

NRP 8th Edition (2021)

Neonatal Resuscitation Program® 8th Edition Algorithm

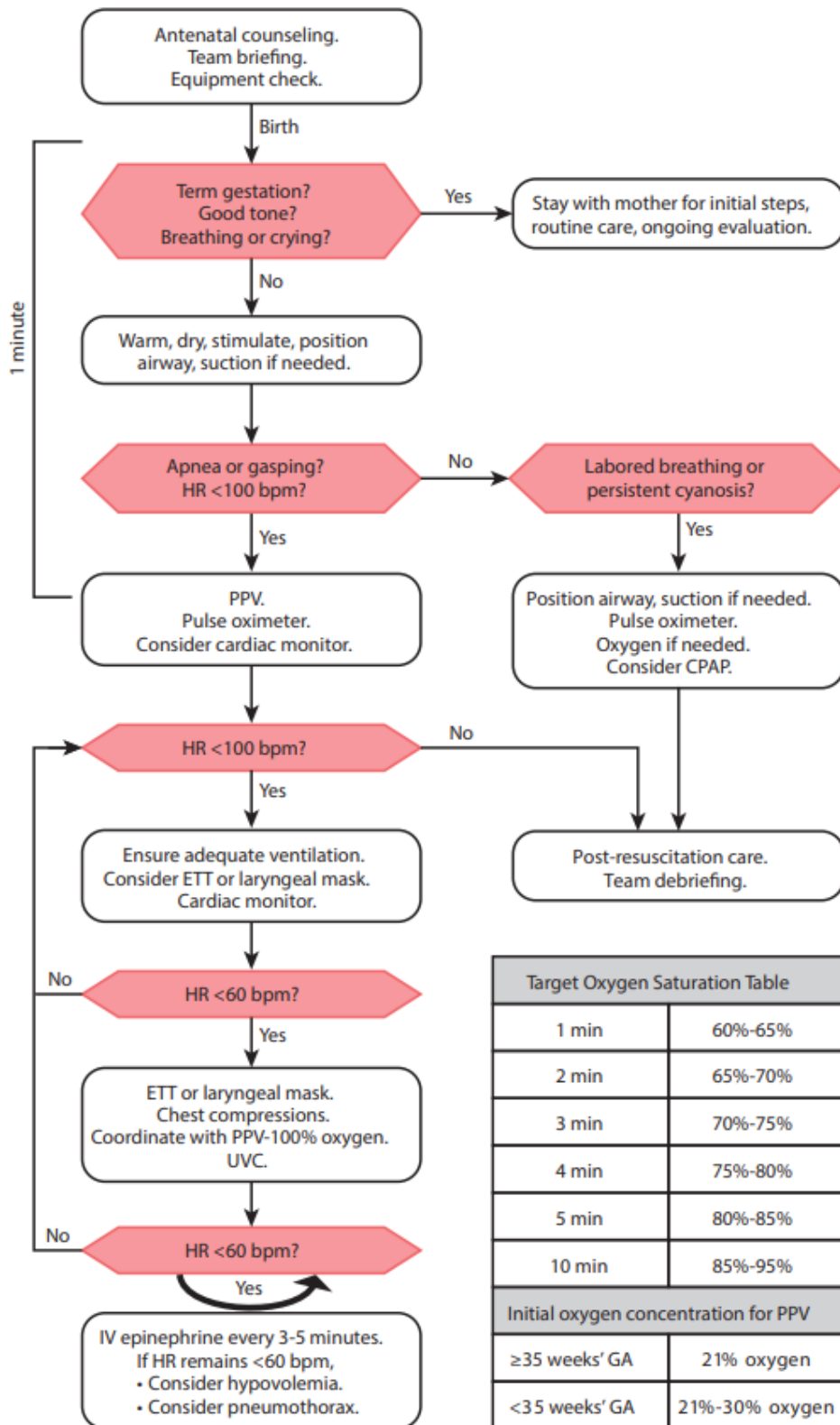


Table 1: Overview of Significant NRP 8th Edition Practice Changes

Change	NRP 7th Edition	NRP 8th Edition
Umbilical cord management plan added to 4 pre-birth questions, replacing "How many babies?"	The 4 pre-birth questions: (1) Gestational age? (2) Amniotic fluid clear? (3) How many babies? (4) Additional risk factors?	The 4 pre-birth questions: (1) Gestational age? (2) Amniotic fluid clear? (3) Additional risk factors? (4) Umbilical cord management plan?
Initial steps reordered to better reflect common practice.	Initial steps: Warm and maintain normal temperature, position airway, clear secretions if needed, dry, stimulate.	Initial steps: Warm, dry, stimulate, position airway, suction if needed.
An electronic cardiac monitor is recommended earlier in the algorithm	An electronic cardiac monitor is the preferred method for assessing heart rate during cardiac compressions.	When an alternative airway becomes necessary, a cardiac monitor is recommended for the most accurate assessment of the baby's heart rate.
Epinephrine intravenous/intraosseous (IV/IO) flush volume increased.	Flush IV/IO epinephrine with 0.5 to 1 mL normal saline	Flush IV/IO epinephrine with 3 mL normal saline (applies to all weights and gestational ages)
Epinephrine IV/IO and endotracheal doses have been simplified for educational efficiency. The dosage range is unchanged. The simplified doses (IV/IO and ET) do not represent an endorsement of any particular dose within the recommended dosing range. Additional research is needed.	Range for IV or IO dose = 0.01 - 0.03 mg/kg (equal to 0.1 - 0.3 mL/kg) Range for endotracheal dose = 0.05 - 0.1 mg/kg (equal to 0.5 - 1 mL/kg)	The suggested initial IV or IO dose = 0.02 mg/kg (equal to 0.2 mL/kg) The suggested endotracheal dose (while establishing vascular access) = 0.1 mg/kg (equal to 1 mL/kg)
Expanded timeframe for cessation of resuscitative efforts	If there is a confirmed absence of heart rate after 10 minutes of resuscitation, it is reasonable to stop resuscitative efforts; however, the decision to continue or discontinue should be individualized.	If confirmed absence of HR after all appropriate steps performed, consider cessation of resuscitation efforts around 20 minutes after birth (decision individualized on patient and contextual factors).

IV = intravenous IO = intraosseous ET = endotracheal HR = heart rate