CHILDREN'S HOSPITAL OF NEW MEXICO

Neonatal Resuscitation Record

Patient Name _____ EGA: _____ SEX: M F

DOB: _____ Time _____ Estimated Weight _____ gm

Delivery:

Vaginal ❑ Vacuum Extraction ❑ Forceps ❑ Mec ❑ Vertex ❑ Breech ❑

C-section ❑ Indication for C/S _____

Pertinent Perinatal History:

Procedure	Key
UVC or UAC	UA UV
Intubation (size ET)	ET
Intubation w/ventilation	ET PPV
Cardiac Compressions	CC
Free Flow Oxygen	FFO
Bag/Mask Ventilation	BMV
O/G Tube in	OG
Thoracentesis	THC
Thoracotomy	TC
Pericardiocentesis	PC
Peritoneal tap	PT

Resuscitation Initiated at: _____ (time) Arrival of Peds Team: _____ (time)

Resuscitation Procedures completed at: _____ (time)

APGAR Scores		Minutes 1	5	10	15	20	25
Heart Rate							
Over 100	2						
Under 100	1						
Absent	0						
Respiratory Effort							
Lusty Cry	2						
Irregular	1						
Absent	0						
Reflex Stimulation							
Good	2						
Grimace	1						
Absent	0						
Muscle Tone							
Active	2						
Some Flexion	1						
Flaccid	0						
Color							
Pink	2						
Body Pink, Extremities Blue	1						
Blue / Pale	0						
Total							

Vital Signs and Procedures:

Time	HR	RR	Epinephrine 1:10,000 .1-.3 cc/kg dose/route	NS or LR 10-20 cc/kg dose/route	$NaHCO_3$ 2 mEq/kg (0.5 mEq/ml) dose/route	Other Drugs dose/route	CPR In progress (✓)	Procedures, Interventions, Results (note pressures w/ PPV)

Comments:

FULL RESUSCITATION NOTE TO BE WRITTEN IN PROGRESS NOTES

Resuscitation Personnel Signatures:		Print Name	Baby Patient Label
MD			
NNP			
RN			
Recording RN			
Other			