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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Navn:** | | **Født**  Dato/kl.slett: | | | **FORBEREDELSE:**  Estimert vekt: Gestasjonsalder:  Tubestr:  Adrenalindose: | | | | | | **Navn /Rollefordeling: Tilstede kl:**  Jordmor:  Lis- barn:  \*Barnelege:  Nyfødtlege:  Anestesilege:  Nyfødtsykepleier 1:  Nyfødtsykepleier 2:  Loggfører: | | | | | | | | |  | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Apgar | 1min | 5min | 10min |  | | Hjertefrekvens |  |  |  |  | | Respirasjon |  |  |  |  | | Muskeltonus |  |  |  |  | | Reaksjon |  |  |  |  | | Hudfarge |  |  |  |  | | Sum |  |  |  |  | | | | | | |
|  | |
| Ankommer asfyksibordet kl: | | |
| **OBSERVASJONER:** | |
| **Klokkeslett**  **Start resuscitering**  **Stimmulering/avtørring** | **Minutter post partum** | **1** | | **2** | **3** | **4** | **5** | | **6** | | | **7** | **8** | **9** | **10** | | **11** | | **12** | | **13** | | | **14** | **15** | **20** | **30** | |
| **Hjertefrekvens** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **Respirasjon** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **Muskeltonus** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **Reaksjon** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **Hudfarge** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **O2 %** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **Temp** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **SaO2** |  |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **TILTAK:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ventilasjon**  **Neo Puff**  **Lærdalbag**  **CPAP** | **Kl.** |  | |  |  |  |  | |  | | |  |  |  |  | |  | |  | |  | | |  |  |  |  | |
| **Hjertekompre.** | **Start kl.** | | **Avsluttet kl.** | | ***Medikamenter*** | | | ***Kl.*** | | ***Dose*** | | | ***Kl.*** | ***Dose*** | | ***Kl.*** | | ***Dose*** | | | | ***Ting som må følges opp*** | | | | | |  |
| **Intubasjon** | **Kl.**  **Tubenr. ETCO:ja/nei** | | | | ***Katastrofeadrenalin*** | | |  | |  | | |  |  | |  | |  | | | |  | | | | | |  |
| **Venøs tilgang** | **Kl.** | | | | ***NaCl 0,9 %*** | | |  | |  | | |  |  | |  | |  | | | |  | | | | | |  |
| **Navlevenekateter** |  | | | |  | | |  | |  | | |  |  | |  | |  | | | |  | | | | | |  |
| **Veneflon** |  | | | | ***SAG*** | | |  | |  | | |  |  | |  | |  | | | |  | | | | | |  |
| **Intraossøs kanyle** |  | | | | ***Surfactant*** | | |  | |  | | |  |  | |  | |  | | | |  | | | | | |  |

\*Barnelege/Nyfødtlege er teamleder. Evnt Lis- lege- barn til barnelege/nyfødtlege er tilstede.