***Pre Delivery***

***Pre Transfer Checklist***

|  |  |  |  |
| --- | --- | --- | --- |
| **Interventions** | **Yes** | **No** | **Comments** |
| ***Antenatal Interventions*** |  |  |  |
| **Magnesium Sulfate for Neuroprotection**   * Loading dose of 4-6 grams by infusion pump over 20-30 minutes followed by continuous IV infusion at 1-2 grams per hours |  |  |  |
| **Betamethasone**   * 12 mg. every 24 hours X 2   Dexamethasone   * 6 mg. every 12 hours X 4 doses |  |  |  |
| **Antibiotics**   * Rupture of membranes before labor and before 37 weeks gestation   + IV Ampicillin 2 grams every 6 hours   + Erythromycin 250 mg. every 6 hours   + Azithromycin may be substituted for Erythromycin * GBS Prophylaxis   + Penicillin G – 5 million units IV, then 2.5 to 3.0 million units IV every 4 hours   + Penicillin Allergic- See Guidelines |  |  |  |
|  |  |  |  |
| ***Golden Minute*** |  |  |  |
| * Timed Cord Clamping for 30-60 seconds |  |  |  |
|  |  |  |  |
| ***Delivery Room - Thermoregulation*** |  |  |  |
| * Increase temperature in delivery room to 79 degrees |  |  |  |
| * Newborn placed on activated chemical mattress |  |  |  |
| * Place hat on newborn |  |  |  |
| * Newborn wrapped in plastic wrap – no drying |  |  |  |
| Record baby’s first temperature |  |  | Temperature\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| ***Delivery Room- Resuscitation*** |  |  |  |
| * Pulse Oximeter placed on right wrist |  |  |  |
| * Follow Oxygen Administration guideline   + Targeted oxygen saturations   + Targeted oxygen sat. for **< 32 weeks gestation is 88-93%**   + Initiate CPAP support on Room Air |  |  |  |
| * Follow Resuscitation Guideline * When administering mask CPAP- vent the stomach after 4-5 minutes of initiating CPAP |  |  |  |
| * Administer Caffeine – 20 mg/Kg IV over 30 min. |  |  |  |
|  |  |  |  |
| ***Infection Prevention*** |  |  |  |
| * Followed checklist for insertion of peripheral IV   **Allow cleansing agents to dry** |  |  |  |
| * Followed checklist for drawing blood culture |  |  |  |
| * Followed checklist for administering medication |  |  |  |
| * Followed checklist for micropuncture |  |  |  |
| * Followed checklist for any sterile procedure |  |  |  |
| * Initiated antibiotics within 60 minutes of birth   + Ampicillin 200 mg. q 8 hours   + Gentamicin – Follow guideline |  |  |  |
|  |  |  |  |
| ***Developmental Procedures*** |  |  |  |
| * Head midline |  |  |  |
| * Flexed position |  |  |  |
| * Eye protection |  |  |  |
|  |  |  |  |
| ***Containment*** |  |  |  |
| * Containment during resuscitation |  |  |  |
| * Containment during painful procedure |  |  |  |
| * Containment during examination |  |  |  |
|  |  |  |  |
| ***Family Integration*** |  |  |  |
| Parents informed of the following.   * Timed cord clamping |  |  |  |
| * Advantages of colostrum, pumping and   Breast milk |  |  |  |
| * Mother provided colostrum |  |  |  |
| * Skin to skin provided |  |  |  |

***Debriefing Guide***

***Analysis Phase:***

**Preparation and Initial Steps:**

*Does the group think they prepared adequately?*

*What might have improved this phase?*

*Warmer pre-heated?*

*< 32 week delivery- increased resources/ No drying*

*Chemical mattress, hat and plastic bag*

*Timed Cord Clamping performed…..*

*Who was the leader? How did you know?*

***Free Flow oxygen***

*Provided free-flow oxygen and/or CPAP correctly*

*Administered CPAP by mask/ Inserted OG tube after 3-4 minutes of mask CPAP or PPV’s Reason for administering CPAP?*

*Used pulse oximetry and interpreted appropriately (Used correct extremity and technique for application)*

***Positive Pressure Ventilation***

*Was PPV administered correctly? How do you assess if the PPV is effective?*

*What are the indications for PPV? When do you discontinue PPV?*

*MR SOPA used appropriately? Ventilated at correct rate and pressure*

***Leadership:***

* *Maintained situational awareness( Stated overall plan for the resuscitation)*
* *Identified self as the leader*
* *Listened to other team members and appreciated their input (Problem solved together)*
* *Delegated tasks appropriately*
* *Identified team members by name*
* *Met time criteria for arrival at delivery*

***Resource Management:***

* *Were adequate numbers of personnel available?*
* *Were all personnel skilled in their role?*
* *Documentation was accomplished?*
* *Was their adequate operational (administrative and managerial) support?*
* *Was their adequate staff on the unit to handle other patients?*
* *Were appropriate measures taken to assure safe patient care of other laboring patients?*
* *Was their adequate staff to assure containment procedures could be followed?*
* *Was their adequate staff to assure mid-line head positioning was constantly maintained?*
* *Was their adequate staff to implement the family integration plan?*

***Communication:***

* *Closed loop communication utilized*
* *Identify each other by name*
* *All team members actively shared information*
* *Changes in information shared with all team members*
* *Team members protect each other from work overload*
* *Team members maintain situational awareness*
* *Team huddles with assignment of roles prior to delivery*
* *Calls for help appropriately*

***Identify opportunities for improvement “human factors”***

* Communication needed improvement
* Teamwork needed improvement
* Leadership needed improvement
* Decision-making needed improvement
* Assessment needed improvement
* Other

*Briefly describe, but be specific:*

***Identify opportunities for improvement: “non-human factors”***

* ***Delay in initiating resuscitation measures***
* ***Equipment issues***
* ***Medication issues***
* ***Inadequate support (in-unit or other areas of the hospital)***
* ***Other***

*Briefly describe, but be specific:*