



NAME OF HOSPITAL:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NEONATAL RESUSCITATION RECORD**

Date (YYYY/MM/DD): \_\_\_\_\_ Time: \_\_\_\_\_

Gestational Age: \_\_\_\_\_ Estimated Weight: \_\_\_\_\_ grams

(KEY: ✓ APPROPRIATE BOX) Actual Birth Weight: \_\_\_\_\_ grams

Time of Birth:	First Heart Rate:	(AGE IN MINUTES)
<b>AIRWAY</b>	Meconium: <input type="checkbox"/> Absent <input type="checkbox"/> Present	Oral or Nasal Suction after birth: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Suction below cords: <input type="checkbox"/> Yes <input type="checkbox"/> No	Meconium below cords: <input type="checkbox"/> Yes <input type="checkbox"/> No

APGAR SCORE	0	1	2	1 MIN	5 MIN	10 MIN	15 MIN	20 MIN
Heart Rate	Absent	< 100	> 100					
Respiration	Absent	Weak Cry Hypoventilation	Good Crying					
Muscle Tone	Limp	Some Flexion	Active Motion					
Reflex Irritability	No Response	Grimace	Cry/Active Withdrawal					
Skin Colour	Blue or Pale	Acrocyanotic	Completely Pink					

**TOTAL SCORE:**

RESUSCITATION	AGE IN MINUTES: (✓ and X) IN APPROPRIATE COLUMN →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<b>CLINICAL OBSERVATIONS:</b>	First Gasp																					
	Spontaneous Respirations																					
	First Grimace																					
Initial FiO <sub>2</sub> :	Max FiO <sub>2</sub> :																					
PPV Via: <input type="checkbox"/> Bag Mask <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator	Max. PIP/PEEP:																					
CPAP <input type="checkbox"/> Bag Mask <input type="checkbox"/> T-Piece <input type="checkbox"/> nCPAP	Max. PEEP:																					
ETT (Size: _____) <input type="checkbox"/> Rt Nare <input type="checkbox"/> Lft Nare <input type="checkbox"/> Oral	Depth: _____ cm																					
NG/OG Tube: <input type="checkbox"/> Right <input type="checkbox"/> Left	Size: _____ Depth: _____ cm																					
Chest Compressions:																						
Epinephrine (1:10,000)	Dose: <b>ETT 1 mL/kg</b> (max 3 mL) <b>IV 0.1 mL/kg</b>																					
Volume Expanders: Dose: 10 mL/kg = _____	Indicate: NS = Normal Saline BL = Blood																					
Response to Resuscitation:	Increase in Heart Rate > 100 Improvement in Colour (centrally pink)																					

**Condition at Completion of Code:**  Good  Fair  Guarded  Expired Time: \_\_\_\_\_

AGE IN MIN	PROCEDURES	PHYSICAL EXAM
	<input type="checkbox"/> Intubation # of attempts: _____ By whom: _____	<input type="checkbox"/> Three Vessel Cord <input type="checkbox"/> Spine Intact <input type="checkbox"/> No Gross Anomalies Comments or Abnormal Findings: _____
	<input type="checkbox"/> UVC Insertion # of attempts: _____ By whom: _____	Meconium passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Voided: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Size: _____ Taped at: _____ cm	Name band applied: <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle
	<input type="checkbox"/> Peripheral IV Size: _____	<b>CORD SAMPLING</b>
	Site: _____ # of attempts: _____ By whom: _____	Cord Sampling: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check samples obtained: <input type="checkbox"/> Gases <input type="checkbox"/> Culture <input type="checkbox"/> CBCD <input type="checkbox"/> Bili

OUTCOME	VITALS ON TRANSFER FROM BIRTHING AREA OR TO CARE OF TRANSPORT TEAM
<input type="checkbox"/> With Parents Reassessment Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Admit to: <input type="checkbox"/> SCN <input type="checkbox"/> NICU (SCN/NICU in your hospital if applicable) Transfer Time: _____ (hh:mm) Critical contacted for transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No Time of contact: _____ (hh:mm) Time of Transport Team Arrival: _____ (hh:mm) Departure: _____ (hh:mm) Discussion with Parents: <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____	Temp: _____ Pulse: _____ Resp: _____ O <sub>2</sub> Sat: _____ FiO <sub>2</sub> : _____ BP: _____ Time Vitals Recorded (hh:mm): _____ Head Circumference: _____ cm Length: _____ cm





# Neonatal Resuscitation Record Documentation Key

## General Guidelines

- It is a shared responsibility of the resuscitation team members to complete both sides of the resuscitation record. All members of the resuscitation team must review and agree on what is documented on both sides of the resuscitation record.
- If a recorder is not present at the birth, the resuscitation team will document the approximate timing of assessments and interventions to the best of their ability. If a recorder is available, the timing of assessments and interventions will be documented in real time.
- If an addendum is required, chart the addendum and initial.
- If more room is required for the narrative note please use a second resuscitation record and label the resuscitation record page 2, cross out the front section and continue your note on the reverse side of the Neonatal Resuscitation Record.
- If re-assessment of the infant is necessary following birth and the resuscitation team attended the birth, chart your assessment and the plan of care for the infant on the resuscitation record in the Narrative Summary on the reverse side of the Neonatal Resuscitation Record.
- If an assessment is required and the resuscitation team did not attend the birth, chart your assessment and plan of care for the infant in the progress notes of the infant's chart.

