

Scenario Background

Video states: "ED, ED this is an ALS unit, coming in with a 16 year old in active labor. She has no previous medical problems and was not aware of her pregnancy until earlier today. Her vital signs are stable. We have paged the OB team who will be waiting for us in the emergency department. We want you to focus on the resuscitation of the baby. We will arrive in 2 minutes. "

2 Minute Countdown

- Team assembles + confirms roles
- Gather equipment
- Don PPE

Run Case Scenario

Video states:"The baby was just delivered in the ambulance bay.Umbilical cord is cut and clamped with sterile scalpel by EMS and is noted to have 3 vessels (2 arteries and 1 vein).The infant is term, floppy, and not crying. OB is tending to the mom.The baby is scooped up by the triage nurse and carried into your resuscitation bay."

Step 1

Expected Learner Actions:

- Warming maneuvers (replace warm/dry blankets, hat)
- Bulb suction (first mouth than nose)
- Starts PPV (40- 60 bpm) with 0.21 FiO2 and PIP of 20-25
- Confirms HR by auscultation and places SpO2, cardiac monitor, temp probe

Facilitator States or Response:

- Term? Yes
- Tone? Floppy
- Breathing/crying: No
- Estimated weight: 3 kg
- No chest rise visualized. No air entry can be heard when auscultating the chest. HR still below 100.
- HR < 100
- RR gasping
- Sats no detectable
- Temp cold
- CRT > 3seconds

Step 2

- Airway interventions:
Team verbalizes illness state: No chest rise with PPV
Anticipates airway management by discussing
"MR SOPA": "MR" before "SOPA"
- Mask adjustment (consider 2-handed technique)
- Reposition airway (neutral or slightly extended)
- Suction mouth and nose (bulb or catheter)
- Open mouth (lift jaw forward)
- Pressure increase (in 5-10 mmHg increments to max of 40 mmHg)
- Alternative airway (ask for ETT and laryngeal mask)

- "No chest rise visualized. No air entry can be heard when auscultating the chest. HR still below 100."
- No improvement
- "I can see symmetric chest rise and hear equal air entry after mask adjustment and airway repositioning. Heart rate is rising >100. Tone improving. However the oxygen saturation is still 50% on 0.21 FiO2."

Step 3

- Team notes improvement with PPV
- Notes SpO₂ below NRP goal and increases FiO₂
- Adds PEEP 5-6 mm Hg if able
- Obtains SAMPLE history

SAMPLE history (IF asked):

Prenatal history: P1G0001, no maternal medical problems, unknown gestational age, but mother thinks close to term. No prenatal care since 2nd trimester since mother lost her job and insurance.

Precipitous delivery. No maternal peripartum fevers or bleeding.

Family history: No known family history of congenital cardiac disease.

Social history: Denies substance use.

Step 4

- Team discusses NRP algorithm, HR and SpO₂ at goal and weans FiO₂ and places EtCO₂ on mask (if not already)
- Requests STAT blood glucose

Facilitator Statement:

- "Improved color, tone. Equal air entry and stable sats despite weaning the FiO₂."

Facilitator Statement:

- "Blood glucose is 30"

Step 5

- Team notes hypoglycemia and attempts IV access
- Orders D10W 2mL/kg
- Asks for temperature and blood pressure
- Hand off to transport/NICU

Facilitator Statement:

- "IV access in. Administering the D10W bolus. Significantly improved respiratory effort and breathing."