

Neonatal clinician logbook

TRAINEE'S NAME:	SUPERVISOR'S NAME:	DATE OF PROCEDURE:
NEWBORN INFANT'S NAME: MOTHER'S NAME:	DATE OF BIRTH OR AGE:	HOSPITAL:
REASON FOR TREATMENT:	AT TIME OF ONSET OF TREATMENT: Pulse rate in beats/min: Respiratory rate in breaths/min: Capillary refill time in seconds: Temperature in degree C: Was shock present? Was the baby flitting? Was hypoglycaemia present? What was blood glucose?: Was the baby jaundiced?	
DESCRIBE TREATMENT GIVEN INCLUDING ANY PROCEDURES AND DRUGS USED		
DURATION OF TREATMENT:	WAS BLOOD TRANSFUSION NEEDED AND AVAILABLE?	WAS NEONATAL RESUSCITATION NEEDED?
DESCRIBE ANY UNEXPECTED PROBLEMS WITH TREATMENT GIVEN? ANY EQUIPMENT PROBLEMS?	IF INFANT HAS JUST BEEN BORN DESCRIBE STATE OF BABY AT ONSET OF ANY RESUSCITATION GIVEN: Breathing? Normal, gasping or apnoeic? Colour? Muscle tone? Heart rate > 100 or < 100 or < 60 beats/min. What was Apgar score at 5 minutes?	
IF BABY WAS RESUSCITATED DESCRIBE WHAT WAS DONE Bag and mask? Chest compressions/ Drugs?		
DID BABY SURVIVE? IF NOT DESCRIBE WHAT HAPPENED HERE:		
SIGNATURE OF TRAINEE	SIGNATURE OF SUPERVISOR	
LOG BOOK FOR PROCEDURES UNDERTAKEN AS PART OF BASIC NEONATAL CARE		