



Name:		GA:		Date/time of birth:		Date/Time:		Wt/EFW:										
Maternal risk factors/events leading to resus:																		
Location: <input type="checkbox"/> Delivery Rm <input type="checkbox"/> OR <input type="checkbox"/> NICU <input type="checkbox"/> Nursery <input type="checkbox"/> Other					Thermoregulation (if preterm): <input type="checkbox"/> Plastic wrap <input type="checkbox"/> Thermal mattress Room temp:													
<input type="checkbox"/> Preheat warmer <input type="checkbox"/> Check PPV device with mask <input type="checkbox"/> Prep pulse oximeter <input type="checkbox"/> Check laryngoscope <input type="checkbox"/> Prep ETT <input type="checkbox"/> Access ECG leads <input type="checkbox"/> Prep UVC <input type="checkbox"/> Prep epinephrine <input type="checkbox"/> Prep volume																		
<b>MR. SOPA</b> MR: Mask adjustment & Reposition airway SO: Suction & Open mouth P: Pressure increase A: Alternative airway																		
Time	Breathing			HR		O <sub>2</sub> Saturation	O <sub>2</sub> Concentration	CPAP Pressure	PIP/PEEP	Chest Movement	CO <sub>2</sub> Detector Color	Airway	Compressions <i>O<sub>2</sub> increase to 100%</i>	Access	Preferred IV Epi 0.1mg/mL (0.1 - 0.3mL/kg)	ET Epi 0.1 mg/mL (0.5 - 1mL/kg)	Volume 10mL/kg	Notes (color, tone, ETT size and insertion depth, OG tube, total volume infused, transillumination, etc.)
	Yes	No	Assisted	HR Auscultated	HR on Monitor													
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Outcome: Admission Temperature: <input type="checkbox"/> Stabilized/remained on unit <input type="checkbox"/> Transferred to: _____ Time: _____																		
<input type="checkbox"/> Expired Time: _____ Notification: <input type="checkbox"/> Family Time: _____ <input type="checkbox"/> OB provider: _____ Time: _____																		
<input type="checkbox"/> Baby's physician: _____ Time: _____																		
Team Leader: _____																		
Scribe (print name): _____			Scribe: (sign name): _____			Date/Time: _____												

Key: EFW = estimated fetal weight Epi = epinephrine ETT = endotracheal tube GA = gestational age IO = intraosseous IV = peripheral IV LM = laryngeal mask  
 NS = Normal Saline PIP/PEEP = positive inspiratory pressure/positive end expiratory pressure PRBC = packed red blood cells U = umbilical venous catheter

# NeoLog Continued

Document every 1-2 minutes (if possible)

Name:

MR. SOPA MR: Mask adjustment & Reposition airway SO: Suction & Open mouth P: Pressure increase A: Alternative airway

Time	Breathing			HR		O <sub>2</sub> Saturation	O <sub>2</sub> Concentration	CPAP Pressure	PIP/PEEP	Chest Movement	CO <sub>2</sub> Detector Color	Airway	Compressions <i>O<sub>2</sub> increase to 100%</i>	Access	Preferred IV Epi 0.1mg/mL (0.1 - 0.3mL/kg)	ET Epi 0.1 mg/mL (0.5 - 1mL/kg)	Volume 10mL/kg	Notes (color, tone, ETT size and insertion depth, OG tube, total volume infused, transillumination, etc.)
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