POLICY:

1. Resuscitation of the newly born will follow the current Neonatal Resuscitation Program (NRP) recommendations. The term newly born refers specifically to the infant in the first minutes to hours after birth. Any newborn that is delivered and remains in hospital until discharge is considered a newly born and their resuscitation guidelines fall under the NRP.

2. Prior to termination of resuscitation efforts, if a code has been initiated on a patient, an independent double check of the patient’s code status by 2 individuals using the code status recorded in the patient’s electronic health record must be done. Documentation in patient chart must be completed.

3. All code team members who attend a code pink or anticipatory code pink will maintain current provider status in NRP in accordance with the American Academy of Pediatrics and American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care of the Neonate\(^1\) and the Canadian Paediatric Society’s recommendations for specific modifications in the Canadian context.\(^2\)

4. Every birth will be attended by one person who has been trained in initiating a neonatal resuscitation. Additional personnel will be recruited when a more complex resuscitation is anticipated.

5. The following personnel will acquire and maintain current NRP provider status:
   - Labour and Delivery (L&D) Registered Nurses (RN)
   - Mother Baby Unit (MBU) RN and Registered Practical Nurses (RPN)
   - Neonatal Intensive Care Unit (NICU) RN
   - Registered Respiratory Therapist (RRT)
   - Neonatologists
   - On call Staff Paediatricians
   - Midwives

6. Code Pink is initiated by dialing 5555 or by pushing the Code Pink button at the bedside, located only in the Neonatal Intensive Care Unit (NICU) which immediately notifies Telecommunications.
7. All code team members must wear 4-point Personal Protective Equipment (PPE) which includes gloves, N95 mask or surgical mask for the newly born, eye protection (goggles or face shield) and gown in accordance with NYGH hospital policy Routine Practices and Additional Precautions [http://www.nygh.on.ca/nygh_test/IP_III_20_Routine_Practices_Additional_Precautions.pdf](http://www.nygh.on.ca/nygh_test/IP_III_20_Routine_Practices_Additional_Precautions.pdf) and Prevention of Acute Respiratory Illness [http://www.nygh.on.ca/nygh_test/IP_VI_40_Prevention_of_Acute_Respiratory_Illness.PDF](http://www.nygh.on.ca/nygh_test/IP_VI_40_Prevention_of_Acute_Respiratory_Illness.PDF)

8. The following personnel will be notified to attend a high risk delivery (Appendix I)
   - Neonatologist/Paediatrician
   - RRT
   - L&D RN

9. Code Pink will be called prior to delivery if it is anticipated that the infant may be compromised at birth (Appendix II). The anticipated code pink must be documented on the Neonatal-Paediatric Resuscitation Record in the appropriate checkbox.

10. Code Pink will be called at the time of delivery for any infant who meets the criteria outlined in Appendix II.

11. Pulse oximetry will be used for all infants who require positive pressure ventilation (PPV), appear centrally cyanotic at 5 minutes or more of age, have laboured respirations, and/or supplemental oxygen is administered.
   - The oximeter probe will be applied on the right hand or wrist first and then attached to the pulse oximeter in order to obtain pre-ductal saturation.

12. Blended gases will be available in birthing suites, operating rooms, and in the resuscitation room. The blender will be set at room air (FiO\(_2\) .21) for all resuscitations with the exception of infants less than 32 weeks gestation whereby the blender will be set at FiO\(_2\) 0.50 for resuscitation with the capability of increasing or decreasing oxygen requirements as per targeted pre-ductal saturation via pulse oximetry.

13. In all gestational ages, supplemental oxygen should be titrated using pulse oximetry to achieve saturation targets.

14. The laryngeal mask airway (LMA) should be considered during neonatal resuscitation in neonates over 34 weeks and over 2000g when PPV with a face mask is ineffective, when attempts at endotracheal intubation are not feasible or have not been successful or facial or upper airway malformations render ventilation by mask ineffective.
   - A size 1 LMA is available in each intubation box in L&D, the NICU, and MBU, and on each of the Resuscitation Crash Carts (Neonatal and Broselow).
DOCUMENTATION

The Neonatal-Paediatric Resuscitation Record is completed for all newly born (Appendix iii). The yellow copy is forwarded to the Clinical Team Manager for review and identification of any immediate issues. The original white copy is filed with the patient’s medical record. The yellow copy will be forwarded by the Clinical Team Manager to the Clinical Nurse Educator of the Code Blue/Pink Committee in a timely manner for review.

All staff who participated in the resuscitation during the Code Pink must be listed on the Neonatal-Paediatric Resuscitation Record and must sign their full name and designation.

A debriefing may be held on the unit as required.

A Critical Incident Review (CIRP) can be requested by any staff involved in the code or by any person reviewing the code.

AUDITING PROCEDURE

The Code Blue/Pink Committee will audit the Neonatal-Paediatric Resuscitation Record and make recommendations related to best practices, internal processes, and equipment related to cardiopulmonary resuscitation and emergency cardiovascular care of the neonate.

