



N R P

A QUICK REVIEW OF NRP IS ONLY A WALL CHART AWAY

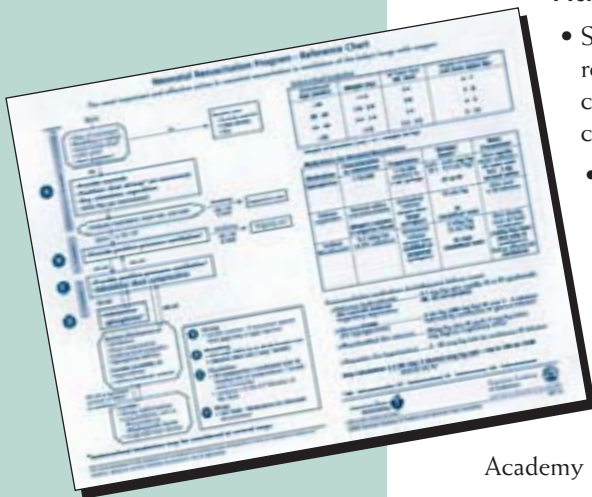
For most instructors, it's probably safe to say that the Neonatal Resuscitation Program reference wall chart and pocket code card are necessary tools to have available in the delivery room and neonatal intensive care unit to help remember the steps involved in a resuscitation.

The poster-size wall chart clearly describes all of the NRP resuscitation procedures in an easy-to-read format. The code card card is 8-1/2" by 11" and contains self-adhesive strips so that it can be affixed and at the ready inside your code carts. The pocket-size code card includes the same details, but is small enough to carry inside a lab coat pocket.

Here are a few friendly tips to consider:

- Share these resources with new staff. Show new members of the neonatal resuscitation team where the wall chart is displayed, where your code card is located, where the drugs and materials that are referred on the charts are located, and how best to utilize the pocket-size code card.
- Make it a point to review the wall chart at the beginning of every shift. Encourage interns and residents to do the same.
- From time to time, challenge each other to an NRP reference chart "memory" game. This will better prepare the neonatal resuscitation team in the event of an emergency.
- Do "mock" codes to practice finding materials needed in real resuscitation events.

Need a new wall chart or pocket card? Contact the American Academy of Pediatrics Customer Service Staff at 888/227-1770.





NRP

NRP

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INSTRUCTOR UPDATE

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ILCOR NEONATAL DELEGATION DEBATES SCIENCE, ACHIEVES PRELIMINARY CONSENSUS

More than 35 neonatologists and health care professionals from 10 countries convened in Washington, DC last December for an intensive, two-day meeting of the International Liaison Committee on Resuscitation Neonatal Delegation (ILCOR Neonatal Delegation) to critically analyze scientific data and determine the basis for a new international resuscitation consensus on science.

"We came to consensus on 15 statements related to delivery room resuscitation," said Jeffrey Perlman, MB, ChB, Chair, Neonatal ILCOR, a sub-committee of Pediatric ILCOR. Dr. Perlman also serves as Cochair of the NRP Steering Committee. "There was open and constructive dialogue, and issues were discussed and conclusions achieved. We accomplished more than we anticipated."

The ILCOR Neonatal Delegation meeting in Washington, DC was the first of several meetings scheduled to address a myriad of neonatal resuscitation issues, including, but not limited, to the following:

- Should the recommendation for resuscitation with 100% oxygen remain unchanged? (See article page 2.)
- Should strategies be developed to avoid temperature

instability in the delivery room? (See article page 3.)

- Should CPAP be recommended for the delivery room resuscitation of the infant?
- Should the current ethical guidelines for neonatal resuscitation be changed?

THE MEETING REPRESENTED THE FIRST STEP IN ESTABLISHING AN INTERNATIONAL FORUM FOR REVIEWING THE WORLD'S SCIENTIFIC EVIDENCE ABOUT NEONATAL RESUSCITATION ISSUES.

- Should special guidelines be developed to address issues unique to the developing world where resources are limited?
- Should CO2 detectors be recommended as standard of care to confirm tracheal intubation?

John Kattwinkel, MD, FAAP, noted that the meeting in Washington, DC was extremely important because it represented the first step in establishing an international forum for reviewing the world's scientific evidence about neonatal resuscitation issues.

