

Place patient sticker here		Golden Hour Data Sheet	
ID Number	BW (grams)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	
		Race of mother <input type="checkbox"/> W <input type="checkbox"/> AA <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian	
Date of Birth:	Gestational Age Weeks: Days:	SCN/NNP in attendance:	
Time of Birth:	Apgar Scores _____ 1 min _____ 5 min _____ 10 min	SCN RN _____ NNP _____	

DR checklist used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-delivery family contact by NNP/Neo?
GIMME 5 completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No: reason _____
(Brief) Debrief done at conclusion of delivery/inf stabilization: <input type="checkbox"/> Yes: <input type="checkbox"/> everything went well <input type="checkbox"/> No (Every delivery should have at least simple debrief) <input type="checkbox"/> concerns (please address on back of form/use back form if resuscitation required)		
Timed cord clamping done if preterm <37 weeks? (Eligible if vigorous at delivery) <input type="checkbox"/> No, not eligible _____ <input type="checkbox"/> Yes: <input type="checkbox"/> <30 sec <input type="checkbox"/> 30-60sec <input type="checkbox"/> >60 sec <input type="checkbox"/> No, eligible but reason for deferring cited by OB: _____		
Temp probe applied <input type="checkbox"/> No <input type="checkbox"/> N/A (infant not on warmer at 10 min of age) <input type="checkbox"/> Yes; at _____ min of age (goal: by 10 min)		
Resuscitation required? (care beyond stim and suctioning)	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> PPV <input type="checkbox"/> CPAP Initial FiO2 _____ <input type="checkbox"/> Intubation FiO2 at 5 min _____ ↓ Was trial of CPAP completed (if preterm) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did infant receive surfactant within 15 minutes of intubation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was family present during resuscitation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse ox applied? (Goal: 2 min)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, at _____ min of age Able to obtain HR and sat reading by _____ min
Debrief done following resuscitation/stabilization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; complete back of this form

Admission to SCN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Involvement	<input type="checkbox"/> None <input type="checkbox"/> in the Delivery Room <input type="checkbox"/> family present on admission <input type="checkbox"/> family declined presence in SCN on admission
Temp on adm goal by 30 min ± 15 min	Time of Admission Temperature Adm Temp
IV glucose started goal by 1 hour of age	Time: <input type="checkbox"/> N/A (if not part of initial adm orders) Admission glucose:
Antibiotics started goal by 1 hour of age	Time: <input type="checkbox"/> N/A (if not part of initial adm orders)