SNS COLLEGE OF ALLIED HEALTH SCIENCES
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DEPARTMENT OF OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY

3rd YEAR

SUBJECT:Principles of Anaesthesia II

TOPIC:RESUSCITATION OF NEW BORN

- The detailed discussion ofnew born cpr is beyond the sope of this back however some of the notable points are

i. Rate of ventilation is 40-60 breathes/min

ii. Indication of chest compression is HR<60/min in spite of adequate ventilation with 100% oxygen for 30 second

iii. The primary measure for successful ventilation is increase in heart rate

iv. Two thumbs with encircles chest is preferred method for compression over only two thumb technique

i. Compression ventilation ratio is 3:1 synchronized

ii. Reassessment to be made every 30 sec and continue compression ties HR<60minutes

iii. Adrenaline indicated if heart rate less than <60 mins

iv. Preterm babies should receive Fio2 of 21-30%

v. Stop resuscitation if no singns of life after 10 minutes

CPR IN PREGNANCY

Studies have shown that lateral tilt compromise the quality of cpr therefore lateral tilt has been eliminated from new CPR guidelines and aortacaval compression should be achieved by uterine displacement

Sodium bicarbonate administration is advocated early

Early insertion of Ettube is recommended to prevent aspiration during mask ventilation.cricoid pressure should be applied continuously till the patient is intubated

Pregnant patients are more prone for hypoxia therefore use of high Fio2 is recommended

Open chest massage:

INDICATIONS ARE

- Cardiac tamponade
- Penetrating blent trauma
- Air embolism
- Arrest during intra thoracic procedure
- Chest deformities

Complications of CPR:

- Rib fracture
- Pneumothorax
- Injury of diaphragm
- Gastric injury
- Lung injury
- Pneumomediastinum
- Injury abdominal organ (liver,spleen,stomach)

THANK YOU