

Neonatal Resuscitation Checklist

Health Facility Name:

Supervisor name:

Date:

Supervisee name:

MN 7	The following items represent standard practices for neonatal resuscitation according to protocols/ guidelines	Observation
1	Initial Assessment	
	1.1 No meconium in the amniotic fluid, complete the next three items If there is meconium, go to item 1.2	
	1.1.1 The health provider assessed the baby and the baby is breathing/crying, has good muscle tone, his/her baby is pink, the baby is born full term <i>If no, skip to item 1.1.3</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	1.1.2 If yes, health provider provided routine care (kept the baby warm, clean, checked vital signs, maintained air way patent)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	1.1.3. If no, in item 1.1.1, health provider recognized that the baby require initial resuscitation steps (go to item 2)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	1.2 <i>There is meconium in the amniotic fluid</i>	
	1.2.1 The health provider assessed the baby and there was good respiratory effort, good muscle tone and the heart rate were above 100bpm (all available together)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	1.2.2 If yes to all in the above item, tracheal suction provided	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	1.2.3 If no to any or to all (in 1.2.1) , started initial steps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	2	Starting initial steps (health provider performed the following)
2.1 Placed the baby on preheated radiant warmer		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.2 Positioned the baby with neck slightly extended		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.3 Performed suction (mouth and nose)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.4 Dried amniotic fluid from body and head		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.5 Stimulated baby to breathe		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.6 Repositioned baby with neck slightly extended		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.7 Administered Oxygen as necessary		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3	Evaluation and interventions	
	3.1 Health provider continued observation of the normal baby (Breathing, heart rate above 100 and color is pink)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	3.2 Health provider provided the baby who is breathing, with heart rate above 100 but with central cyanosis with oxygen 90-100% concentration and continued observation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	3.3 In the above item, if the baby color became pink, health provider slowly withdrawn oxygen and continued observation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	3.4 In item 3.2 If the baby is cyanosed health provider provided positive pressure ventilation 90-100% oxygen	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	3.5 In item 3.2, If the baby is suffering from apnea, gasping respiration or HR above 100, health provider provided positive pressure ventilation with 90-100% oxygen	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4	Health provider completed all the above steps in <=30 seconds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

*** Please document the key observations on practices in the supervisory report form with in depth analysis whenever needed and suggestions for solutions and next steps**