"Many countries were represented, and each one may decide to make slightly different recommendations in its own national guidelines after hearing the scientific evidence," explained Dr. Kattwinkel, editor of the *Textbook of Neonatal Resuscitation, 4th Edition* and Professor of Pediatrics at the University of Virginia in Charlottesville. "However, we will be working from the same consensus reached during the evidence evaluation process, therefore improving the chances of ending up with similar recommendations."

Colin Morley, MD attended the meeting as a representative of the Australian Resuscitation Council (ARC). Dr. Morley is leading the group responsible for developing the Australian neonatal resuscitation guidelines. "I enjoyed the opportunity to meet people from all over the world who are working to understand and improve neonatal resuscitation," said Dr. Morley, Professor/Director of

continued on page 8



USE OF OXYGEN VS. ROOM AIR IN RESUSCITATION— WHERE MAY THE GUIDELINES FALL IN 2006?

The International Liaison Committee on Resuscitation Neonatal Delegation (ILCOR Neonatal Delegation), a collaborative delegation comprised of seven internationally-based groups, convened in Washington, DC last December to present scientific data and determine future research priorities for a myriad of neonatal resuscitation recommendations. One of the most controversial discussions was spearheaded by Jay P. Goldsmith, MD, FAAP and Sam Richmond, MD, and focused on the use of oxygen versus room air in resuscitation.

"We are examining and evaluating the best scientific evidence available at this time. Neonatal resuscitation guidelines that appear in the revised textbook in 2006 will be a result of intense scrutiny," said Dr. Goldsmith, former chair, Department of Pediatrics at the Ochsner Clinic in New Orleans. Dr. Goldsmith also serves as Editor of *NRP Instructor Update*.

The current ILCOR Advisory Statement, *Resuscitation of the Newly Born Infant*, published in the September 2000 edition of *Pediatrics*, recommends the use of 100 percent oxygen for assisted ventilation. However, if supplemental oxygen is unavailable, positive-pressure ventilation should be initiated with room air.

Bringing together American and international counterparts provided a collaborative opportunity to listen and learn about how resuscitation is handled in other countries. Both sides expressed different points of view regarding the use of oxygen versus room air (in resuscitation).

Dr. Goldsmith, who represented the American Academy of Pediatrics/American Heart Association, recommended that oxygen be administered by positive-pressure ventilation using a face mask or endotracheal tube if respiratory efforts are absent or inadequate. Blended oxygen from 21-100 percent should be available in

the delivery room and oxygen should be administered and guided by pulse oximetry if possible. Lastly, judicious use of oxygen is recommended in premature infants. If oxygen is not available, resuscitation should be initiated with room air.

NEONATAL RESUSCITATION GUIDELINES THAT APPEAR IN THE REVISED TEXTBOOK IN 2006 WILL BE A RESULT OF INTENSE SCRUTINY.

Dr. Richmond, a neonatologist at Sunderland Royal Hospital in the United Kingdom, presented a different recommendation based on recent human studies done mostly outside of the United States. The recommendation says that when feasible, room air is recommended for initiating resuscitation with bag-and-mask or endotracheal tube, and the use of additional oxygen be reserved for babies who do not respond to room air resuscitation with an increase in heart rate within 90 seconds of effective lung inflation.

Both Goldsmith and Richmond acknowledged that resources, such as oxygen and equipment, are often scarce in the developing world. This was taken into consideration when members of the ILCOR Neonatal Delegation met in Dallas in late March to further review the science regarding the use of oxygen versus room air in resuscitation.

The ILCOR Consensus on Science Statement will be published in December 2005 with new AAP/AHA neonatal resuscitation guidelines to follow in January 2006. The revised *Textbook of Neonatal Resuscitation, 5th Edition*, will be available in Spring 2006.

For more information about ILCOR, contact the AAP Life Support staff at lifesupport@aap.org.

The Neonatal Resuscitation Program (NRP) Steering Committee offers the *NRP Instructor Update* to all AAP/AHA Neonatal Resuscitation Program Instructors.

