weight” method. The current textbook recommends 2 ways to estimate the ET tube depth of insertion: the nasal-tragus length or Table 5-4 in the Textbook of Neonatal Resuscitation (page 135) which includes gestational age down to 23-24 weeks. As we attempt to resuscitate babies of younger gestational age and additional research evidence becomes available, we will consider including additional measurements to the table.

Now that we are treating newborns 500-700g, what do you think of using ET tube size 2.0?

The NRP 7th edition textbook does not address the routine use of size 2.0 ET tubes. The decision whether to include 2.0 ET tubes with resuscitation supplies should be made by individual hospitals in consultation with neonatologists in their region. Questions to consider when making this decision include whether you have a suction catheter that can safely clear an obstruction from a size 2.0 ET tube and whether the high resistance caused by its small diameter will result in safe ventilation and gas exchange (DiBlasi RM. Respiratory Care. 2008;53(11):1450-1560).
TEST YOUR KNOWLEDGE: ANSWER

The correct answer is B: A rising heart rate. If PPV was started due to bradycardia, the baby's heart rate should begin to increase within the first 15 seconds of PPV. If the heart rate does not increase, you must determine if you are inflating the baby's lungs.

(A) Chest movement with each breath indicates inflation of the lungs with PPV. The MR. SOPA ventilation corrective steps focus on making adjustments until chest movement is achieved with PPV. Check the heart rate again after 30 seconds of PPV that inflates the lungs (moves the chest).

(C) Improvement in tone and movement is a late sign that the baby's heart rate has increased, and the baby is recovering with increased muscle tone and movement.

(D) Audible and bilateral breath sounds may indicate lung inflation with PPV, but successful PPV results in an increasing heart rate. NRP 7th edition does not require assessment for audible and bilateral breath sounds until an alternative airway is inserted (endotracheal tube or laryngeal mask).

Thermal Mattress Information

The NRP Steering Committee has been made aware that there may be some risk to using a thermal mattress with other heat sources. There is a possibility that a thermal mattress could overheat if placed under a radiant warmer while in use.

The NRP suggests storing and activating exothermic mattresses at room temperature because a previous study showed if they were stored at high temperature (for example, inside an ambulance in the summer, or in a pre-warmed incubator) they could reach unintended high temperatures after activation (Carmichael A, McCullough S, Kempley ST. Critical dependence of acetate thermal mattress on gel activation temperature. Arch Dis Child Fetal Neonatal Ed. 2007;92: F44-F45. doi: 10.1136/adc.2006.096297). The NRP also suggests placing a blanket between the chemical warmer and the baby as an added safety layer.

Pending additional evidence, please consult the manufacturer's instructions for use of the product your hospital uses.