

NEONATAL RESUSCITATION RECORD

SURNAME:

Baby of:

DOB: __/__/20__

Time of birth: __: __ AM/PM

RISK FACTORS: Multiple birth

Preterm Meconium APH PROM > 18 hours

Peripartum hypoxia Other _____

Male Female Ambiguous

AIRWAY	Breathing or crying?	Muscle tone	Other	<input type="checkbox"/> Dry	Time __: __ AM/PM Comments:
				<input type="checkbox"/> Stimulate <input type="checkbox"/> Clear airway	
BREATHING	Breathing or crying?	Heart rate	SpO ₂	<input type="checkbox"/> IPPV	Time __: __ AM/PM Comments:
				<input type="checkbox"/> CPAP <input type="checkbox"/> Oximetry	
CIRCULATION	Breathing or crying?	Heart rate	SpO ₂	<input type="checkbox"/> ECC if HR < 60	Time __: __ AM/PM Comments:
				<input type="checkbox"/> FiO ₂ 100%	

OBSERVATIONS	VENTILATION	ADVANCED RESUSCITATION
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Time	Heart rate	SpO ₂	Respiration	Muscle tone	Perfusion	IPPV rate	FiO ₂	Pressures	Inubated	ECC	UVC or IV	Adrenaline	Volume	Comments

Resuscitation Team 1. _____ 2. _____ 3. _____ 4. _____

Outcome: Stayed with mother Transferred to SCN/NICU at __: __ Died at __: __

NEONATAL RESUSCITATION RECORD: ADVANCED RESUSCITATION

SURNAME: Baby of: DOB: __/__/20__ Time of birth: __: __ AM/PM	GESTATIONAL AGE: __ WEEKS __ DAYS ESTIMATED WEIGHT: _____ g Adrenaline: 10 – 30 mcg/kg IV or UVC = __ mcg = __ mL Adrenaline: 50 – 100 mcg/kg ETT = __ mcg = __ mL Volume expanders: 10 – 20 mL/kg = __ mL
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DRUGS	Heart rate	SpO ₂	Perfusion & tone	<input type="checkbox"/> Adrenaline 1: 10,000 <input type="checkbox"/> UVC/IV <input type="checkbox"/> ETT	Time __: __ AM/PM Dose: mcg Route: Time __: __ AM/PM Dose: mcg Route:
If HR < 60 despite ECC & IPPV in 100%					
DRUGS	Heart rate	SpO ₂	Perfusion & tone	<input type="checkbox"/> 0.9% Saline <input type="checkbox"/> O-Neg Blood	Time __: __ AM/PM Volume: mL Time __: __ AM/PM Volume: mL
If shock or hypovolaemia					
PROCEDURES	Intubation			Venous access	
	Time: __: __ Dr _____			Time: __: __ Dr _____	
	<input type="checkbox"/> 2.5 mm	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal		<input type="checkbox"/> 3.5 Fg UVC	
	<input type="checkbox"/> 3.0 mm	Strapped: _____ cm		<input type="checkbox"/> 5.0 Fg UVC Inserted to: ____ cm	
	<input type="checkbox"/> 3.5 mm			<input type="checkbox"/> Peripheral IV cannula	

APGAR Scores	1 minute	5 minutes	10 minutes	15 minutes	20 minutes
Appearance					
Heart rate					
Muscle tone					
Respiratory rate					
Reflex irritability					
TOTAL SCORE					

Summary of events:

Signed: _____

Signed: _____