

Birth Date _____ **Time** _____ **Today's Date** _____
Mother's Name _____ **MR#** _____ **Sex** Male Female **EGA** _____ weeks
Apgar Scores ____ / ____ / ____ **Race** _____ **Hispanic origin** Yes No
Weight: Birth _____ gms **Current** _____ gms **Temperature** _____ C°
Was the Resuscitation Team activated? Yes No **Time of arrival** _____
Witnessed Yes No **Patient conscious at onset** Yes No
Area of resuscitation Labor & Delivery NNICU NBN Emergency Department Other _____
Indicate all monitors that were present at onset ECG Pulse Oximeter Apnea

Patient Label or Addressograph

Airway/ Ventilation
Breathing Spontaneous Apneic Agonal Assisted
Time of First Assisted Ventilation: _____
Ventilation: Bag-Valve-Mask Endotracheal Tube
 Tracheostomy Other: _____
Intubation: Time: _____ **Size :** _____
By Whom: _____
Confirmation: Auscultation Exhaled CO₂
 Other _____

Special circumstances recognized at birth
 (Select all that apply) None
 Congenital Malformation/Abnormality
 Cord Prolapse Decelerations
 Fetal Hydrops Mec Aspiration
 Multiple Gestation Nuchal Cord
 Placental Abruption Placenta Previa
 Shoulder Dystocia
 Cardiac Defect Cyanotic Acyanotic

Time Resuscitation Event Ended: _____
Reason Resuscitation Ended:
 Survived – Return of Circulation (ROC) >20 min
 Died – Efforts Terminated (No Sustained ROC)
 Died – Medical Futility
 Died – Advance Directives
 Died – Restrictions by Family

Time	Heart Rate	Chest Compressions (✓)	Ventilation Rate	PIP	PEEP/CPAP	% Oxygen	O ₂ Sat	L Breath Sounds	R Breath Sounds	Color	Cap Refill	Epinephrine Dose / Route	Normal Saline Dose / Route	Blood Dose	NaHCO ₃ Dose	Comments: e.g. Transillumination, Thoracentesis, Peripheral/Central Line Placement, Chest Tube, Vital Signs, Response to Interventions, Labs

Recorder Signature _____ **ID#** _____ **Provider Printed Name** _____ **ID#** _____
ICU/Code Team
Nurse Signature _____ **ID#** _____ **Provider Signature** _____