Editor
Jay P. Goldsmith, MD, FAAP

Managing Editor
Wendy Marie Simon, MA

Contributor
Deborah Bullwinkel-Erlenbaugh

NRP Steering Committee

David Boyle, MD, FAAP, Cochair
Indiana University School of Medicine
Indianapolis, IN

Jeffrey Perlman, MB, ChB, FAAP, Cochair
Weil Medical College
New York, NY

Marilyn Escobedo, MD, FAAP
University of Oklahoma Medical School
Oklahoma City, OK

Jay P. Goldsmith, MD, FAAP
Ochsner Foundation Hospital
New Orleans, LA

Lou Halamek, MD, FAAP
Stanford University
Palo Alto, CA

Jane McGowan, MD, FAAP
Johns Hopkins University School of Medicine
Baltimore, MD

Gary Weiner, MD, FAAP
Saint Joseph Mercy Hospital
Ann Arbor, MI

Thomas Wiswell, MD, FAAP
State University of New York at Stony Brook
Long Island, NY

NRP Steering Committee Liaisons

Jose Luis Gonzalez, MD
American College of Obstetricians
and Gynecologists
University of New Mexico
Albuquerque, NM

Nalini Singhal, MD, FRCPC
Heart and Stroke Foundation of Canada
British Columbia Children's Hospital
Vancouver, BC, Canada

William Engle, MD, FAAP
AAP Committee on Fetus and Newborn
Indiana University School of Medicine
Indianapolis, IN

Barbara Nightengale, RNC, NNP
ANA, AWHONN & NANN
West Virginia University
Morgantown, WV

Timothy Myers, BS, RRT
American Association for Respiratory Care
Case Western Reserve University
Cleveland, OH

AAP Staff Liaisons

Linda Lipinsky
Director, Division of Life Support Programs
Wendy Marie Simon, MA
Life Support Education Specialist
Manager, Neonatal Resuscitation Program

Eileen Schoen
Program Manager

Bonnie Molnar
Life Support Assistant

Tina Patel
Life Support Assistant

Statements and opinions expressed in this publication are those of the authors and are not necessarily those of the American Academy of Pediatrics or American Heart Association.

Comments and questions are welcome and should be directed to:

Jay P. Goldsmith, MD, FAAP
Editor, *NRP Instructor Update*
141 Northwest Point Blvd., P.O. Box 927
Elk Grove Village, IL 60009-0927
www.aap.org/nrp

HYPOTHERMIA TREATMENT STUDY RAISES NEW QUESTIONS

A study of neonatal rats with hypoxic-ischemic brain injury, which combined hypothermia with a clinically relevant drug to determine whether the neuroprotective effects would be better when the two were combined versus used alone, found that combination therapy did not result in any additional reduction in brain damage beyond the reduction associated with post-hypoxic-ischemic hypothermia.

The study, *Does Hypothermia Extend the Therapeutic Window for Anti-Inflammatory Neuroprotective Strategies after Neonatal Cerebral Hypoxia-Ischemia in Rats*, was conducted by John D.E. Barks, MD, Principal Investigator at the Department of Pediatrics, C.S. Mott Children's Hospital at the University of Michigan in Ann Arbor. The study was funded by a NRP Research Grant.

Dr. Barks, Associate Professor of Pediatrics at the University of Michigan in Ann Arbor, led the study with a team of collaborators—Yi-Qing Liu, MD, who served as a research associate, and Jennifer Grow, MD. At the time of the study, Dr. Grow was a neonatology fellow at the University of Michigan in Ann Arbor. Currently, Dr. Grow is a neonatologist at Children's Hospital Medical Center in Akron, Ohio.

Between January 1, 2002 and June 30, 2003, Dr. Barks and his team studied rats that underwent a neonatal hypoxic-ischemic brain insult to determine if the rats had a better outcome in terms of measurable brain damage or function if they received a combination of an anti-inflammatory drug and hypothermia versus only one treatment or neither treatment strategy. The anti-inflammatory drug used for the study was a COX-2 (cyclo-oxygenase 2) inhibitor, similar to the two COX-2 inhibitors currently on the market, but which is not used in humans.

"We found that the combination therapy did not result in any additional reduction in brain damage beyond the reduction associated with post-hypoxic-ischemic hypothermia," Dr. Barks explained. "However, the combination therapy group had fewer learning problems than the other group of rats. In other words, there was a functional benefit of the combination therapy even though there didn't seem to be any added benefit in terms of brain damage."

WE FOUND THAT DELAYING
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TECTIVE EFFECT OF COOLING.

