

Checklist for Infants Born at less than 35 weeks gestation

(Not part of the permanent record. Discard when no longer needed)

Infant Name:		Hospital #:					DOB:				
Time of Birth:		Gestational Age (Wks)					Birth Weight:				
Pre-delivery Checklist											
Nursing			espiratory			Physician/NP					
	Obtain History	Check airway, supplies			, CPAP and intubation			Obtain history			
	Notify Pediatric Transport Team				ration monitor, disconnect			Check for and read antenatal consult and/or advance directive			
	Turn on radiant warmer to pre- warm bed	☐ Call RT, if ava						Discuss infant management plan with the team			
	Pre-warm transport isolette to 37°C		at be	at bedside			Identify team leader				
	Place hat at bedside							Encourage delayed cord clamping (60 seconds) with the delivering MD			
	Warming mattress, if available	Completed by:						Check intubation supplies			
	Check airway supplies and suction					·	<u>F</u>	or infants under 35 weeks gestation			
	Cardiac monitor and leads							otify neonatologist in Winnipeg			
	Assemble peripheral IV insertion							otify second MD pleted by:			
	supplies or UVC supplies Assemble IV and infusions (D10W, NS and ½ NS										
	Blood collection tubes ready – CBC, blood culture	When delivery is imminent									
For Infants between 23 and 32 weeks			warmer is on and pre-warm bed								
gestation □ Activate chemic			cal warming mattress								
increases temp of reem to 25 G			lankets and place in nesting position								
☐ Have plastic wrap/bag at bedside ☐ Place plastic wr											
Completed by:			n and ensure PPV equipment available (with PEEP adapter)								
	Checklist I	tems	for Imme	diat	te F	Resuscitation	/Trans	sitioning			
	Infants 23 to 29 ⁶ weeks					Infants 30 to 34 ⁶ weeks					
	Start event timer					Start event timer					
	Infant placed directly into plastic wrap – do not dry					If less than 32 weeks place directly into plastic wrap – do not dry					
	Infant transitioned on CDAD					If any signs and symptoms of respiratory distress present, apply CPAP					
Transition using 30%FiO ₂ and follow NRP target guidelines for oxygen saturation						Transition using 21% FiO ₂ follow NRP target guidelines for oxygen saturation					
	Apply hat immediately and nest infant with warm blankets					Apply pre-ductal (of age	right hand	d/wrist) saturation monitor by 2 minutes			
	Apply pre-ductal (right hand/wrist) saturation monitor by 2 minutes of age					-					
	Apply skin temperature probe and put on servo control										
	☐ If infant is less than 28 weeks gestational age, cleanse skin with Chlorhexidine without alcohol and rinse with sterile water or NS for invasive procedures										

15 minute check										
	Infants 23 to 296 weeks				Infants 30 to 34 ⁶ weeks					
	Axillary temperature checked				Axillary temperature checked					
	Sats between 88-92% if receiving oxygen				Sats between 88-92% if receiving oxygen					
Con	npleted by:				mpleted by:					
		30 r	nin	ute	check					
	erfusion assessed				Perfusion assessed					
	Glucose infusion initiated as per consultation with Wpg				Glucose infusion initiated as per consultation with Wpg					
	Sats between 88-92% if receiving oxygen				Sats between 88-92% if receiving oxygen					
Completed by:					mpleted by:					
			nin	nute check						
	If intubated, Chest x-ray to confirm placement of ETT				If intubated, Chest x-ray to confirm placement of ETT					
	Obtain blood gases with lactate				Obtain blood gases with lactate					
	Sats between 88-92% if receiving oxygen				Sats between 88-92% if receiving oxygen					
Con	Completed by:				mpleted by:					
2 hour check										
	Ready for transport				Ready for transport					
	Sats between 88-92% if receiving oxygen				Sats between 88-92% if receiving oxygen					
Completed by:			Completed by:							
	Transport Checklist What went well			Debriefing – Take 5						
	Infant deemed ready for transport at by MD/NP	What went well? Why did it go well? Can we adopt this as a routine practice?								
	Actual time of transport									
	Check intubation and resuscitation supplies on transport	What did we le	earn	ırn?						
	Pre-warm and humidify ventilator tubing									
	Parents to room to see infant									
	Consent for blood/blood products	What would w	e do	lo differently next time?						
	Consent for donor milk									
	Pumping information given to mom									
	Infant in transport by 2 hours of age	Do we have any system issues (i.e. equipment, process, information flow)?								
	Infant in plastic wrap and on warm chemical mattress									
		Who is going to follow up to fix the problems? And by when? How will we communicate our learnings to the whole team?								
Completed by:										