

Mothers Addressograph Label	Babys Name	
	Sex	
	Gestation	
	Date of Birth	
	Hospital Number	

PREBIRTH CHECKLIST

[COMPLETE ITEMS IN BOLD FOR <34 WEEKS]

<u>Antenatal Optimisation</u> Birth in appropriate place (consider in-utero transfer) ☐ Antenatal steroids Yes ☐ No ☐ Complete ☐ Incomplete ☐ Date/ Time of 1st Dose: Date/Time of 2nd Dose: ☐ Magnesium sulphate given PROM Yes ☐ No ☐ Duration Maternal GBS status Positive ☐ Negative ☐ Unknown ☐ Meconium Yes ☐ No ☐ ☐ Maternal antibiotics given Other relevant Antenatal History:	Pre Birth Preparation Neonatal team informed ☐ Senior midwife & NICU aware ☐ Team leader identified ☐ Scribe identified ☐ Roles allocated ☐ Resuscitaire/Lifestart checked ☐ Suction working ☐ T-piece device checked ☐ Oxygen & air connected and checked ☐ Delivery room temperature: ≥25°C if ≤30 weeks ☐ 23–25°C otherwise ☐ Heater on ☐ Warm towels + hat ☐ Plastic wrap/bag (<32 weeks) ☐ Transwarmer mattress (< 32 weeks) ☐ IVH Bundle < 30 weeks DCC 60- 120 seconds ☐ Maintain head neck and body in Midline ☐ Surfactant/LISA equipment ☐ Video Laryngoscope ☐
Communication with parents Introductions of team ☐ Explain Plan for Stabilisation ☐ Delayed Cord Clamping (If appropriate) ☐ Possible Need for Transfer ☐ Respiratory interventions ☐ Feed preferences – Early Colostrum ☐ Encourage Photographs ☐ Medications (Vit K Antibiotics Curosurf) ☐ Opportunity to cut the cord ☐ Facilitate Delivery Room Cuddles ☐	Thermal Care Delivery room temperature: C Warm towels x 3 Yes ☐ No ☐ Hat : Yes ☐ No ☐ Transwarmer (<32 weeks) Yes ☐ No ☐ Plastic bag/suit Yes ☐ No ☐ Heated, Humidified gases Yes ☐ No ☐

Prebirth checklist completed by: Name: _____ | Job title/Grade: _____ Date: _____ Time: _____

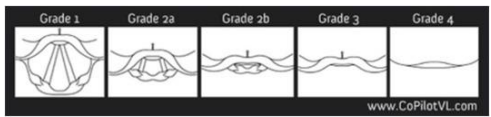
RESUSCITATION RECORD

Date	DD / MM / YY	Estimated or actual weight	kg	Resuscitation commenced:	HH : MM	Location
Time of Birth	HH : MM	2222 call put out at:	HH : MM	Resus stopped:	HH : MM	First Hour after birth ends at: HH : MM
Mode of Delivery	☐ NVD ☐ Forceps ☐ Vacuum ☐ CS	Presentation	☐ Cephalic ☐ Breech ☐ Transverse ☐ Other	Optimal Cord Management	☐ Yes ☐ No Time (secs)	First Temperature: Time: Temperate before transfer: Time:
Cord Gases	Arterial PH BE Lactate Venous PH BE Lactate					

Staff Present at Resuscitation					Appgars	Minutes				
Name*	Job title	Signature	Time of arrival			Colour	1	5	10	15
(*Team leader in shaded area)										
					Heart Rate					
					Resp efforts					
					Tone					
					Reflex					
					TOTAL					

Parental communication (Expand in clinical notes, if required)						
Delivery room cuddles: YES / NO Signature: Name: Time:						
Did a debrief take place following this resuscitation?	YES	☐	NO	☐	N/A	☐