"We think that because the neuroprotective effect of hypothermia that is started right after the hypoxic-ischemic insult is so strong, it can be hard to detect an added benefit of a drug combined with hypothermia," Dr. Barks said. "We found that delaying the onset of hypothermia by three hours resulted in loss of the neuroprotective effect of cooling. We speculate that this delayed-onset cooling, which is more like what happens in clinical practice, might be better to test in combination with earlier drug administration." Dr. Barks added that he is currently testing the combination of early drug and delayed hypothermia.

The next steps will include launching a study involving other drug and hypothermia combinations using a delayed onset of hypothermia. "If we are able to find drug and hypothermia combinations that result in more neuroprotection than either the drug or hypothermia alone, this could lead to clinical trials of combination therapy

in infants with hypoxic-ischemic encephalopathy," Dr. Barks said.

The idea to conduct this study evolved when Dr. Barks and his colleague, Steven Donn, MD, were site investigators for a clinical trial involving brain cooling for the treatment of perinatal hypoxic-ischemic encephalopathy at the University of Michigan. That study, the results of which were presented in May at the Pediatric Academic Societies Meeting in San Francisco, CA, was led by Peter Gluckman, MD, and Alistair Gunn, MD of the University of Auckland in New Zealand as well as John Wyatt, MD, at University College of London, UK.

"The animal literature on hypothermic neuroprotection indicated that the severity of brain damage after hypoxic-ischemic injury was decreased by cooling, but damage was not eliminated," Dr. Barks said. "The idea behind the study was to try combining hypothermia with a clinically relevant drug to see if the neuroprotective effect would be better when the two were combined rather than when either was used alone."

NATIONAL REGISTRY OF CPR

STANDS READY TO RECORD NEONATAL EVENTS

For the first time in its history, the National Registry of CardioPulmonary Resuscitation (NRCPR) will include newborn/neonatal resuscitation starting in May 2004. In consultation with the American Academy of Pediatrics (AAP) NRP Steering Committee, the NRCPR is releasing an update that will include some very important changes related to newborns/neonates. Previously, newly born and neonates in the delivery room

THE NRCPR MISSION IS
TO PROVIDE AN EFFICIENT
AND CONSISTENT MEANS FOR
HOSPITALS TO EFFECTIVELY
COLLECT AND ANALYZE
RESUSCITATION DATA.

and NICU had been excluded due to the unique set of patient/environmental characteristics typically associated with these events. The v4.0 update will also allow for the collection of Acute Respiratory Compromise (ARC) events as an optional component. The NRCPR Science Advisory Board, American Heart Association (AHA) Emergency Cardiovascular Care Pediatric Subcommittee, and the American Academy of Pediatrics Neonatal Resuscitation Program (NRP) Steering Committee have collaborated to select and define the data elements that are most appropriate for the newly born in delivery room and NICU environments.

The NRCPR is an international database of in-hospital resuscitation events sponsored by the AHA. Initiated in 2000, the NRCPR is the largest registry of its kind with 345 participating hospitals with more than 40,000 patients and 45,000 events collected to date.

The NRCPR mission is to provide an efficient and consistent means for hospitals to effectively collect and analyze resuscitation data, thereby equipping them to evaluate equipment, resources, and training, so as to improve practices, and ultimately save lives.

The National Registry of CardioPulmonary Resuscitation project includes:

- Universal Code Sheets/Event Records
- Data Collection Forms
- Windows-based Data Collection Software
- Comprehensive Participation Manual
- Training (CD, self-paced modules, live web-based)
- Participation in User's Group Forums
- Quarterly and Annual Comparative Reports

Participating hospitals:

- Receive quarterly reports comparing their care and outcomes to those of peer groups at similar facilities.
- Participate in the first widely distributed and continuing database describing the care and outcomes of patients receiving in-hospital resuscitation.
- Support local efforts in practice management and quality improvement.
- Support the development of a large-scale data repository for scholarly pursuits in resuscitation research.

For information about NRCPR or to enroll on the Web:

Web: www.NRCPR.org

Phone: 888/820-3282

Email: info@nrcpr.org

Fax: 410/838-1148

NRCPR
National Registry of CPR



US MILITARY BRINGS NRP TO IRAQ

While the region in and around Iraq is engulfed in turmoil, the Neonatal Resuscitation Program is providing Iraqi neonatal health practitioners with the skills necessary to give infants a fighting chance at life.

