How to Integrate NRP 8th Edition Practice Changes into NRP 7th Edition Provider Courses

The NRP 8th edition materials will be released this summer and must be in use by January 1, 2022. During this period of transition, you may need to plan provider courses for new residents and other health care professionals who will take an NRP 7th edition course but should certainly not wait two years until their provider renewal to learn about 8th edition recommendations. To ensure that your NRP 7th edition learners are not left behind, incorporate NRP 8th edition practices into your 7th edition courses.

To prepare for their NRP 7th edition provider course, learners should study the textbook, complete the eSim exercise, and successfully complete the NRP exam. Prior to their instructor-led course, provide learners with a fact sheet of NRP 8th edition significant practice changes, such as Table 1 below. For a more comprehensive overview of NRP 8th edition, refer learners to the *NRP Instructor Update Newsletter*, Fall/Winter 2020, Vol 29(2).

Table 1: Overview of Significant NRP 8th Edition Practice Changes

Change	NRP 7th Edition	NRP 8th Edition
Umbilical cord management plan added to 4 pre-birth questions, replacing "How many babies?"	The 4 pre-birth questions: (1) Gestational age? (2) Amniotic fluid clear? (3) How many babies? (4) Additional risk factors?	The 4 pre-birth questions: (1) Gestational age? (2) Amniotic fluid clear? (3) Additional risk factors? (4) Umbilical cord management plan?
Initial steps reordered to better reflect common practice.	Initial steps: Warm and maintain normal temperature, position airway, clear secretions if needed, dry, stimulate.	Initial steps: Warm, dry, stimulate, position airway, suction if needed.
An electronic cardiac monitor is recommended earlier in the algorithm	An electronic cardiac monitor is the preferred method for assessing heart rate during cardiac compressions.	When an alternative airway becomes necessary, a cardiac monitor is recommended for the most accurate assessment of the baby's heart rate.
Epinephrine intravenous/intraosseous (IV/IO) flush volume increased.	Flush IV/IO epinephrine with 0.5 to 1 mL normal saline	Flush IV/IO epinephrine with 3 mL normal saline (applies to all weights and gestational ages)
Epinephrine IV/IO and endotracheal doses have been simplified for educational efficiency. The dosage range is unchanged. The simplified doses (IV/IO and ET) do not represent an endorsement of any particular dose within the recommended dosing range. Additional research is needed.	Range for IV or IO dose = 0.01 - 0.03 mg/kg (equal to 0.1 - 0.3 mL/kg) Range for endotracheal dose = 0.05 - 0.1 mg/kg (equal to 0.5 – 1 mL/kg)	The suggested initial IV or IO dose = 0.02 mg/kg (equal to 0.2 mL/kg) The suggested endotracheal dose (while establishing vascular access) = 0.1 mg/kg (equal to 1 mL/kg)
Expanded timeframe for cessation of resuscitative efforts	If there is a confirmed absence of heart rate after 10 minutes of resuscitation, it is reasonable to stop resuscitative efforts; however, the decision to continue or discontinue should be individualized.	If confirmed absence of HR after all appropriate steps performed, consider cessation of resuscitation efforts around 20 minutes after birth (decision individualized on patient and contextual factors).

IV = intravenous IO = intraosseous ET = endotracheal HR = heart rate

At the provider course, allow learners to conduct simulation and debriefing using the NRP recommendations that your hospital is currently using. Remind learners of the changes that will occur when the hospital makes the transition to NRP 8th edition practice in the delivery room. In this way, learners can be successful using what they have learned in NRP 7th edition and feel prepared for the upcoming changes of NRP 8th edition.

Read more about how to help staff make a smooth transition from NRP 7th edition to NRP 8th edition, see the *NRP Instructor Update Newsletter*.

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