LOG BOOK FOR RESUSCITATION OF THE NEWBORN BY ALL STAFF ATTENDING DELIVERIES IN CLINICS

NAME OF RESUSCITATOR	DATE OF BIRTH

PATIENT'S HOSPITAL NUMBER	**BIRTH WEIGHT**	**NAME OF CLINIC**

NAME OF MOTHER:

DESCRIBE ANY MATERNAL PROBLEMS DURING LABOUR

ANY EQUIPMENT PROBLEMS?

DESCRIBE STATE OF BABY AT BIRTH
Breathing? Yes/ No

Gasping? Yes / No

APGAR SCORE AT 1 MINUTE = ...

APGAR SCORE AT 5 MINUTES = ...

WAS NEONATAL RESUSCITATION REQUIRED? YES / NO

IF RESUSCITATED WHAT WAS DONE?

INITIALLY UMBILICAL CORD LEFT INTACT WITH BABY BETWEEN MOTHER'S LEGS YES/NO

AIRWAY OPENING WITH NEUTRAL POSITION, CHIN LIFT? YES/NO

AIRWAY OPENING WITH JAW THRUST? YES/NO

AIRWAY OPENING BY TWO PERSONS? YES/NO

BAG AND MASK PRODUCED EFFECTIVE CHEST EXPANSIONS YES/NO

CORD CLAMPED AND CUT? YES/NO AFTER HOW LONG? .....minutes

HOW LONG WAS RESUSCITATION GIVEN FOR? ..... minutes

DESCRIBE IN DETAIL WHAT HAPPENED DURING RESUSCITATION

DID THE BABY SURVIVE? YES / NO

IF NO, DESCRIBE WHAT HAPPENED