


Data Collection Form: Newborn

Date: _____ Location: _____

Team 1 Team 2 Case start time: _____ Case end time: _____

#	Metrics	Yes	No	Latent Safety Threats
1	Wt used: _____ kg			
2	Infant warmer utilized			
3	Warm, dry, stimulate, clear airway (if necessary) <u><30 seconds</u>			
4	Positive pressure ventilation initiated AFTER warm/dry/stim in the first 1 minute 			
5	Place pulse ox on right upper extremity AND place ECG leads			
6	Take ventilation corrected steps MR SOPA verbalized <input type="checkbox"/> Mask (adjust) <input type="checkbox"/> Reposition head <input type="checkbox"/> Suction <input type="checkbox"/> Open mouth <input type="checkbox"/> Pressure (increase) <input type="checkbox"/> Alternative airway			
7	Verbalize re-evaluate ventilation for response <input type="checkbox"/> Increased HR <input type="checkbox"/> Improved oxygen saturations			
8	Checked bedside glucose			
9	Disposition Verbalized plan to admit/transfer			
10	Cognitive aids used (mark all that apply): <input type="checkbox"/> Broselow <input type="checkbox"/> Newborn Algorithm <input type="checkbox"/> Smartphone/Online reference <input type="checkbox"/> Other _____ <input type="checkbox"/> None			
11	Medications given (mark all that apply and write the dose): <input type="checkbox"/> Rocuronium _____ <input type="checkbox"/> Succinylcholine _____ <input type="checkbox"/> Etomidate _____ <input type="checkbox"/> Ketamine _____ <input type="checkbox"/> Epinephrine _____ Other meds: _____			
12	Did the team intubate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13	Did the team initiate chest compressions? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Notes: