

# Naval Hospital Oak Harbor

## Record of Neonatal Cardiopulmonary Arrest

Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_ Time \_\_\_\_\_

Sex  Male  Female Apgar Scores \_\_\_\_/\_\_\_\_/\_\_\_\_

Current weight \_\_\_\_\_ gm or \_\_\_\_\_ lbs/oz

EGA \_\_\_\_\_ Temperature \_\_\_\_\_

Was a hospital-wide resuscitation response activated?  Yes  No Patient conscious at onset  Yes  No

Area of resuscitation  Labor & Delivery  NICU  NBN  Emergency Department  Other \_\_\_\_\_

Indicate all monitors that were present at onset  ECG  Pulse Ox.  Apnea Witnessed  Yes  No

Respiratory status at onset  Spontaneous  Apnea  Agonal  Assisted

Type(s) of Ventilation  Bag/Mask  ET  CPAP  LMA  Tracheostomy  Other \_\_\_\_\_

Tracheal intubation during resuscitation Time \_\_\_\_\_ # Attempts \_\_\_\_\_ Tube Size \_\_\_\_\_ By Whom \_\_\_\_\_

Confirmation methods used (check all that apply)  Auscultation  Expired CO<sub>2</sub> detector  X-ray  Other \_\_\_\_\_

Suction  Bulb  Catheter  ET/Mec Aspirator Time \_\_\_\_\_ Size \_\_\_\_\_ Results \_\_\_\_\_

Patient received chest compressions and/or defibrillation during this event  Yes  No Time initiated \_\_\_\_\_

Special circumstances recognized at birth (Select all that apply)  None  Congenital Malformation/Abnormality

Cord Prolapse  Decelerations  Fetal Hydrops  Mec Aspiration  Multiple Gestation  Nuchal Cord

Placental Abruption  Placenta Previa  Shoulder Dystocia  Other \_\_\_\_\_

| Time | Bolus: Dose / Route |                    |                  |     |          |                    |       | Infusions: Dose |               |          |       |                    | Comments:<br>e.g. Transillumination,<br>Thoracentesis,<br>Peripheral/Central Line<br>Placement, Chest Tube,<br>Vital Signs, Response to<br>Interventions, Labs |          |            |             |
|------|---------------------|--------------------|------------------|-----|----------|--------------------|-------|-----------------|---------------|----------|-------|--------------------|--|----------|------------|-------------|
|      | Heart Rate          | Chest Compressions | Ventilation Rate | PIP | % Oxygen | O <sub>2</sub> Sat | Color | Epinephrine     | Normal Saline | Atropine | Blood | NaHCO <sub>3</sub> |  | Dopamine | Dobutamine | Epinephrine |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |
|      |                     |                    |                  |     |          |                    |       |                 |               |          |       |                    |  |          |            |             |

Code Event Start Time \_\_\_\_\_ Code Event End Time \_\_\_\_\_ Total Duration of Chest Compressions \_\_\_\_\_ minutes

Discharge Disposition  Alive  Dead

Reason Resuscitation Ended  Return of Circulation (>20 min.)  Efforts Terminated  Medical Futility  Advance Directives  
 Restrictions by Family

Recorder's Signature \_\_\_\_\_

Practitioner's Printed Name \_\_\_\_\_

Code Team

Nurse's Signature \_\_\_\_\_

Practitioner's Signature \_\_\_\_\_

Addressograph