Neonatal Resuscitation Record

Date:	Time of Birth:	Gestational Age:	Est Weight: kg

Meconium ☐ Yes ☐ No	Maternal medications in labour:	C/S with general ☐ Yes ☐ No

Risk For Early Sepsis (circle):   Maternal infection   ROM > 18h   <34 weeks gestational age

SIGN	0	1	2	Minutes 1	5	10	15	Vital Signs Time	HR	RR	Tone	SP0$_2$
Colour	Blue or Pale	Acrocyanosis	Completely pink									
Heart rate	Absent	less than 100 bpm	greater than 100 bpm									
Reflex irritability	No Response	Grimace	Cry/active withdrawal									
Muscle tone	Limp	Some flexion	Active motion									
Respiration	Absent	Weak cry, slow, irregular	Good/crying									

Interventions: **Done By**

Dried and stimulated ☐ Yes @ _____ ☐ No

Placed in bag ☐ Yes @ _____ ☐ No

Suctioned ☐ Yes @ _____ ☐ Bulb ☐ Wall Suction ☐ No

☐ Perineum ☐ Post-delivery Returns: Sm Med Lrg

☐ Below cords Returns: Sm Med Lrg

Stomach suctioned ☐ Yes @ _____ Amounts/Contents ☐ No

PPV ☐ Yes Start @ _____ Stop @ _____ Oral airway ☐ Yes ☐ No

SPO$_2$ applied to right hand/wrist ☐ Yes ☐ No

Intubated ☐ Yes @ _____ Attempts _____ ☐ No

Size ET tube (circle) 2.5 3.0 3.5 Depth inserted _____

LMA ☐ Yes @ _____ Attempts _____ ☐ No

Oxygen ☐ Yes @ _____ ☐ No Titrated to SpO$_2$ _____ ☐ No

Initial Rate: _____

Adjusted: @ _____

Chest compressions ☐ Start @ _____ Stop @ _____ ☐ No

Cardiac monitor initiated ☐ Yes @ _____ ☐ No

Thermoregulation maintained at 36.3 – 37.2^{o}C ☐ Yes ☐ No

Umbilical catheter placed ☐ Yes @ _____ Size _____ Attempts _____ ☐ No

Intraosseous placed ☐ Yes @ _____ Attempts _____ ☐ No

Medications/fluids given ☐ Yes (chart on back) ☐ No

Infant actual weight: _____

Time	Drug	Dose	Route	Given By

IV Therapy	Amount	Rate	Time	Given By

Investigations	Time
Blood gases	
CBC	
Serum Glucose	
Cultures	
X-Ray	
Cord gases	
Swabs	
Glucocheck	

Resuscitation Successful ☐ Yes ☐ No   ACoRN Sequence initiated ☐ Yes ☐ No

Expired at _____

Neonatal Team Called at _____   Neonatal team arrived at _____

Newborn Frequent Monitoring Record initiated ☐ Yes ☐ No

By printing your name and initialing you agree that the above resuscitation record is accurate and true			
Personnel present & designation	Initial	Personnel present & designation	Initial

Time	Notes