NRP 8th Edition Transition Checklist

On January 1, 2022, Neonatal Resuscitation Program® (NRP®) 8th edition materials must be in use. This checklist suggests steps that may be helpful as you begin your transition to NRP 8th edition.

Your Global ID and the NRP Learning Platform

☐ Create your Global ID, if you have not already done so. You will need your Global ID to log into your NRP 8th edition account on the new NRP Learning Platform and any of your linked organizational accounts. Find the email, sent to your current instructor contact email, on June 23 or August 2, 2021, from noreply@nrplearningplatform.com. Use the link (it is specific to you) in that email to create your Global ID. If you can't find this email, notify nrpsupport@rqipartners.com.

☐ Inform NRP learners that they will need to create their Global ID at nrplearningplatform.com before beginning an NRP 8th edition Provider curriculum.

☐ Watch the NRP Learning Platform tutorials and suggest that NRP providers also watch them. RQI Partners, LLC (the company that powers the new NRP Learning Platform and RQI® for NRP®), created the tutorials you can find here: rqipartners.com/nrp/instructional-video-series/.

Stay Current With NRP 8th Edition Information

☐ Watch the 45-minute NRP 8th edition Instructor Course. This is a fast and entertaining method to update your NRP 8th edition knowledge base. Use your Global ID to log into the NRP Learning Platform and click on the link for the “Instructor Toolkit.” Then click on the “Instructor Development” tab and choose “Instructor Course” from the drop-down menu.

☐ Watch the August 25, 2021, “NRP 8th edition: Decisions to Make, Tasks to Complete” NRP Live webinar posted on the NRP website (aap.org/nrp), under NRP 8th Edition Updates, and on the homepage of the 7th edition Instructor Toolkit. Review the Q&A document posted with the video to see the answers to webinar viewers’ questions.

Continued on page 2...
☐ As needed, review additional information about NRP 8th edition implementation found on the NRP website (aap.org/nrp), including
- The NRP Instructor Update Newsletter Fall/Winter 2020 (aap.org/en/learning/neonatal-resuscitation-program/instructor-update-newsletter/), which includes the NRP 8th edition Algorithm, a table of NRP 8th edition practice changes, and strategies to prepare for the transition to NRP 8th edition. This Instructor Update can be shared with NRP providers to educate them about NRP 8th edition changes.

The NRP Learning Method
☐ Determine if your hospital NRP will continue to use traditional instructor-led NRP Provider Courses.

or

☐ If your hospital already uses RQI for other Life Support courses, determine if your hospital will continue to use traditional instructor-led NRP Provider Courses or will use RQI for NRP.
- If your hospital will use RQI for NRP, contact your hospital’s RQI administrator for directions about how health care professionals will enter the RQI for NRP curriculum.

The Transition to NRP 8th Edition Provider Courses
☐ Determine if your hospital will train both categories (Essentials and Advanced) of NRP provider or train Advanced providers only.

☐ Make a plan for implementing NRP 8th edition Provider Courses.
- Instructors at hospitals using RQI for NRP will still teach instructor-led events (for new NRP learners and for learners who need the NRP Advanced provider endorsement).

☐ Determine when your hospital will begin to use NRP 8th edition course materials and practices. (NRP 8th edition materials must be in use by January 1, 2022).
- If continuing to teach 7th edition NRP courses through fall 2021, plan to include NRP 8th edition practice changes as part of NRP 7th edition Provider Courses.
- Before teaching NRP 8th edition Provider Courses, create a policy or guidelines to describe who is qualified to attend births with risk factors.

☐ Determine which Provider Course format will be used.
- Sequential Practice and Evaluation
- Comprehensive Skills Test (testing out)
  - For Lessons 1 through 4
  - For Lessons 5 through 11
  - Not offering Comprehensive Skills Test format
- Which learning setup will be used?
  - Learning Station
  - Skills Station
  - Combination of Learning and Skills Station formats

Prepare for Success
☐ Purchase NRP 8th edition resources, as needed, for general education and NRP courses (shop.aap.org/products/nrp/).
- The Textbook of Neonatal Resuscitation, 8th edition
- NRP Wall Chart, Code Cart Card, and Badge Buddy Card
- Key Behavioral Skills Poster
- Neonatal Code Medications Card

☐ When ready to use NRP 8th edition practices, ensure that cognitive aids are updated in the birth setting, as necessary.
- NRP 8th edition Algorithm
- Neonatal Code Medications Card
- Initial Endotracheal Tube Insertion Depth (“Tip to Lip”) for Orotracheal Intubation Table (Table 5-4 in textbook)
Please explain why NRP 8th edition suggests a 3-mL normal saline flush following IV/IO epinephrine. I'm worried about giving this much volume as a rapid flush in our smallest babies.

