

MR SOPPA

The most important indicator of successful PPV is a rising heart rate

(See Textbook of Neonatal Resuscitation, 8th Edition, p. 67).

Consider attaching a CO2 detector when initiating PPV as it may provide a visual cue that the lungs are inflated. Observe for colour cycling with each corrective step.

- 1 M Mask adjustment (consider 2-hand technique)**
- R Reposition (head neutral or slightly extended)**
Once seal is achieved, evaluate chest movement, air entry, then heart rate.
- 2 S Suction mouth (depth nose tip to earlobe)**
- O Open mouth**
Once seal is achieved, evaluate chest movement, air entry, then heart rate.
- 3 P Pressure increase to 25 / 5 cm H2O**
Once seal is achieved, evaluate chest movement, air entry, then heart rate.
- 4 P Pressure increase to 30 / 5 cm H2O**
Once seal is achieved, evaluate chest movement, air entry, then heart rate.
- 5 A Airway alternative (ETT or LMA)**
Evaluate chest movement, air entry, CO2 detector, heart rate.

Maximum recommended pressures:

- 30/5 in the preterm baby
- 40/5 in the full term baby

Assess the need for decreasing pressures when the heart rate is above 100 bpm.

Provide 30 seconds of effective ventilation before progressing through the NRP algorithm. Ensure there is chest rise before starting chest compressions; if not, consider increasing PIP if appropriate.