



**Queensland**  
Government

# Neonatal Emergency Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Facility: \_\_\_\_\_

Team checklist: ☐ Roles ☐ Clinical discussion ☐ Equipment check ☐ Environment prepared ☐ Parents

Date:

Date of birth:

Time of birth (24hr):

Birth gestation:
------------------

Age:
------

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

•

1

Weight (estimated or confirmed):

Cord clamped at: \_\_\_\_\_ seconds ☐ N/A

Reason for resuscitation:

Location of resuscitation:

Time code called (24hr): \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ Resuscitation – Commenced (24hr): \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ Ceased (24hr): \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

## Interventions Key

FM Face mask

**ETT** Endotracheal tube

**SGAD** Supraglottic airway device

**NP** Nasal prongs

**O** Oropharyngeal airway

**CC** Chest compressions

[illegible]

NEONATAL EMERGENCY RECORD



## Neonatal Emergency Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

### Blood Gas

Sample	Time (24hr)	pH	pCO <sub>2</sub>	Base excess	Lactate
Cord (arterial)	:				
Cord (venous)	:				
<input type="checkbox"/> VBG <input type="checkbox"/> CBG <input type="checkbox"/> ABG	:				

### Intubation or SGAD

Time (24hr)	:	:	SGAD: <input type="checkbox"/> Size 1	ETT size (mm):
Operator	PRINT NAME / DESIGNATION	PRINT NAME / DESIGNATION	Air entry equal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Taped at lip (cm):
			Confirmed with CO <sub>2</sub> detector: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CXR: <input type="checkbox"/> Yes <input type="checkbox"/> No ETT tip position: ..... OGT/NGT in situ: <input type="checkbox"/> Yes <input type="checkbox"/> No ETT introducer intact: <input type="checkbox"/> Yes <input type="checkbox"/> No				

### Medications (refer to NeoMedQ)

Medication	Time (24hr)	Route	Dose	Medication	Time (24hr)	Route	Dose
Adrenaline 1:10 000	:			Surfactant	:		
	:			0.9% sodium chloride	:		
	:			Other	:		

### Resuscitation Team

Name	Designation	Initials	Resuscitation role	Time arrived (24hr)
				:
				:
				:
				:
				:
				:
				:

### Notes


Documentation completed by (print name):	Designation:	Signature:	Date:	Time (24hr):

### Post-Resuscitation Checklist

HIE trigger tool: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Documentation complete: <input type="checkbox"/>	Parents notified: <input type="checkbox"/>
Names and initials complete: <input type="checkbox"/>	Apgars: 1 min: ..... 5 mins: ..... 10 mins: .....
Identification attached: <input type="checkbox"/>	Transfer arranged to: .....

DO NOT WRITE IN THIS BINDING MARGIN