Evidence from animal studies has suggested that a 1-mL flush volume may leave a significant amount of epinephrine in the umbilical vein or liver instead of carrying it to the heart and into the baby’s circulation. Pending additional studies to identify the ideal flush volume in newly born humans, NRP 8th edition recommends a 3-mL flush volume for babies of all gestational ages after intravascular epinephrine administration. Administer the epinephrine rapidly, followed by rapid administration of the 3-mL normal saline flush.

The 3-mL flush amounts to about 5 mL/kg for the smallest babies. It is certainly reasonable to worry about rapidly flushing intravascular fluids for extremely preterm babies, but the chest compressions and epinephrine required at this point in the resuscitation may present a greater risk than the 3-mL flush given to a baby with persistent bradycardia and very little cardiac output. Rapid resolution of those life-threatening problems is a high priority. Currently, we feel that the benefits of restoring spontaneous circulation outweigh the potential risks of the 3-mL flush volume. Research is ongoing.

References:

When will the NeoLog be updated for NRP 8th edition?

The NeoLog is the neonatal code sheet, adapted with permission from Dr. Jane Germano for NRP use, located in the Instructor Toolkit. The NeoLog does not require any NRP 8th edition updates for its continued use.

The epinephrine dosing range printed on the NeoLog is still current information. However, NRP 8th edition suggests a single dose of epinephrine as described in the Textbook of Neonatal Resuscitation, 8th edition, pages 186 and 202. This suggested dose is based on a desire to simplify the dosing for educational efficiency. The current suggested dose is not based on evidence of superior efficacy and does not represent an endorsement of any particular dose within the recommended dosing range. Additional research is needed. We strongly encourage the use of a table of pre-calculated emergency medication dosages to help decrease the risk of medication errors during complex resuscitation. You can create your own table or purchase the NRP 8th edition Neonatal Code Medications Card at shop.aap.org/products/nrp/.

Order your NRP 8th Edition textbook at shop.aap.org/
I am concerned that in hospitals using Essentials and Advanced providers, only people who have taken an NRP 8th edition course will be officially designated as Essentials or Advanced providers. Will current NRP 7th edition providers remain unassigned or assigned as Advanced providers until it is time for them to renew using the 8th edition curriculum?

For example, mother-baby nurses in our hospital will be designated Neonatal Resuscitation Program® (NRP®) Essentials providers. A mother-baby nurse who needs to renew their NRP status in January 2022 will take the NRP Essentials curriculum when they renew. Does this mean that their colleague, a mother-baby nurse whose 7th edition NRP card does not expire until, for example, September 2023, is an unknown provider category for almost 2 years into 8th edition? Or does their 7th edition NRP card mean they are an Advanced provider until they renew as an Essentials provider? It will be confusing to have people with the same professional role in 2 different provider categories.

Hospitals are not required to use both Essentials and Advanced providers; many hospitals require that all staff participate in newborn resuscitation beyond positive-pressure ventilation (PPV) and will not designate any staff as Essentials providers. However, your hospital is using both Essentials and Advanced providers, and every staff member’s provider category can be designated prior to their NRP renewal with 8th edition curriculum.

All NRP 7th edition providers passed the entire 7th edition course; therefore, the assignment of an NRP 7th edition provider to Essentials or Advanced provider category simply defines their role and responsibilities after the hospital implements NRP 8th edition materials and practice. A person with an NRP 7th edition card may be designated as an Essentials provider, responsible for initiating unanticipated resuscitation through face-mask ventilation and laryngeal mask insertion. An NRP 7th edition provider designated as an Advanced provider participates in births with known risk factors and performs skills beyond face-mask PPV. Upon NRP renewal and completion of an NRP 8th edition Provider Course, the provider’s NRP eCard will officially designate their Essentials or Advanced provider status.