RESUSCITATION RECORD														
Intervention	Assessment													
DCC ☐ _____ seconds 														
Dried ☐ Stimulation ☐														
Wet towel removed ☐														
Wrapped ☐ 														
Hat ☐ Plastic bag ☐														
<table border="1"> <thead> <tr> <th colspan="2">Acceptable pre-ductal SpO₂</th> <th>Preterm < 32 weeks</th> </tr> </thead> <tbody> <tr> <td>3 min</td> <td>70–75%</td> <td rowspan="3"> Place undried body in a plastic bag + radiant heat If breathing consider: • CPAP 5–8 cm H₂O • ≥ 30% FiO₂ If not breathing: • Initial PIP 25 cm H₂O • PEEP 6 cm H₂O • ≥ 30% FiO₂ </td> </tr> <tr> <td>5 min</td> <td>80–85%</td> </tr> <tr> <td>10 min</td> <td>85–95%</td> </tr> <tr> <td colspan="2">Titrate O₂ to achieve target SpO₂</td> <td></td> </tr> </tbody> </table>	Acceptable pre-ductal SpO ₂		Preterm < 32 weeks	3 min	70–75%	Place undried body in a plastic bag + radiant heat If breathing consider: • CPAP 5–8 cm H₂O • ≥ 30% FiO₂ If not breathing: • Initial PIP 25 cm H₂O • PEEP 6 cm H₂O • ≥ 30% FiO₂	5 min	80–85%	10 min	85–95%	Titrate O ₂ to achieve target SpO ₂			
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Initial Pressures Set to: 	PIP: _____ cm H ₂ O PEEP: _____ cm H ₂ O FiO ₂ : _____ %													
INFLATION BREATHS 1 st set ☐ 00 : 00 2 nd set ☐ 00 : 00 3 rd set ☐ 00 : 00 <i>If difficulty obtaining chest rise, consider increasing PIP in small increments under senior clinician supervision.</i>	1 st set of Inflation breaths given by _____ Chest rise: YES / NO Heart rate: _____ /min Spo2 _____ % 2 nd Set of Inflation breaths given by _____ Chest rise: YES / NO Heart rate: _____ /min Spo2 _____ % 3 rd Set of Inflation breaths given by _____ Chest rise: YES / NO Heart rate: _____ /min Spo2 _____ %													
CALL FOR HELP 00 : 00 	Time Arrived: _____													
2-PERSON JAWTHRUST 00 : 00	Jaw lift by: _____ Breaths by: _____ Chest rise: YES / NO Heart rate: _____ /min Spo2 _____ %													
iGEL 00 : 00 	Inserted by: _____ Any airway obstruction? YES / NO Suction: _____ YES / NO Chest rise: YES / NO Heart rate: _____ /min Spo2 _____ %													

RESUSCITATION RECORD	
VENTILATION BREATHS  00 : 00	Chest rise: YES / NO Heart rate: _____ min PIP/PEEP _____ Fio2 _____ % Spo2 _____ %
INTUBATION 1 st Attempt: 00 : 00 2 nd Attempt: 00 : 00 3 rd Attempt: 00 : 00 Grade: View 1 2a 2b 3 4 	1 st attempt by _____ ETT Size _____ Length secured at _____ Capnography colour change seen yes ____ No ____ Chest rise seen YES/ NO 2 nd attempt by _____ ETT Size _____ Length secured at _____ Capnography colour change seen yes ____ No ____ Chest rise seen YES/ NO
CHEST COMPRESSIONS  00 : 00 00 : 00 00 : 00 Ensure airway secure: ☐	Review after 30 seconds (15 cycles of 3:1) 3:1 Compressions/breaths HR after 1 st 30 sec _____ HR after 2 nd 30 sec _____ HR after 3 rd 30 sec _____
FiO2 increased to 100% ☐ 00 : 00 	Chest compressions and vascular access notes:
VASCULAR ACCESS / IO 00 : 00	
DRUGS 00 : 00 00 : 00 00 : 00 	
Needle Thoracentesis: 00 : 00 Pericardiocentesis: 00 : 00	

Neonatal Resuscitation Record (First Hour of Care Guideline 2026)