This is due in great part to United States Army Lt. Col. Kelly A. Murray, a Regimental Surgeon with the 2nd Armored Cavalry Regiment. Lt. Col. Murray spent 11 months in Iraq, part of that time working on getting the NRP off the ground.

THE CONFERENCE CENTER WHERE WE NORMALLY HELD CLASSES IN A 'SAFE ZONE' HAD BEEN ATTACKED WITH ROCKETS AND MORTARS SEVERAL TIMES DURING THE WEEK, AND MOST IRAQIS WERE AFRAID TO ATTEND THE CLASS.

"My title is somewhat deceiving in that I'm not a surgeon, but a family physician," explained Lt. Col. Murray, who returned to her home base at Fort Polk, LA at the end of March. "The title goes back far in history when all physicians were considered surgeons."

In September 2003, Lt. Col. Murray and her team, including physicians affiliated with the Ministry of Health (MoH) in Baghdad, sought funding to help cover the costs associated with implementing an NRP course in Iraq.

"We had just completed a very successful Advanced Life Support in Obstetrics (ALSO) course when it occurred to us that the single lecture on neonatal resuscitation was not nearly enough, especially given the high infant mortality rate (in Iraq)," said Lt. Col. Murray.

With that, she and her colleague, Linda Slayton, MD, worked relentlessly to solicit funds from a variety of sources,

but to no avail. "Several months went by and we realized that if this was going to work and we were going to keep our commitment to our Iraqi colleagues, we would have to do it on our own with our friends at the Iraqi Family Physicians Society (IFPS)," said Lt. Col. Murray.

In January 2004, Lt. Col. Murray used her personal credit card to purchase five mannequins, NRP posters, pocket cards, instructor manuals, student texts, and other necessities to get the NRP up and running.

However, time wasn't on Lt. Col. Murray's side because her return to Ft. Polk in the United States was fast approaching. Boxes containing important NRP course materials arrived sporadically, causing delays. Life Support staff managed to post course slides that were lost in route to Iraq on a secure Web site for downloading purposes, because rescheduling the course was not an option.

"At that point, within two weeks, we were going to turn over our base and drive to Kuwait," Lt. Col. Murray said. "In addition, the conference center where we normally held classes in a 'safe zone' had been attacked with rockets and mortars several times during the week, and most Iraqis were afraid to attend the class."

Despite the temporary set-back, Lt. Col. Murray decided the best solution was to develop a "train-the-trainer" program. This involved finding five Iraqi physicians with known teaching skills and spending two days training them. The first class was held on March 20. Following their training, the Iraqi physicians returned to their hospitals and began teaching new resuscitation techniques to their staff.

After the first class was completed, the supplies were donated to the newly created Iraqi Family Physicians Society's CME department. Lt. Col. Murray said they will oversee the program and help implement it in Baghdad and eventually throughout Iraq. Dr Nada Fleih Hassan, from the Iraqi Ministry of Health, participated in the course and is committed to bringing the course to every region of the country.

"Iraqi physicians are very eager to interact with physicians from other countries to learn new medical techniques and create professional relationships," Lt. Col. Murray said. "Under the regime of Saddam Hussein, most were not allowed to travel outside the country for medical education or medical conferences."

For more information about international NRP initiatives, contact the AAP Life Support staff at lifesupport@aap.org.



Lt. Col Murray (left) and Dr Slayton pictured with newly trained NRP instructors in Iraq.

NRP SEMINAR: LOOKING FORWARD TO THE 2006 GUIDELINES

Mark your calendars for Friday, October 8, 2004 and plan to participate in the **NRP Current Issues Seminar** to be held in conjunction with the 2004 American Academy of Pediatrics (AAP) National Conference and Exhibition (NCE) in San Francisco, CA. This seminar will be appropriate for any NRP Instructors or health care professionals interested in neonatal resuscitation. (Please note: *This is not an NRP course.*)

Highlights of this seminar include:

- A live interactive megacode debriefing, via the internet, with staff at Stanford's Center for Advanced Pediatric Education
- An update on the controversies in developing the 2006 guidelines
- Your choice of a clinical/investigative or education breakout track
- Ethical and legal challenges in the delivery room

OBJECTIVES

After participation in this program, attendees should be able to:

1. Discuss the process for development of the 2006 neonatal resuscitation guidelines and recall the areas of controversy in guideline development.
2. Apply new assessment and feedback abilities in evaluating megacode performance.
3. Review the most significant ethical and legal challenges and debates in resuscitation of the newborn.
4. Apply new educational strategies in the development of NRP courses and training opportunities to enhance learning.
5. Appraise the efficacy of employing at least one new clinical/investigation strategy or improvement at his/her institution.

