

**PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**

Emergency Childbirth Record
(Complete and attach to the newborn patient care record)

1. Presentation (head or feet): _____
2. Date of Birth: _____
3. Time of Birth (*military time*): _____
4. Nuchal Cord: **YES** **NO** # of times cord wrapped around neck: _____
5. Time membranes ruptured (*military time*): _____
6. Appearance of amniotic fluid: **CLEAR (Cloudy)** **MECONIUM** **BLOOD-TINGED**
7. **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:					

8. Time placenta delivered (*military time*): _____ **INTACT** **NOT INTACT**
9. Number of vessels in cord: _____
10. Infant resuscitation: **STIMULATION only** **OXYGEN** **O₂ with BVM**
 ➡ CPR **Time CPR began:** _____ **Time CPR terminated:** _____
11. Remarks: _____

12. Signature & ID# of Paramedic/EMT: **1.** _____ **2.** _____