RESUSCITATION RECORD

Time On Resus Clock	Heart Rate (beats/min)	Ventilation/ Breathing S- Spontaneous R – Regular IR – Irregular A – Absent IPPV If IPPV, specify device T- T piece BM – Bag, Mask LMA ETT	Chest Rise Y – YES N – NO	Pressure PIP/PEEP (cmh20) <i>Preterm <32 weeks 25/6</i> <i>>32 weeks 30/6</i>	Fio2 (% or L/min)	SpO2 (%)	Drugs/ CPR/ Comments (Please add free text comments on interventions as and when they happen)
Example → 00:30	60-100	Y / N	IPPV Y			78%	Baby arrived on resuscitaire. Dried, wrapped, hat on. HR – 80/min, irregular respiratory efforts SHO – checked mask, align, roll and checked position, jaw thrust – 2-3 sec inflation
00 : 00							
00 : 00							
00 : 00							
00 : 00							
00 : 00							

Neonatal Resuscitation Record (First Hour of Care Guideline 2026)

RESUSCITATION RECORD							
00 : 00							
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Neonatal Resuscitation Record (First Hour of Care Guideline 2026)

RESUSCITATION RECORD

00 : 00							
00 : 00							
00 : 00							
00 : 00							
00 : 00							
00 : 00							
00 : 00							
00 : 00							
00 : 00							

Outcome of resuscitation (Expand in clinical notes, if required)

Use additional sheets if necessary (should be available on the resuscitaire storage drawer)

Signature:

Name:

Date:

Neonatal Resuscitation Record (First Hour of Care Guideline 2026)

NEONATAL RESUSCITATION DRUG DOSES & ADMINISTRATION RECORD							
Drug	Dose	Route	Comments	Date given	Time given	Prescribed by	Administered by / Checked by (initials)
Adrenaline	0.2 ml/kg 1: 10 000 (20 micrograms/kg)	IV/IO	Use 3 ml saline flush with adrenaline dose. Repeat every 4 minute if no response in heart rate				
	1 ml/kg 1: 10 000 (100 micrograms/kg)	ETT	Continue to seek vascular access				
Glucose	2 ml/kg bolus – 10% Glucose (200 mg/kg)	IV/IO	Useful in prolonged resuscitation. Never give via tracheal tube				
Volume	10 ml/kg 0.9% sodium chloride	IV/IO	Slow bolus over 2 min. If suspected blood loss of unresponsive to other resuscitation measures				
	10ml/kg O negative blood	IV/IO	Slow bolus over 2 min. If suspected blood loss of unresponsive to other resuscitation measures				
All IV/IO drugs should be flushed with at least 5 ml of 0.9% sodium chloride. The preferred vascular access route for IV administration is a UVC. IO: Intraosseous, this is a secondary option							

FIRST HOUR CARE RECORD TRANSFER & ADMISSION CHECKLIST

Patient Addressograph

Gestational age:

Birth weight:

Date of Birth: DD | MM | YYYY

Time of Birth: HH : MM

ADMISSION TO NEONATAL CARE

Transferred from:

Delivery suite ☐ Theatre ☐ MLBU ☐

PNW ☐ TC ☐ Home ☐ Other ☐

Time of transfer from original location: HH : MM

Time of arrival to Neonatal Unit: HH : MM

First hour of care ends at: HH : MM

Mode of Transfer

Incubator ☐

Resuscitaire ☐

Cot ☐

Temperature before Transfer: _____ C

Temperature on arrival : _____ C

Admission Weight: _____ grams

Head Circumference: _____ cm

2 x Labels YES/NO

RESPIRATORY SUPPORT ON TRANSFER

SVIA ☐

NASAL PRONG OXYGEN

☐

_____ L/ min

Time / Initials: _____ |

CPAP | BIPAP ☐

[Interface – Face mask |
Prongs]

_____ cm H2O

FiO2: _____ %

HIGH FLOW OXYGEN ☐

Flow rate: _____
L/min

FiO2: _____ %

Ventilator settings

Mode

Tidal
Volume

PIP

PEEP

Ti

Rate

FiO2

OBSERVATIONS

Time	Heart Rate	RR	Spo2 %	Cap refill	BP	Temp	Signature

BLOOD GAS

Date Time	Sample CBG/VBG/ART	pH	pCO2	pO2	HCO3	BE	LAC	Glucose	Na	K	Hb

FIRST HOUR CARE RECORD TRANSFER & ADMISSION CHECKLIST

Thermoregulation

Humidity set <30 weeks ☐

Incubator Temperature set ☐

	Humidity (%)		
Age (days)	Babies < 23+6 weeks gestation	Babies 24- 27+6 weeks gestation	Babies 28 - 29+6 weeks gestation
0	90	80	80

RESPIRATORY SUPPORT IN NNU (IN THE FIRST HOUR)

SVIA ☐	Time / Initials: _____ _____																															
NASAL PRONG OXYGEN ☐ _____ L/ min																																
CPAP BIPAP ☐ [Interface – Face mask Prongs]	_____ cm H2O	FiO2: _____ %																														
HIGH FLOW OXYGEN ☐	Flow rate: _____ L/min	FiO2: _____ %																														
Ventilator settings	Mode	Tidal Volume	PIP	PEEP	Ti	Rate	FiO2																									
O2 saturation target (set alarm limits)	LOWER LIMIT: _____ %			UPPER LIMIT: _____ %																												
Saturation Targeting on the Neonatal Unit: <table border="1"> <thead> <tr> <th>Gestation at Birth</th> <th>Air/Oxygen</th> <th>Target</th> <th>Alarm Limits</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Preterm <37 weeks Or Birth Weight <1.5kg</td> <td>Oxygen</td> <td>91 - 95%</td> <td>90 - 96%*</td> </tr> <tr> <td>Air</td> <td>91 - 95%</td> <td>90 - 100%</td> </tr> <tr> <td rowspan="2">Term Infant ≥37 weeks</td> <td>Oxygen</td> <td>≥95%</td> <td>94 - 99%</td> </tr> <tr> <td>Air</td> <td>≥95%</td> <td>94 - 100%</td> </tr> <tr> <td rowspan="2">Preterm Infant with corrected gestation ≥37 weeks</td> <td>Oxygen</td> <td>≥93%</td> <td>92 - 99%</td> </tr> <tr> <td>Air</td> <td>≥93%</td> <td>92 - 100%</td> </tr> </tbody> </table> *Preterm infants with saturations >95% in oxygen are at significant risk of hyperoxia PaO₂ will be significantly elevated → Act with the same urgency as a significant desaturation								Gestation at Birth	Air/Oxygen	Target	Alarm Limits	Preterm <37 weeks Or Birth Weight <1.5kg	Oxygen	91 - 95%	90 - 96% *	Air	91 - 95%	90 - 100%	Term Infant ≥37 weeks	Oxygen	≥95%	94 - 99%	Air	≥95%	94 - 100%	Preterm Infant with corrected gestation ≥37 weeks	Oxygen	≥93%	92 - 99%	Air	≥93%	92 - 100%
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CXR and/or LUNG ULTRASOUND FINDINGS																																
Surfactant	Curosurf ☐	Dose: _____ mg		Route: LISA ET LMA																												
SEPSIS RISK	NICE NG195 ☐	Kaiser sepsis risk		Score: _____ Green/Amber/Red																												

INTRAVENOUS ACCESS

Type	Time Inserted	Final Position (document on body map)	Inserted by
Peripheral IV			
UAC			
UVC			
Long Line			

FIRST HOUR CARE RECORD TRANSFER & ADMISSION CHECKLIST

MEDICATIONS				
Type	Route	Time Given	Sign	
Vitamin K				
Antibiotics (within 1 hour)				
Caffeine				
Surfactant				
Fluid mls/kg _____				
Nasogastric/Orogastric tube		Miscellaneous check list		
Size: _____ cm	Nostril/Lips: _____ cm			
PARENT UPDATE:		Cranial Ultrasound ☐ Early Colostrum ☐ Blood Spot ☐ Opportunity to take photographs ☐ Admission Screening Swabs ☐ ROP screening identified ☐ IVH bundle commenced <30 weeks ☐ Skin integrity score _____ Mouthcare risk score _____ Pain score _____		
Date	Time			Updated by
People present: Mum ☐ Dad ☐ Other staff member: _____				
Document your conversation with parent here				

Final check and verification by: _____ Date: _____ Time: _____
 Name: _____ Grade: _____ Signature: _____