

Neonatal Code Sheet page 1 of 2

NEONATAL RESUSCITATION RECORD

Infant Name _____ Date _____ Estimated Weight _____ Sex _____
 Time of Birth _____ Time of Transfer _____ Type of Delivery _____
 Perinatal History _____

PROCEDURES INITIATED DURING RESUSCITATION

| PROCEDURE | START TIME | BY WHOM |
|----------------------------------|------------|---------|
| Suction | | |
| Free-Flow Oxygen | | |
| Bag and Mask initiation | | |
| Intubation and suction | | |
| Intubation with hand ventilation | | |
| Chest compressions | | |
| OG placement | | |
| IV/UVC/UAC Placement | | |

| | | APGAR SCORING | | | | |
|----------------------------|---------------------------|---------------|---|----|----|----|
| | | 1 | 5 | 10 | 15 | 20 |
| <i>Color</i> | Completely Pink | 2 | | | | |
| | Acrocyanosis | 1 | | | | |
| | Blue/Pale | 0 | | | | |
| <i>Heart Rate</i> | >100 | 2 | | | | |
| | <100 | 1 | | | | |
| | Absent | 0 | | | | |
| <i>Reflex Irritability</i> | Cry/Active | 2 | | | | |
| | Grimace | 1 | | | | |
| | No Response | 0 | | | | |
| <i>Muscle Tone</i> | Active Motion | 2 | | | | |
| | Some Flexion | 1 | | | | |
| | Limp | 0 | | | | |
| <i>Respirations</i> | Good crying | 2 | | | | |
| | Weak cry, hypoventilation | 1 | | | | |
| | Absent | 0 | | | | |
| TOTAL | | | | | | |

KEY:

| | |
|---------------|-----------------------------|
| Color: | -tone: |
| P- pink | + - active with stimulation |
| D- Dusky | - - floppy, limp |
| W- pale | J - jittery |
| R- ruddy | S - Seizure activity |
| M- mottled | |
| C- cyanotic | |

| | | | | |
|----------------------------------------------|-----|-----|-----|-----|
| UAC/UVC SIZE: | 3.5 | 4.0 | 5.0 | |
| ETT SIZE: | 2.5 | 3.0 | 3.5 | 4.0 |
| Number of attempts: | | | | |
| Length of time of attempts: Total Minutes | | | | |
| Length of time of attempts: Total Minutes | | | | |

| TIME DATE | VITAL SIGNS | | CPR | | MEDICATIONS/DOSE | | | REMARKS | | |
|-----------|-------------|----|-------|------|------------------|--------------------------------------------------------------|--------------------|------------------------|--------------------------|---------------------------------------------|
| TIME | HR | RR | COLOR | TONE | +/- | EPINEPHRINE 1:10,000 0.1-0.3 ml/kg IV/UVC 0.3- 1ml OET | 0.9% NS 10ml/kg | BICARB 4.2% .5ml/kg | NARCAN 0.25ml/kg g | INTERVENTIONS, ABG'S, GLUCOSE RESULTS |
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