**Date and Time:** Indicate the date and time when the resuscitation record was completed.

**Gestation Age:** Gestational age specified in weeks and days based on obstetrical history.

**Estimated Weight:** Estimated weight (used to estimate drug doses for NRP). If NRP drugs not required, this section is to be left blank.

**Actual Birth Weight:** Indicate the infant's birth weight in grams

**Time of Birth:** Indicate the time of birth according to the delivery nurse.

**First Heart Rate:** Indicate initial heart rate and indicate the age in minutes when the first heart rate was assessed.

## Airway

Use a check (✓) to indicate whether or not meconium was present or absent in the amniotic fluid at the time of birth. If meconium was present, use a check (✓) to indicate whether the infant was suctioned below the cords and if yes, whether or not meconium was obtained from below the cords. Use a check (✓) to indicate whether or not the baby was suctioned orally or nasally.

## APGAR Score

Assign an Apgar score at one and five minutes using the scoring tool. If the infant is not in the care of the resuscitation team at 1 min of age due to delayed cord clamping (DCC) or they were not present at this time, write DCC or "not present" in the 1 minute Apgar score. If the Apgar score is less than 7, continue scoring the Apgar score in 5 minute intervals until a score of 7 or higher is achieved.

## Resuscitation

**Clinical Observations:** Use a check (✓) to indicate the time in minutes when the following occurred: First Gasp, Spontaneous Respirations and First Grimace. If no resuscitation was required, leave the rest of the section blank. If resuscitation was required, complete the rest of the section.

**Oxygen:** If an FiO<sub>2</sub> of >.21% was administered at any time during resuscitation use a check (✓) to indicate time started followed by a line and a X to indicate time stopped or an arrow (→) to indicate that it is ongoing. Use arrows (↑ or ↓) to indicate oxygen titrations up or down throughout resuscitation.

(i.e. ✓-----↑-----↑-----↓-----↓-----↓-----X)

**Initial FiO<sub>2</sub>:** Indicate the initial FiO<sub>2</sub> concentration used at the time of birth.

**Max FiO<sub>2</sub>:** Indicate the maximum FiO<sub>2</sub> concentration used if free flow, CPAP or PPV was required at any time during resuscitation.

**PPV (Positive Pressure Ventilation):** If PPV was used, indicate with a check (✓) which device(s) were used: Bag/ Mask, T-piece or ventilator, and indicate the maximum PIP/PEEP used. Use a check (✓) to indicate time started followed by a line and an X to indicate time stopped or an arrow (→) to indicate that it is ongoing. If more than one PPV device was used during resuscitation indicate between the lines which device was used during each time period.

(i.e. ✓-----T-piece-----✓-----ventilator →)

**CPAP:** If CPAP was used indicate with a check(✓) which device(s) were used (Bag Mask, T-piece, nCPAP) and indicate the maximum PEEP level used. Use a check (✓) to indicate time started followed by a line and an X to indicate time stopped or an arrow (→) to indicate that it is ongoing.

If more than one CPAP device was used during resuscitation, indicate between the line which device was used during each time period.

(i.e. ✓-----T-Piece-----✓-----nCPAP----- →)

**ETT:** If the infant was intubated, indicate the size and use a check(✓) to indicate whether it was the Rt. or Lt. nare or oral and the depth of insertion in cm. Use a check(✓) to indicate the time of the first successful intubation. If the infant is extubated during the resuscitation use an X to indicate this at the appropriate time. If the baby requires re-intubation, use a second check(✓) to indicate time of subsequent intubations.

(i.e. If baby remains ventilated during the entire resuscitation ✓----- →)

(i.e. If the baby is intubated during resuscitation and then extubated ✓-----X)

**NG/OG tube:** If a NG/OG was placed indicate with a circle whether it was a NG or OG. If a NG is placed, indicate with a check(✓) whether it was placed in the left of right nare.

Document the size of the feeding tube and the depth. Use a check(✓) to also indicate the time the NG/OG was inserted.

**Chest Compressions:** If chest compressions were required use a check(✓) to indicate the time started followed by a line and an X to indicate time stopped.

**Epinephrine:** If Epinephrine was administered use a check(✓) in the appropriate column to indicate route and time of administration. If multiple doses of epinephrine are required, use subsequent checks(✓) to indicate time of administration.

**Volume Expanders:** If volume expanders were required, use a check(✓) to indicate the time of administration and label the check with either "NS" or "BL" to distinguish whether normal saline or blood was administered.

**Response to Resuscitation:** If resuscitation was required use a check(✓) to indicate the first time an increase in heart rate (> 100) was obtained and a check(✓) to indicate the time in which an improvement in colour was obtained (centrally pink).

**Condition at Completion of Code:** Use a check(✓) to indicate whether the infant's condition is Good, Fair, Guarded or Expired. If expired, indicate time of death using 24 hour clock.

