



NCCU CLINICAL GUIDELINES
SECTION: 1

RESUSCITATION AND ADMISSION

Section: 1 Resuscitation and Admission
When to cease resuscitation attempts
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Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia

WHEN TO CEASE RESUSCITATION ATTEMPTS

Unless antenatal consultation with the parents has lead to clear instructions to the contrary all infants should receive appropriate resuscitation. There is no place for partial or graded resuscitation. Where unexpected anomalies are present it is preferable to offer full resuscitation, admission and assessment. The merits of ongoing care can be discussed with the parents once they have recovered from delivery and a full assessment of the infant's condition has been made.

The decision to cease resuscitation should only be made by a neonatal consultant or senior registrar. Junior Medical Staff are expected to continue with full resuscitative measures until such a decision is made. A decision to cease will be made in the light of the particular circumstances but generally failure to obtain cardiac activity after 15 minutes is an accepted stopping point.

SPECIAL CIRCUMSTANCES

Guidelines for infants that present with additional problems such as Abdominal Wall Defects, Congenital Diaphragmatic Hernia and extreme prematurity (22 – 23 weeks) are not covered in this section.

Abdominal Wall Defects, see Surgical section 13
Congenital Diaphragmatic Hernia, see Respiratory section 2
Extreme prematurity (22 – 23 weeks), see Palliative Care section 20