SEMINAR CREDIT

The program has been approved for 6.9 contact hours through the National Association of Pediatric Nurses and Practitioners (NAPNAP).

The program also has been approved for 6.0 continuing education hours through the American Association for Respiratory Care (AARC).

The American Academy of Pediatrics is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing education for physicians. The American Academy of Pediatrics designates this educational activity for up to 6.0 hours in category one credit of the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity. The activity is acceptable for up to 6.0 credit hours. These credits can be applied toward the PREP Education Award available to Fellows and Candidate Fellows of the American Academy of Pediatrics.

The activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the American Academy of Pediatrics Neonatal Resuscitation Steering Committee. The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education.

DON'T WAIT! REGISTER NOW!

To participate in the NRP Seminar, participants must register for the AAP National Conference and Exhibition (one-day registration for Allied Health Professionals is \$160). The NRP seminar fee is an additional \$35, which includes a luncheon.

The 2004 National Conference and Exhibition (NCE) of the American Academy of Pediatrics will be held October 9-13, at the Moscone Convention Center in San Francisco, CA. Consider staying on to participate in the NCE! Advance registration for the full NCE (\$240 for Allied Health Professionals) includes admission to all general sessions, section meetings, and committee events. The Section on Perinatal Pediatrics programs will be held October 9-10, 2004.

Please note: The NCE exhibit floor does not open until Saturday, October 9.

The entire NCE has been approved for 52 contact hours through the National Association of Pediatric Nurses and Practitioners (NAPNAP).

Interested individuals can obtain AAP National Conference and Exhibition registration materials in one of three ways:

AAP Faxback: 847/759-0391

AAP Web Site: www.aap.org/nce

Phone: 800/433-9016, ext 7889

NRP CURRENT ISSUES SEMINAR

FRIDAY, OCTOBER 8, 2004
MOSCONE CONVENTION CENTER, SAN FRANCISCO, CA

- 8:30-8:40AM Welcome and announcements
- 8:40-9:15AM Evidence-based Resuscitation Guidelines:
What are we Doing and Where do we Stand? A Prelude to the New NRP 2006
David Boyle, MD, FAAP
- 9:15-10:00AM Current Controversies in Neonatal Resuscitation: State of the Debate
Jeffrey Perlman, MB, ChB, FAAP
- 10:00-10:30AM **NRP Research Grant Summaries**
- Albumin vs Saline During Resuscitation
Myra Wyckoff, MD, FAAP
- Egr-1 Expression in a Piglet Model of Hypoxia-Ischemia: Early Marker of CNS Injury
Melissa Tyree, MD, FAAP
- 10:30-10:45AM Break
- 10:45-11:30AM Providing Feedback after Megacodes:
An Interactive Debriefing with the Center for Advanced Pediatric Education
Lou Halamek, MD, FAAP
- 11:30AM-12:15PM Ethical and Legal Challenges in Delivery Room Medicine
Jay Goldsmith, MD, FAAP
John Kattwinkel, MD, FAAP

12:15-1:15PM LUNCH (provided)

	Education Track	Clinical/Investigative Track
1:15-2:05PM	Innovative Teaching Tools and Strategies <i>Barbara Nightingale, RNC, MSN, NNP</i> <i>Lou Halamek, MD, FAAP</i>	Quality Improvement and Patient Safety in the Delivery Room and NICU: The Golden Hour <i>Nick Mickas, MD</i> <i>William Rhine, MD, FAAP</i>
2:15-3:05PM	Evaluation and Validation of the NRP <i>Nalini Singhal, MD, FRCPC</i> <i>John Kattwinkel, MD, FAAP</i>	Fetal/Neonatal Pharmacology: Drugs that Impact Neonatal Resuscitation <i>William Benitz, MD (neonatology)</i> <i>Maury Druzin, MD (maternal-fetal medicine)</i>
3:05-3:25PM	Break	Break
3:25-4:15PM	Peds + RN + RT + OB = Delivery Room Team Training <i>Lou Halamek, MD, FAAP</i> <i>Kim Yaeger, RN</i>	How Much Oxygen Should You Use (in the Delivery Room)? <i>Tom Wiswell, MD, FAAP</i>
4:15-4:30	Complete evaluations	

*Please note that times, topics, and scheduled presenters are subject to change

ILCOR NEONATAL DELEGATION

CONTINUED FROM COVER

Neonatal Medicine at the Royal Women's and Royal Children's Hospitals in Melbourne, Australia.

