


| <h3>Optimisation Prompt</h3> <p>Right place of birth -consider contacting PANDR</p> <p>Antenatal steroids</p> <p>Magnesium sulphate</p> <p>Optimal cord management – Think CLAMP60</p> <p>Maintain normothermia</p> <p>Early CPAP/Volume targeted ventilation</p> <p>LISA</p> <p>Hydrocortisone</p> <p>Caffeine</p> <p>Early parenteral nutrition</p> <p>Probiotics</p> <p>Early EBM Expressing information/kit provided</p> | | <p>Mother's Addressograph Label:</p> <p>Baby's Hospital Number:</p> <p>Gestation _____</p>  <p>Stop the Clock!</p> <p>First Hour after birth ends at:</p> <p>____:____</p> | | | | | | |
|--|--------------|--|---|--------------|-----------------------|--|--|--|
| <h3>Situation</h3> <p>PROM Yes/No Duration _____</p> <p>Maternal GBS status: Positive/Negative/Unkown</p> <p>Maternal antibiotics Yes/No</p> <p>Magsulphate Yes/No/NA Date/Time _____</p> <p>Antenatal Sterids given: Yes/ No</p> <p>Complete/incomplete</p> <p>Date/Time of 1st dose _____</p> <p>Date/Time of 2nd dose _____</p> <p>Meconium Yes/No</p> | | <h3>S B A R Prompt</h3> <ul style="list-style-type: none"> • Paediatricians informed • Senior midwife and NICU informed of potential need for transfer • Parents informed of potential need for transfer and consent gained • Resuscitaire checked and working • Doors and windows closed and fan turned off • Aim for delivery room temp 23-25°C (25° ≤28/40) • Heater on, towels and woollen hat warming • Have clear bag or plastic suit ready <32 weeks) • Discussion with parents about optimal cord management (if not contraindicated) • Baby labels and SBARD prepared for possible transfer • Consider sending placenta to histology if preterm or active resuscitation required. Staff introductions made to parents • Choice of feed noted (Is colostrum available?) | | | | | | |
| <h3>Background</h3> <p>Relevant maternal/obstetric history:</p> | | | | | | | | |
| <h3>Assessment</h3> <table border="1"> <thead> <tr> <th>Blood group and relevant maternal blood results</th> <th>USS findings</th> <th>Fetal Medicine plan ?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | Blood group and relevant maternal blood results | USS findings | Fetal Medicine plan ? | | | |
| Blood group and relevant maternal blood results | USS findings | Fetal Medicine plan ? | | | | | | |
| | | | | | | | | |
| <h3>Recommendations</h3> | | | | | | | | |

Delivery Room Stabilisation and Optimisation - Refer to NLS algorithm for guidance

| | | | | | | | |
|---|---------------|--|--------------|---------------------------|--------|------|------|
| Attending Staff – Name and Designation | | Baby Name/DOB (ADDRESSOGRAPH) | | | | | |
| Time of Birth: ____:____ First hour after birth ends at: ____:____ | | Thermal Care | | | | | |
| Mode of delivery: NVD/Forceps/Vacuum/CS Presentation: Cephalic/Breach Optimal Cord management: Yes/No Time (secs)_____ Onto resuscitaire/lifstart at? ____:____ Sao2 Probe on right hand Yes/ No | | Delivery room temperature _____ Hat applied? Yes/No Transwarmer? Yes/No <32/40 or placed in plastic bag/suit Yes/No ≥32/40-dried and wrapped Yes/No First Infant temp: _____ Time: ____:____ | | | | | |
| Cord Gases | | Servo/Manual | | | | | |
| Arterial | pH | BE | Lactate | | | | |
| Venous | pH | BE | Lactate | | | | |
| Delivery Room Summary - Consider early CPAP and LISA Surfactant (see full resus notes for detailed record) <i>If intubation has been unsuccessful after 2 attempts, consider LMA or BVM ventilation until support arrives</i> | | | | | | | |
| Intervention | | None/maskIPPV/maskCPAP/Intubated/Chest Compressions/Drugs | | | | | |
| Intubated? | Yes/No | ETT size:_____ | Length:_____ | Number of attempts: _____ | | | |
| Surfactant: | Yes/No | Dose:_____ | | | | | |
| Prior to transfer to unit | | | | | | | |
| Parents updated: | Yes/No | Delivery room cuddle | Yes/No | Labels x2 | Yes/No | | |
| Secure ETT: | Yes/No/NA | Axilla temp prior to transfer: _____ | | | | | |
| Respiratory Support on Transfer | | | | | | | |
| SVIA | Time/initials | | | | | | |
| CPAP/BIPAP | PEEP | | | | FiO2 | | |
| HFNC | Flow | | | | FiO2 | | |
| Vent settings | Mode | VG | PIP | PEEP | Ti | Rate | FiO2 |
| | | | | | | | |

Admission to Neonatal Care

Admitted from: _____ Time of birth: ____:____ Time of admission: ____:____

BW (g): _____ HC: _____ Multiple: _____ **First hour after birth ends at:** ____:____