Essential Resources for Instructors

- Before teaching NRP 8th edition courses, use your new Global ID to log into the 8th edition NRP Instructor Toolkit and watch the new animated Instructor Course video (under the “Instructor Development” tab).
- See the Instructor Update Newsletter Fall/Winter 2020 (aap.org/nrp) and find information instructors can use to prepare NRP providers for the transition to NRP 8th edition.
- Scroll through the NRP website homepage (aap.org/nrp) under “Updates” if you have even more questions about NRP 8th edition.
- For reference, the American Heart Association Neonatal Resuscitation Guidelines 2020 are in the Appendix of the Textbook of Neonatal Resuscitation, 8th edition.
- See a comprehensive summary of NRP 8th edition in the article, “The NRP 8th Edition: Innovation in Education,” simultaneously published in the July/August issues of the following 2 journals:
Challenges in Simulation and Debriefing

Simulation and Debriefing has been a required component of the Neonatal Resuscitation Program® (NRP®) Provider Course since the 6th edition simulation-based curriculum launched in 2011. NRP instructor candidates develop simulation and debriefing skills by participating in the Instructor Course, which includes co-teaching Provider Courses with their mentors’ guidance and supervision. However, performing simulation and debriefing independently can still present challenges for both novice and experienced instructors. This article will address common challenges instructors may face when facilitating simulation and debriefing sessions.

**CHALLENGE:** I noticed so many errors during the simulation that I don’t know how to address them all during debriefing.

**TIPS for Approaching the Debriefing Session:** To achieve your teaching goals and ensure that learning objectives are met, organize your debriefing sessions when planning your NRP course.

- **Structure your debriefing.** A structured format will help focus the discussion on critical issues.
  - Begin the debriefing by asking a team member to summarize the case in 2 or 3 sentences. This helps you and the team members clarify important features of the case, which ensures that the learners interpreted the clinical situation as you intended (a shared mental model). If learners did not interpret the situation as you intended, they may not have performed the interventions you expected.
  - As you facilitate discussion around the events of the simulation, consider the learning objectives you used to create the scenario. By asking open-ended questions, you can guide the discussion toward addressing each learning objective.
  - If participants do not address the errors that you noticed, focus their attention on those issues by asking questions such as, “What happened when...?,” “Tell us about your thought process as you were...,” and “I noticed that...”
  - Close the session with a summary of the case and encourage the learners to state something they learned during the session. Consider showing learners the list of NRP Key Behavioral Skills and asking them to cite examples of behavioral skills they used (or could have used).

- **Encourage student reflection.** Recognizing one’s own challenges may be one of the best ways to continuously improve.
  - Support student reflection by asking the participants about the events of the case using open-ended questions.

- Spend some time eliciting reflections on what was done well and what could be improved.

- **Prioritize the teaching points.** When many errors occur during the simulation, you may need to focus on the most critical issues.
  - Consider polling the team members before beginning by asking, “What are the most important issues you want to discuss during this debriefing?”
  - Prioritize those issues that could lead to harm if left uncorrected.

- **Consider repetition of content.** If the participants were unable to perform the simulation due to lack of knowledge or skills (eg, errors in the Algorithm sequence or inability to perform ventilation corrective steps), you may need to go back and review cognitive and technical skills in a more detailed manner.
  - In a Provider Course, ensure that all participants have met the requirements for passing the course prior to beginning the Simulation and Debriefing component. Simulation and Debriefing focuses on strengthening teamwork and communication. If the debriefing must center around a discussion of numerous cognitive and technical errors, it is possible that team members were not ready for the Simulation and Debriefing component of the course. You may also repeat that scenario after the initial debriefing. This allows participants to use the improvement strategies they just discussed. Then debrief the group again, which allows the team to reflect on their improved individual and team performances.

For more information about simulation and debriefing, go to the NRP 8th edition Instructor Toolkit (ITK).

- **NRP Live** webinars about this topic are located on the homepage.
- Find information, resources, and documents about this topic by clicking the “NRP Learner Education” navigation tab at the top of the page. Then click the “Simulation” and “Debriefing” in the drop-down menu.
- To view simulation and debriefing videos and hear the instructor mentor “debrief the debriefer,” click the “Resources” navigation tab, and click on “Simulation and Debriefing” in the drop-down menu.