"I was impressed by how careful the (ILCOR) organizers were in conveying the facts and understanding the evidence."

"We attended the meeting in search of scientific evidence with the other, more experienced (ILCOR) members," added Cornelia A. Blok, MD, a neonatologist in the Division of Perinatology en Gynaecology, University Medical Center, Wilhelmina Children's Hospital in The Netherlands.

Dr. Blok said few clinical trials are conducted in The Netherlands, making it more difficult to capture scientific data regarding neonatal resuscitation. "We have found that it is very difficult and time-consuming to search for and find the evidence we need. Meeting the other great and experienced people was very stimulating for us." Dr. Blok represented the Dutch Resuscitation Council (DRC).

The ILCOR Neonatal Delegation is comprised of the following groups:

- Australian Resuscitation Council (ARC)

- Council of Latin America for Resuscitation (CLAR)
- Dutch Resuscitation Council (DRC)
- European Resuscitation Council (ERC)
- Heart and Stroke Foundation of Canada (HSFC)
- New Zealand Resuscitation Council (NZRC)
- Resuscitation Council of South Africa (RCSA)
- World Health Organization (WHO)
- American Academy of Pediatrics/American Heart Association NRP Steering Committee

The final stages will involve developing and validating an international consensus on science. Once approved, the consensus will serve as the basis for new guidelines to be developed by each council. A comprehensive timetable of the consensus process is detailed below.

For more information regarding ILCOR, contact the AAP Life Support staff at lifesupport@aap.org.



International Liaison Committee on Resuscitation Neonatal Delegation at the December 2003 meeting in Washington, DC. *Photo courtesy of Dr Edgardo Szylid.*

TIMELINE FOR DEVELOPMENT OF CONSENSUS ON SCIENCE AND GUIDELINES

August 2004	September 2004	December 2004	January 2005	April 2005	May 2005 through Fall 2005	December 2005	January 2006	March/April 2006
Worksheet authors submit final worksheets for posting on the ILCOR extranet.	ILCOR meets in Budapest to prepare worksheets for Conference 2005.	Draft evidence worksheets are posted for expert review and comment.	Conference 2005 takes place in Dallas, Texas.	ILCOR to meet in Melbourne, Australia and finalize consensus on science statements.	Final ILCOR consensus on science statement is placed in a "lock box" until December.	International Consensus on Science published in <i>Circulation</i> .	AAP/AHA Guidelines for Neonatal Resuscitation and AHA guidelines for basic, adult, and pediatric life support published.	NRP 5th Edition materials released.

INSTRUCTORS ASK

Q. If I am an active NRP instructor, do I need to continue to take the provider course?

A. In contrast to some other life support programs, NRP Hospital-based Instructors and Regional Trainers are not expected to maintain a current provider card in addition to their instructor card. Persons who have a current instructor card are also considered NRP providers. Once an individual becomes an instructor, it is unnecessary for him/her to renew a NRP provider card every 2 years if he/she continues to fulfill the requirements for maintaining instructor status. It is recommended, however, that NRP instructors "test" themselves by taking the entire written evaluation every 1 to 2 years.

Q. When I try to submit a roster, a message tells me to enter the hospital ID. How can I do this?

A. When entering a roster you are asked, "was the course held in a hospital?" If you select "yes," then you need to link your roster to a particular hospital. To link the roster, click on the "Find" button next to "Hospital ID." A dialog box will appear. Type in the information about the hospital that you want to find. You do not need to type the full name of the hospital. For example, if you are searching for Lutheran General Hospital in Park Ridge, Illinois, you can type "Park Ridge" in the "City" field and select "Illinois" for the state. Click "Find Hospital" and a list of hospitals that match your request will appear. Click the radio button next to the appropriate hospital, and then click on the "select and return" button. The hospital you selected will now appear on the "New Roster" screen. If your hospital is not listed in the hospital database, please click on "no" for not taught in a hospital, and type in the course location information below.

WHERE IS MY INSTRUCTOR CARD?

