Why we are no longer PALS

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Hey Joelle, why is this being brought up?

1. More than 1 neonatal delivery case brought to our local county Prehospital Committee this year
   - No serial HR’s documented
   - No documentation of response to stimulation, blow by or PPV

   - 4 year review of <30 day olds transported Code 3
   - N = 26
   - Over half (54%) were in 1st 24 hours of life
   - Safety events found in 73% with SEVERE safety events in 38% of all patients
Why does it matter how we resuscitate the newly delivered?
The newly delivered....
Resuscitation of the newly delivered …

basic steps

- Warm, Dry, Suction, Stimulate → Blow by O2
- BVM if HR < 100, gasping, or apneic
- Chest compressions if HR < 60
- Epinephrine if HR still < 60
- When HR > 60 stop compressions; when HR > 100 AND good respiratory effort stop BVM

Breathing y/n
HR thresholds 100 and 60
As opposed to the no longer newly delivered (aka air breathers)...

- PALS
- Name that dysrhythmia
- Shockable, not shockable?
- Different medications
Hmmm...
Let’s take a deeper look
Our Local Protocols

Protocols completely separated

Placed away from mom and in pediatrics
More CA protocols
Nearby States

PTP14, Neonatal Resuscitation - Recent Delivery
3-3. Allergic Reaction and Anaphylaxis
3-4. Bradycardia
3-5. Hyperglycemia
3-6. Hypoglycemia
3-7. Nausea and/or Vomiting (>2 y/o)
3-8. Neonatal Resuscitation
3-9. Overdose / Toxic Exposure
3-10. Pain Management
3-11. Procedural Sedation
3-12. Seizures
3-13. Shock / Hypoperfusion

2-11. Carbon Monoxide Exposure - Suspected
2-12. Cardiogenic Shock
2-13. Chest Trauma
2-14. Childbirth
2-15. COPD Exacerbation/Bronchospasm
2-16. Crush Injuries
2-17. Eye Injuries and Exposures
2-18. Excited Delirium
2-19. Heat Emergencies
2-20. Hemorrhage Control
2-21. Hyperglycemia

East Coast
### NASEMSO Model Guidelines

**OB/Gyn**

- G-01. Childbirth
- G-02. Eclampsia/Pre-Eclampsia
- G-03. Obstetrical and Gynecological Conditions

**Pediatric**

- P-01. Brief Resolved Unexplained Event (BRUE)
- P-02. Pediatric Respiratory Distress (Bronchiolitis)
- P-03. Pediatric Respiratory Distress (Croup)
- P-04. Neonatal Resuscitation

I think you are getting the point.
<table>
<thead>
<tr>
<th>AO 1. Childbirth / Labor</th>
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<td>AO 2. Newly Born</td>
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<td>AO 3. Obstetrical Emergency</td>
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- 1210. Cardiac Arrest
- 1212. Cardiac Dysrhythmia - Bradycardia
- 1213. Cardiac Dysrhythmia - Tachycardia
- 1215. Childbirth Mother
- 1216. Newborn/Neonatal Resuscitation
- 1217. Pregnancy Complication
- 1219. Allergy
- 1220. Burns
- 1221. Electrocution
- 1222. Hyperthermia (Environmental)
- 1223. Hypothermia / Cold Injury
- 1224. Stings / Venomous Bites

Updated: November 01, 2010

Very few had baby with mom
Started looking through the literature
Neonatology

Obstetrics

Take away: 2 distinct specialties
Each covered SEPARATELY
Reality of EMS and Emergency Department

- One patient becomes two
- Unique high risk, low frequency events can occur at time of delivery... for mom and baby
- You are the obstetrician and the neonatologist
Let’s reset the neural pathways...
Special scary scenarios that occur only at birth

Educate and train together
Keep the protocols TOGETHER
Keep Mom and Baby Together

Thank you
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