All Code Pinks will be audited and reviewed monthly and will be reported annually to the Hospital Quality Committee.
REFERENCE:


APPENDIX I

CONDITIONS WHICH INDICATE A HIGH-RISK DELIVERY

Maternal Conditions:

- Significant antepartum hemorrhage
- Iso-immunization with fetal compromise
- Medical complications of pregnancy where potential fetal compromise exists
- Pregnancy-induced hypertension requiring treatment with Magnesium Sulphate (MgSO₄)
- Maternal myasthenia gravis

Fetal Conditions:

- Abnormal Fetal Heart Tracing
- Multiple gestation
- Operative delivery, i.e., Caesarean section for fetal distress
- Instrumental deliveries, i.e., trial of forceps
- Malpresentation, i.e., transverse lie or breech presentation
- Vaginal Breech delivery
- Placenta previa
- Early gestational age, i.e., less than 36 weeks
- Small for gestational age (birth weight below the 10th percentile for their gestational age)
- Significant hydramnios or oligohydramnios
- Presence of meconium stained fluid
- Suspected or diagnosis of a predisposing genetic fetal anomaly condition
CRITERIA FOR CALLING A CODE PINK OR ANTICIPATORY CODE PINK IN LABOUR & DELIVERY

Calling a Code Pink or an Anticipatory Code Pink for the following:
- Fetal heart rate is recently absent, i.e., not a known stillbirth or intrauterine death
- Cord prolapse
- Placental abruption
- Severe antepartum hemorrhage
- Maternal trauma (e.g., motor vehicle accident) with anticipated imminent delivery
- Imminent delivery in the Emergency Department when gestational age is unknown or estimated at <36 weeks gestation
- Difficult shoulder dystocia and the newly born presents apneic and does not respond to initial steps of neonatal resuscitation.
- Neonatal apnea and/or neonatal bradycardia

This criterion is meant to provide guidance only. Any staff member may call a Code Pink prior to or after delivery for any baby who is experiencing difficulty during or after delivery.

Please ensure that the appropriate checkbox is marked on the Neonatal-Paediatric Resuscitation Record
North York General Hospital Policy Manual

Resuscitation of the Newly Born

CROSS REFERENCE: Code Pink – Paediatric Cardiac or Respiratory Arrest
Child and Teen and Maternal Newborn Program,
Oxygen Therapy Policy, Labour and Delivery:
Paediatrician Attendance at Delivery Policy

ORIGINATOR: Clinical Nurse Educator, NICU

ORIGINAL DATE APPROVED: September 1999
DATE OF IMPLEMENTATION: May, 2012

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NORTH YORK GENERAL HOSPITAL
NEONATAL - PAEDIATRIC
RESUSCITATION RECORD
CODE PINK

4 Point PPE Required

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Location:</th>
<th>Code Pink called:</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Time:</th>
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</thead>
</table>

**AIRWAY**

- Student: Mouth ☑ Nasso ☑ Nasal ☑ ETT ☑
- Tracheal Intubation: Time: Oral ☑ Nasal ☑ Ultrasound: Yes ☑
- Intubated by: 
- Manual PPV by *BVM* ☑ BVM ☑ ET T: Started ☑ Stopped ☑
- Oral Airways: Size: % Increase: % Decrease: %

**BREATHING**

- Oxygen Therapy: NP U☐
- FiO2 ☑ PPl: Started: Stopped: %/min 80% ☑
- Nasal: Oral: Genetic: Time: Size: 

*Codes: BVM: Bag Valve Mask; BVM: Bag & Mask; NP: Nasal Prong; PM: Face Mask; PPl: Pressure; NPT: Nasal Tracheal

**CIRCULATION**

- Cardiac: Compressions: Started: Stopped: 
- Peripheral IV/IO: Started: Location: Size: Started By: 
- Peripheral IV/IO: Started: Location: Size: Started By: 
- UVC/ Central Line: Started: Location: Size: Secured at: cm Started By: 
- UVC/ Central Line: Started: Location: Size: Secured at: cm Started By: 
- APGAR Score: ☑ 1 Min. ☑ 5 Min. ☑ 10 Min. ☑ 15 Min. ☑ 20 Min. 

**Time**

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<th>HR</th>
<th>BP</th>
<th>CVP</th>
<th>PAP</th>
<th>CO</th>
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<th>NACO2</th>
<th>Norm</th>
<th>Std</th>
<th>Sig</th>
<th>Code</th>
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</thead>
</table>

**Comments/Other Medications**

Codes: ☑ = In Progress  WHITE COPY - Chart  YELLOW COPY - Unit Administrator/forwards to NAC in NICU post review
## North York General Hospital Policy Manual

### Resuscitation of the Newly Born

**NUMBER:**

**CROSS REFERENCE:** Code Pink – Paediatric
Cardiac or Respiratory Arrest
Child and Teen and Maternal Newborn Program
NICU Oxygen Therapy Policy, Labour and Delivery: Paediatrician Attendance at Delivery Policy

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Anticipatory Code Called: No [ ] Yes [ ]

Time: ___________________________

Witnessed: No [ ] Yes [ ] By Whom: ___________________________

Time: ___________________________

Pre-Hospital Resuscitation: Yes [ ] No [ ]

Event Type: Respiratory Distress [ ] Respiratory Arrest [ ] Cardiac Arrest [ ] Other [ ]

MD on scene: No [ ] Yes [ ] Name: ___________________________

Staff Paediatrician on scene: No [ ] Yes [ ] Name: ___________________________

Time: ___________________________

### BLOOD GASES

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<th>CAP</th>
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<th>PH</th>
<th>PO₂</th>
<th>PO₂</th>
<th>HCO₃⁻</th>
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<th>BLOOD SUGAR</th>
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### LAB RESULTS

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<th>K</th>
<th>Cl</th>
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<th>Mg</th>
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Time: Clinical Notes and Procedures

<table>
<thead>
<tr>
<th>Time</th>
<th>Outcome</th>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Staff In Attendance:</th>
</tr>
</thead>
</table>

Spon. Circulation: [ ]

Name: ___________________________

Dept: ___________________________

Spon. Respiration: [ ]

Name: ___________________________

Dept: ___________________________

Transformed to:

Time: ___________________________

Expired: __________

Family Present: Yes [ ] No [ ]

Coroner Case: Yes [ ] No [ ]

Recording RN Signature: ___________________________

RRT Signature: ___________________________

Physician In Charge of Resuscitation Signature: ___________________________