

5. Does your institution have a blood bank service (circle one)? [on site] [outside of institution]
- If so, is the service available 24 hr/day? Yes [] No []
- Do you have a written protocol for administering blood products? Yes [] No []
6. What percentage of your staff have completed the NRP (Neonatal Resuscitation Program)?

	% Completed NRP
Labour and birth nurses	
NICU nurses	
Maternal/child nurses (e.g. postpartum)	
Midwives	
Family Practice Physicians	
Obstetricians	
Pediatricians	
Respiratory Therapists	
Other (please identify)	

7. Does your institution have an ECG/Respiratory monitor? Yes No
8. Does your institution have a BP monitor Yes No
9. Do you have an oxygen saturation monitor? Yes No
10. Is your staff trained to assess oxygenation of an infant? Yes No
11. Do you provide CPAP? Yes No
If so, what method do you use?
12. Do you have an infant ventilator? Yes No
If so, what model do you use?
What mode do you use?
13. Is your staff trained to care for a ventilated infant? Yes No
14. Is your institution able to provide low-flow, very-low flow, extremely-low flow oxygen? Yes No
15. Is your staff trained to assess an infant who is receiving low-flow oxygen? Yes No
16. What do you attach a chest tube to (ie Heimlich valve, underwater seal, pleurevac)?
17. Is your staff able to insert gavage tubes in infants? Yes No
18. Is your staff trained to provide gavage feeds to infants via a nasogastric tube? Yes No
19. Do you have a repogyl tube? Yes No
20. What types of vacuum regulators do you have (ie regular, low intermittent, pneumothorax)?
21. Are staff available 24 hours/day to start or restart an IV on an infant? Yes No
22. Are your staff trained to administer blood products to infants? Yes No
23. Is your staff trained to administer IV antibiotics to infants? Yes No
24. Does your institution have an IV infusion pump for use with infants? Yes No

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| 25. Is your institution able to provide laboratory analysis of blood specimens (e.g. bilirubin, glucose, electrolytes, calcium, CBC, blood gases) 24 hours/day? | Yes | No |
| 26. Are you able to do bedside glucose testing?
If so, how? | Yes | No |
| 27. Is your institution able to take x-rays of infants? | Yes | No |
| 28. Does your institution use a pre-transport data form to collect information for communication purposes? | Yes | No |
| 29. Does your institution routinely review cases/incidents/adverse outcomes?
If so how? | Yes | No |
| 30. Does your institution review critical incidents/adverse outcomes within 2 weeks of the incident?
If so, how? | Yes | No |
| 31. Do you see infants of substance using mothers in your community?
If so, what substance(s) is(are) commonly used? | Yes | No |

INSTRUCTIONS: For each of the following skills or procedures, please indicate which one's you would like to request in addition to the ACoRN program. Please prioritize them using the scale below (not a priority, medium priority, high priority).

	not a priority ▼	medium priority ▼	high priority ▼
Review of Neonatal Resuscitation Skills			
1. Free-flow oxygen administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bag-and-mask ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Endotracheal intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Chest compressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emergency vascular access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medication calculation and administration – epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Medication calculation and administration – volume expander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Medication calculation and administration – sodium bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment			
9. Nasal prongs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Oxygen hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Oxygen analyzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pulse oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Oxygen blender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Continuous positive airway pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Radiant warmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Incubators and servocontrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures			
18. Peripheral venous access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Intraosseous vascular access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Chest x-ray interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Umbilical venous catheterization – high and/or low placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Blood gas interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Care of the ventilated baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Chest transillumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Needle aspiration of the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Chest tube insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Underwater seal for chest tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Non-invasive blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Cardiorespiratory monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Neonatal abstinence scoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Complete blood count and differential interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Calculation and Administration:			
32. Premedication for intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Surfactant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Sodium bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Prostaglandin (PGE1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Dopamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Phenobarbital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Gentamicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Ampicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>