If you have encountered a challenge during simulation and debriefing that you would like us to address in the NRP Instructor Update, please email a description of the challenge to nrp@aap.org.
Search for Nurse Consultant, Neonatal Resuscitation Program

Basic Function:
The Nurse Consultant serves as a Neonatal Resuscitation Program (NRP) expert consultant to the AAP and as the associate editor of the Instructor Toolkit and related NRP products. Works remotely as an independent contractor. Hours are variable.

Duties and Responsibilities:
- Contribute and edit NRP curricula, products, and textbook
- Advise and innovate in the development, maintenance, and evaluation of NRP
- Collaborate with AAP, and on behalf of the AAP, with relevant partners towards publicizing and/or expanding NRP

Education/Experience:
- Experienced NRP Instructor in good standing
- Educator with a passion for NRP
- Registered Nurse with at least 5 years recent neonatal resuscitation experience in the delivery room
- Master’s degree in nursing or related preferred. NCC certification (or equivalent) desirable

Essential Skills:
Excellent interpersonal, written/oral communication, diplomacy, and organizational skills required. Must take initiative, be an innovative thinker, and collaborate effectively with various internal and external constituents. Strong knowledge of NRP and experience teaching as NRP Instructor. Concise communicator with keen attention to detail.

Application:
1. Tell us your NRP story. How have you been professionally involved with NRP and how has your engagement made a difference?
2. How would you continue to improve NRP and instructor development? What enhancements or changes would you suggest?
3. Please submit a sample of medical or educational material you have written as part of your professional role (does not need to be a formal publication).

Interested applicants please submit your CV and supporting information at www.surveymonkey.com/r/NHBP7TJ by December 31, 2021. For further questions please contact nrp@aap.org.

ACKNOWLEDGEMENTS
The Neonatal Resuscitation Program (NRP) Steering Committee offers the NRP Instructor Update to all AAP/AHA NRP Instructors.
Editor: Tina Leone, MD, FAAP  Associate Editor: Jeanette Zaichkin, RN, MN, NNP-BC  Managing Editor: Kaitlin Butterfield, MEd  Graphic Designer: Drew Smith
NRP Steering Committee: Marya L. Strand, MD, MS, FAAP (Co-chair); Vishal Kapadia, MD, MSCS, FAAP (Co-chair); Bobbi J. Byrne, MD, FAAP; Teresa del Moral, MD, FAAP; Elizabeth Foglia, MD, MSCE; Satyan Lakshminrusimha, MD, FAAP; Tina Leone, MD, FAAP; Taylor Sawyer, DO, MEd, CRSE-A, FAAP
NRP Steering Committee Liaisons: Marilyn Escobedo, MD, FAAP; Emer Finan, MB, DCH, Med, MRCPI; Arun Gupta, MD, FAAP; Jessica Illuzzi, MD, MS, FACOG; Arun Pramanik, MD, DCH, FAAP; Michelle D. Rhein, RN, MSN, CNS, RNC-NIC; Teka Siebenaler, MPH, RRT
NRP Editors: Gary M. Weiner, MD, FAAP; Jeanette Zaichkin, RN, MN, NNP-BC; John Kattwinkel, MD, FAAP (Editor Emeritus)
NRP Steering Committee Consultants: Louis P. Halamek, MD, FAAP; Jeffrey Perlman, MB, ChB, FAAP; Jerry Short, PhD; Myra H. Wyckoff, MD, FAAP
NRP Administrative Staff: Janna Patterson, MD, MPH, FAAP; Beena Kamath-Rayne, MD, MPH, FAAP; Michelle Ogle Smith, DNP, RN, CHSE; Kaitlin Butterfield, MEd
NRP Customer Service Team: Felicie Anderson-Wilson, Julie Callahan, Kristy Crilly, Karen Kostakis, Nancy Kostka, Drew Smith

Comments and questions are welcome and should be directed to: Editor, Tina Leone, MD, FAAP, and NRP Instructor Update, 345 Park Blvd, Itasca, IL 60143
Statements and opinions expressed in this publication are those of the authors and are not necessarily those of the American Academy of Pediatrics or American Heart Association.
© American Academy of Pediatrics/American Heart Association, 2021