

## Neonatal Resuscitation Checklist Bag and mask ventilation

**Health Facility Name:**

**Supervisor name:**

**Date:**

**Supervisee name:**

MN 8	The following items represent standard practices for neonatal resuscitation using bag/mask ventilation according to protocols/guidelines	Observation
1.	Health provider selected appropriate – size mask	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.	Health provider connected the bag to oxygen source 90-100% con)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3.	Health provider tested the bag for: <ul style="list-style-type: none"> <li>- good pressure,</li> <li>- pressure release valve working and</li> <li>- valve assembly present and functioning</li> </ul>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4.	Pressure manometer, if any, is working	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5.	Health provider positioned him/her self at the head or side of the baby and positioned baby in sniffing position	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6.	Health provider positioned bag and mask properly on the baby	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7.	Health provider checked seal and then gave two or three ventilations at appropriate pressure and observed for chest movement. If chest rose, s/he ventilated the baby for 40-60 times per minute with visible rise and fall of chest attained	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
8.	In item 7, if chest didn't rise, health provider checked for inadequate seal; repositioned head, increased pressure and/or reapplied face mask	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<b>The coming items apply if the chest didn't rise only</b>		
<b>Health provider checked heart rate for 6 seconds and behaved accordingly as follows:</b>		
9.1	If heart rate is less than 60bpm, s/he continued ventilation, initiated chest compressions and considered intubation.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9.2	If heart rate is 60 to 100bpm, s/he continued ventilation and considered intubations	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9.3	If heart rate is more than 100bpm, s/he checked for spontaneous respirations, and in case there is spontaneous respiration, s/he gradually discontinued positive pressure ventilation and provided tactile stimulation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9.4	In the above item, if no spontaneous respiration is observed, health provider continued positive pressure ventilation and considered intubation and /or oro-pharyngeal airway for prolonged ventilation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<b>In doing the above steps, health provider;</b>		
10.1	Correctly calculated newborn's heart rate for 6 – second count.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10.2	Practiced in efficient and effective way – no undue delays.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10.3	Handled baby safely, with no trauma produced	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10.4	Ventilated the baby with appropriate pressure	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10.5	If ventilation continued longer than several minutes, s/he inserted an oropharyngeal airway.	<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**