



EMERGENCY CHILDBIRTH RECORD

(Complete and attach to the newborn patient care record.)

Presentation: Head Feet

Date of birth: _____ Time of birth (military time): _____

Nuchal cord: Yes No Number of times wrapped around neck: _____

Time membranes ruptured (military time): _____

Appearance of amniotic fluid: CLEAR (Cloudy) MECONIUM BLOOD-TINGED

APGAR Score: Must be completed at **1 minute** and again at **5 minutes**.

Element	0	1	2	1-minute score	5-minute score
Appearance (Color)	Body and extremities blue, pale	Body pink, extremities blue	Completely pink		
Pulse rate	Absent	< 100 bpm	> 100 bpm		
Grimace (Irritability)	No response	Grimace	Cough, sneeze, cry		
Activity (Muscle tone)	Limp	Some flexion of extremities	Active motion		
Respirations	Absent	Slow and irregular	Strong cry		
TOTAL SCORE:					

Time placenta delivered (military time): _____ INTACT NOT INTACT

Number of vessels in cord: _____

Infant resuscitation: STIMULATION only OXYGEN O2 with BVM

CPR: Time began: _____ Time CPR terminated: _____

Remarks: _____

Signature & ID# of Paramedic/EMT: _____

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