



Delivery Room Checklist/Briefing

(Complete for infants ≤ 1500 grams OR $\leq 32^{6/7}$ weeks)

Team members present at delivery and roles assigned: YES NO

- Obstetrician:.....
- Resuscitating Physician:.....
- NNP/PA:
- RN:
- RT:
- Other:

Prenatal Consult: YES NO

- Name/Title of consultant:

History:

- EDC:
- EGA:(weeks/days)
- Antenatal Steroids (MM/DD/YY): 1st..... 2nd.....
- Prenatal dx of specific medical condition:.....
- Maternal chorioamnionitis: Yes No
- Maternal MgSO₄: Yes No

Temperature:

- Pre-warm delivery room ($\geq 75^{\circ}\text{F}$) 30 minutes prior
- Pre-heat resuscitation bed
- Pre-heat transport incubator
- Temperature probe with servo control available
- Activated chemical mattress
- Warm blankets
- Polyurethane bag or wrap
- Hat

Equipment check prior to delivery: YES NO

- Oxygen blender at 40%
- Pulse oximeter and probe
- Bag and mask or T-piece resuscitator
- Laryngoscope handle and blades
- ET tubes / Stylet
- Tape / ETT securing device
- ET CO₂ detector
- Suction set 80-100 mm Hg
- Suction catheters
- Code cart
- UAC / UVC tray
- Stethoscope
- Cord clamp and scalpel
- Surfactant (if used in delivery room)
- Other (unit specific):
.....
.....
.....
.....

This document and the information recorded herein is created for the sole purpose of promoting quality patient care & is NOT a part of the patient's medical record. (7/1/2015)

Maternal Sticker