Baseline Observation

| | Time | Baseline | initials |
|------------------|------|----------|----------|
| Temp | | | |
| HR | | | |
| Resps | | | |
| SaO ₂ | | | |
| PB/Mean | | | |
| Colour | | | |
| Cap refill | | | |
| Blood Glucose | | | |

Respiratory Support (tick as appropriate)

| SVIA | | | | | | Time/initials |
|---|---------------------------|------------|---------------------------|------------------|---------------------------|------------------|
| CPAP/BIPAP | PEEP | | | FiO ₂ | | |
| HFNC | Flow | | | FiO ₂ | | |
| Vent settings | V G | PIP | PEEP | Ti | Rat e | FiO ₂ |
| Surfactant | 1 st dose/time | | 2 nd dose/time | | 3 rd dose/time | |
| Targeted SaO ₂ (Alarm Limits) | Low | | | High | | |
| X-Ray | | | | | | |
| Caffeine | Yes/No | Dose _____ | | Route _____ | | |

Central and peripheral access

| IV access | Time inserted | Final position | Inserted by |
|---------------|---------------|----------------|-------------|
| UAC | | | |
| UVC | | | |
| Peripheral IV | | | |

Medication

| | Given | Time |
|-------------|-------|------|
| Antibiotics | | |
| Vitamin K | | |

Kaiser Sepsis Risk

| Score | Flag |
|-------|------------------|
| | Green/Yellow/Red |

Fluid management

| Fluid | Time | mls/kg | Route |
|-------|------|--------|-------|
| | | | |
| | | | |
| | | | |

Nasogastric/orogastric tube

| | |
|-------------|---------------------|
| Size.....cm | Nostril/lips.....cm |
|-------------|---------------------|

| Screening | Time | Complete |
|---------------|------|----------|
| MRSA | | |
| ESBL | | |
| Covid | | |
| Ear swab Mc&S | | |
| Other | | |
| Blood spot | | |

Thermoregulation

| | |
|------------------------------|-----------------|
| Incubator/Overhead | Temp: |
| Incubator humidity commenced | Time: ____:____ |

| | |
|----------------------|--|
| Skin integrity score | |
| Mouthcare risk score | |
| Pain score | |
| Sedation | |

Photograph for parents: Yes/No

Parents updated by Cons/Reg:

Name and designation.....

Date/Time.....

Signed.....

| <p>Resuscitation drugs: doses (IV) Adrenaline 1:10,000 (0.2 ml/kg) repeat doses every 3-5 mins if HR <60bpm 4.2 % Sodium Bicarbonate 2 – 4 ml/kg (dilute 8.4 % solution 1:1 with water for injection) 10 % Glucose : 2.5 ml/kg</p> | | | | | | | | | | <p>Baby Name/DOB (ADDRESSOGRAPH)</p> | | | | | | | | | | |
|---|--------|------|-------------|----------|----------|--------------------------|--------------------------------|--|-----------|---|---------|----------------|--|--|--|--|--|--|--|--|
| Attendees Name and Role | | | | | | | | | | | | | | | | | | | | |
| Consultant Name and arrival time | | | | | | | | | | | | | | | | | | | | |
| Observations | | | | | | | | | | Interventions – PIP set at 25 for preterm and 30 for term | | | | | | | | | | |
| Time from birth | Colour | Tone | Breath- ing | HR (BPM) | Sats (%) | Fio2 <28/40 Start at 30% | Intubation (I) Mask (M) LMA(L) | IPPV Inflation Breaths (IB) Ventilation Breaths (VB) | PIP/ PEEP | Chest rise Yes/No | CPR 1:3 | Drugs/Comments | | | | | | | | |
| 1 min | | | | | | | | | | | | | | | | | | | | |
| 2 min | | | | | | | | | | | | | | | | | | | | |
| 3 mins | | | | | | | | | | | | | | | | | | | | |
| 4 mins | | | | | | | | | | | | | | | | | | | | |
| 5 min | | | | | | | | | | | | | | | | | | | | |
| 6 min | | | | | | | | | | | | | | | | | | | | |
| 7 min | | | | | | | | | | | | | | | | | | | | |
| 8 min | | | | | | | | | | | | | | | | | | | | |
| 9 min | | | | | | | | | | | | | | | | | | | | |
| 10 min | | | | | | | | | | | | | | | | | | | | |
| ... min | | | | | | | | | | | | | | | | | | | | |
| ... min | | | | | | | | | | | | | | | | | | | | |

Baby Name/DOB
(ADDRESSOGRAPH)

| Apgars | | | | Minutes | | | | |
|---------------------|--------|-----------|-------|---------|---|----|----|----|
| | | | | 1 | 5 | 10 | 15 | 20 |
| Colour | Pale | Blue | Pink | | | | | |
| Heart Rate | Absent | <100 | >100 | | | | | |
| Resp efforts | Absent | Irregular | Good | | | | | |
| Tone | Floppy | Moderate | Good | | | | | |
| Reflex | Absent | Grimace | Cough | | | | | |
| TOTAL | | | | | | | | |

Resuscitation Scribing

| | | |
|------|------------------|-----------|
| Name | Designation/Role | Signature |
|------|------------------|-----------|