With so many responsibilities at home and at work, it is easy to forget how many courses you have taught in your renewal period or to report a change of address to the Life Support staff. Checking your instructor record is only a click or a phone call away. Just go to www.aap.org/nrp and click on "instructors only" or call the Life Support staff at 800/433-

9016. If after reviewing your information, you still have questions on what you need to do to keep your status current, please refer to the table below. The table lists different situations in which you may find yourself and what you need to do.

Situation	What you need to do
Have taught all courses necessary to be renewed	Be looking in the mail—a new instructor card will automatically be sent to you the month prior to renewal.
Have been renewed, but not received a new card	Make sure your information in the NRP Instructor Database is correct. You can correct the information online or contact Life Support staff to correct it for you. Once your information is correct, ask the Life Support staff to send you a card.
Will expire soon and have not taught enough courses to be renewed	Teach the number of necessary courses to maintain your status (at least 2). If you are a Regional Trainer, at least one of these courses must be a provider or provider renewal course. Make sure your roster is submitted prior to your expiration date.
Have already expired, but taught enough courses	It is possible that not all your rosters have been submitted. If you were an assisting instructor, your name may have been left off a submitted roster. Contact Life Support staff and inform them of your situation.
Have expired and have not taught enough courses to be renewed	You will need to retake the provider course and the instructor course.

You can look up the number of courses you have in your current renewal period by viewing the Information Summary page of your NRP Online Database Instructor Record. See the article about the Information Summary page on page 11.

ONLINE DATABASE SECURITY & PASSWORDS

Although instructors are not required to share their passwords for the NRP Instructor Only Database, many do provide their passwords to colleagues who assist them in submitting rosters. Some instructors recently expressed concern that in moving to another institution, their former colleagues still had access to their online records.

Life Support staff would like to accommodate instructors in keeping their records secure. Therefore, instructors are encouraged to call and have their passwords reset if they are concerned about security and would like to keep their information private. Instructors can contact Life Support staff at 800/433-9016 ext 4798 or 4797 to have their passwords reset.

NRP DATABASE TIPS—THE INFORMATION SUMMARY PAGE

To help all instructors become more familiar with the features of the NRP Online Database, we are adding this new recurring feature to the *Update* that will highlight some of these conveniences. In future *Updates*, we will discuss how to update an instructor's personal information, how to advertise an upcoming course, and much more. In this issue, we will discuss the information that can be accessed from the Information Summary page.

After logging onto the NRP online database, the first page displayed shows the instructor's information summary. Here an instructor can view his/her roster submission activity or the current renewal period.

In the example below, the current period, shown on the left side of the screen, is the 2-year time frame in which each instructor has to teach at least two courses to remain active. The category "Courses Taught" shows the total number of rosters that have been submitted or saved by the instructor during this period. This number does not indicate the rosters for which the instructor has been given credit. The courses that count toward this total are listed as "Rosters Approved." The number of courses an instructor still needs to teach

within this time frame to remain active is listed as "Courses Required." "Rosters Submitted" indicates the number of rosters submitted by the instructor. This includes rosters that have been approved, rejected, mailed, or not yet reviewed.

The right side of the screen gives information about the instructor's entire course history. It displays the date the individual became an instructor. It also shows the total number of rosters for which the instructor has received credit. "Total Rosters Completed" indicates the number of rosters that the instructor has submitted and Life Support staff has approved during the instructor's teaching history.

An instructor can find all the information needed about his/her current status on the Information Summary page. This summary lets the instructor know what actions need to be taken to remain active so he/she can continue to share NRP with others.

If you have any suggestions for a database feature you would like to see explained in a future article, please contact Life Support staff at lifesupport@aap.org.

The screenshot shows the 'Information Summary' page for the Neonatal Resuscitation Program. The page is titled 'Information Summary -' and includes a navigation menu with 'course_list' and 'roster_list'. The current period is set to '12/12/2003 - 12/11/2005'. The summary table shows the following data:

Courses Taught	2
Rosters Submitted	2
Rosters Approved	1
Courses Required	1
Rosters Rejected	0

Additional information displayed includes 'Instructor History Since: 12/12/1997' and 'Total Rosters Completed (Approved): 30'. The page also features search options for 'Find An Instructor', 'Find A Course', and 'Find A Hospital'. Callouts provide detailed explanations for these values and the current period.