# Neonatal Resuscitation Record Documentation Key

## Procedures

**Intubation:** Indicate with a check(√) if the infant was intubated at any time during resuscitation. If yes, indicate the age in minutes of the first successful intubation, the number of attempts and the health care professional who successfully performed the procedure.

**UVC:** Indicate with a check(√) if a UVC was inserted during resuscitation. If yes, indicate the age in minutes the procedure was performed, the number of attempts, the person who successfully inserted the line, the size of the UVC catheter and the depth of insertion in cm.

**Peripheral IV:** Indicate with a check(√) if a peripheral IV was inserted during resuscitation. If yes, indicate the age in minutes when inserted, the size, site, number of attempts and who successfully inserted the IV.

## Physical Exam

Use a check(√) to indicate the findings of your physical exam i.e. whether there was a three vessel cord, spine intact or no gross anomalies. If there are any significant findings on the physical exam please explain in the comments and abnormal findings section.

Use a check(√) to indicate whether or not meconium was passed or whether or not the infant voided. Use a check(√) to indicate where the name band was applied.

## Cord Sampling

Indicate with a check(√) whether or not cord sampling was performed. If yes, check what types of samples were obtained.

## Vitals on Transfer from Birthing Area or to Care of Transport Team

This section only needs to be filled out for infants who are being admitted a Special Care Nursery (SCN) or NICU in your hospital (if applicable) or transferred to the care of the transport team for travel to another centre. Complete a full set of vitals (Temp., Pulse, Resp. Rate, BP, SpO2, FiO2) prior to transfer to the SCN or NICU. If care is being assumed by the transport team, indicate the last set of vital signs taken prior to the time they assume the care. Please indicate the time the vitals were taken in clock time. This can be used as the first set of vitals upon admission the SCN or NICU. Record measurements for head circumference and length of infant in cm. if measured in the resuscitation room.

## Outcome

Use a check(√) to indicate whether the infant is staying with the parents, admitted to the SCN or NICU in your hospital (if applicable) or if Critical Care has been called for transfer to another centre. If the infant is staying with the parents indicate with a check(√) whether or not re-assessment is required. If the infant is being admitted to the SCN or NICU in your hospital, document the time of transfer in clock time. If Critical Care has been called indicate the time of the call, what time the transport team arrived and what time they departed in clock time.

**Discussion with Parents:** Indicate whether or not there was a discussion with parents and if yes, indicate who spoke to the parents. (If the infant required any resuscitation and/or requires admission to the SCN or NICU or transfer to another centre and/or the resuscitation team has any clinical concerns regarding the infant, a member of the resuscitation team should update the family about the infant's condition and inform them of the plan of care for the infant.)

## Medication Administration

Record all medication(s) that were administered during resuscitation (Vitamin K, Erythromycin Eye Ointment, Surfactant, Epinephrine, Naloxone etc.). These medications need to be documented on both the resuscitation record as well as the medication administration record.

## Narrative Summary

**Reason for Resuscitation Team Attendance at Birth:** Indicate the reason you were called to the birth. (i.e. forceps, C-section, preterm birth, FHR decelerations, etc.)

If the infant only requires the initial steps of NRP (warm, dry, stimulate, clear airway if necessary), use the check(√) to indicate this. If there are no other concerns regarding the infant's clinical status, no further narrative note is required.

If there are any clinical concerns regarding the infant or the infant required any resuscitation, defined as any of the following: supplemental oxygen, CPAP, PPV, compressions, medication administration, or intubation, then a detailed narrative note is required.

**When writing the narrative note, the time recorded should correspond with the age of the infant in minutes and seconds.** The narrative summary should include the following items if applicable.

- Indicate if delayed cord clamping was initiated.
- Provide a brief description of the infant's status at birth (tone, colour, breathing, initial heart rate).
- If any interventions are required for resuscitation, document the rationale for the intervention, the time started and stopped and the infant's response.
- If intubation is required, indicate: the rationale for intubation, who attempted /performed intubation and whether or not the attempt was successful.
- Vitals (HR, SpO2, respirations) should be documented in the following situations during resuscitation:
  - Any significant changes in the infant's condition.
  - In response to starting or stopping an intervention
  - At minimum every 15 minutes if infant is being monitored
  - At the completion of resuscitation
  - If infant is being transferred to the SCN or NICU, document vitals on front of sheet under "Vitals on transfer from the Birth Area or to the Care of Transport Team"
- Document IV insertion and/ or attempts (if applicable)
- Document any medication administration (if applicable)
- Document any family interaction (if applicable)
- Document infant's status at time of transfer back to Labour/Birth area or upon admission to SCN or NICU in your hospital if applicable or upon assumption of care by Transport Team.

**Resuscitation Team:** All members who play an active role in the resuscitation room are required to review, sign and print their name in full on the resuscitation record.

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Interdisciplinary Team (London Health Sciences Centre): Brooke Read RRT, Gary Cambridge RRT, Ev McGovern RN, Kevin Coughlin MD, Donna Pletsch Educator, Sheila Johnston Data Abstractor, Gloria MacMillan RN, input from NICU RNs and RRT's and Risk Management, Diane Strachan

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