

# British Columbia Newborn Resuscitation Record

| RESP EFFORT  | COLOUR                                       | TO NE   |
|--|--|---|
| ✓ = Good/crying<br>H = Hypoventilation<br>Ø = Absent | P = Pink<br>M = Mottled/pale<br>C = Cyanosed | ✓ = Active motion<br>SF = Some flexion<br>H = Hypotonic/flaccid |

EVENT DATE \_\_\_\_\_ Time \_\_\_\_\_

dd/mm/yyyy

Gestational Age \_\_\_\_\_ weeks Weight \_\_\_\_\_ kg  estimated  actual

Location:  Birthing Room  NICU  Other \_\_\_\_\_

Neonate  
Last Name \_\_\_\_\_ Gender \_\_\_\_\_ Multiple \_\_\_\_\_  
Date/Time of Birth \_\_\_\_\_

Page # \_\_\_\_\_ of \_\_\_\_\_

| 1 TIME      |                        | 2 ASSESSMENT |                 |                               |        |      |         | 3 INTERVENTIONS  |                               |                            |              | 4 NOTES               |   |  |  |  |  |          |         |         |  |  |  |
|-------------|------------------------|--------------|-----------------|-------------------------------|--------|------|---------|--|-------------------------------|----------------------------|--------------|-----------------------|---|--|--|--|--|----------|---------|---------|--|--|--|
| ACTUAL TIME | OR<br>AGE (in minutes) | RESP EFFORT  | HR (per minute) | O <sub>2</sub> SATURATION (%) | COLOUR | TONE | TEMP °C | Device: <input type="checkbox"/> T-piece<br><input type="checkbox"/> Self inflating<br><input type="checkbox"/> Flow inflating |                               |                            |              | CHEST<br>COMPRESSIONS | <ul style="list-style-type: none"> <li>Interventions, e.g. suction/secretions, ETT and UVC insertion (tube/catheter size, insertion depth, inserted by, confirmation method) and infant response</li> <li>Medications and volume expander (dose/route/administered by)</li> <li>Transfer time and location<br/>(If more space is required, continue on back)</li> </ul> |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         | O <sub>2</sub> ON BLENDER  | VENTILATION RATE (per minute) | PIP<br>cm H <sub>2</sub> O | PEEP or CPAP |                       |   |  |  |  |  | MASK (M) | LMA (L) | ETT (E) |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |
|             |                        |              |                 |                               |        |      |         |  |                               |                            |              |                       |   |  |  |  |  |          |         |         |  |  |  |

|                                | 1 kg | 2 kg | 3 kg    | 4 kg |
|--------------------------------|------|------|---------|------|
| ETT Size                       | 2.5  | 3.0  | 3.0-3.5 | 3.5  |
| ETT Insertion Depth (cm)       | 7    | 8    | 9       | 10   |
| EPI-ETT (1:10 000)<br>1 mL/kg  | 1    | 2    | 3       | 3    |
| EPI-IV (1:10 000)<br>0.1 mL/kg | 0.1  | 0.2  | 0.3     | 0.4  |
| VOL EXP-IV<br>10 mL/kg         | 10   | 20   | 30      | 40   |

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# British Columbia Newborn Resuscitation Record

| 1 TIME      |                  | 2 ASSESSMENT |                 |                               |        |      |         | 3 INTERVENTIONS               |  |                               |                            |              |                                |                    |
|-------------|------------------|--------------|-----------------|-------------------------------|--------|------|---------|-------------------------------|--|-------------------------------|----------------------------|--------------|--------------------------------|--------------------|
| ACTUAL TIME | OR               | RESP EFFORT  | HR (per minute) | O <sub>2</sub> SATURATION (%) | COLOUR | TONE | TEMP °C | Axilla (A)<br>Skin probe (SP) | Device: <input type="checkbox"/> T-piece<br><input type="checkbox"/> Self inflating<br><input type="checkbox"/> Flow inflating |                               |                            |              |                                |                    |
|             | AGE (in minutes) |              |                 |                               |        |      |         |                               | O <sub>2</sub> % ON BLENDER  | VENTILATION RATE (per minute) | PIP<br>cm H <sub>2</sub> O | PEEP or CPAP | MASK (M)<br>LMA (L)<br>ETT (E) | CHEST COMPRESSIONS |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |
|             |                  |              |                 |                               |        |      |         |                               |  |                               |                            |              |                                |                    |

Page # \_\_\_\_\_ of \_\_\_\_\_

Addressograph

## 4 NOTES

### ADDITIONAL NARRATIVE NOTES

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