



AFFIX PATIENT LABEL HERE ↑

Hospital _____

Resuscitation at birth: ☐ Nil ☐ Tactile stimulation ☐ Oxygen ☐ CPAP ☐ IPPV ☐ Other

	Example	Modification 1: maximum duration up to 4 hours	Subsequent modification(s): maximum duration up to 24 hours	
Date	10/07/17			
Time	1300			
New orange zone (parameter & value)	RR > 65			
Modification duration	2 hours			
Review due time	1500			
Doctor name	J Smith			
Doctor signature	J Smith			

	Date	Time		Initial	Designation
A					
B					
C					
D					
E					
F					

Victorian Children's Tool for Observation and Response (Birth Suite/PN) VBPN010

	Mild	Moderate	Severe
Airway		<ul style="list-style-type: none"> • Stridor on crying 	<ul style="list-style-type: none"> • Stridor at rest
Behaviour and Feeding	<ul style="list-style-type: none"> • Normal 	<ul style="list-style-type: none"> • Some/intermittent irritability • Difficulty crying • Difficulty feeding (dependent on gestational age) 	<ul style="list-style-type: none"> • Increased irritability and/or lethargy • Looks exhausted • Unable to cry • Unable to feed (dependent on gestational age)
Respiratory Rate	<ul style="list-style-type: none"> • Mildly increased 	<ul style="list-style-type: none"> • Respiratory rate in orange zone 	<ul style="list-style-type: none"> • Respiratory rate in purple zone • Increased or markedly reduced respiratory rate as the newborn tires
Accessory Muscle Use	<ul style="list-style-type: none"> • Mild intercostal and suprasternal recession 	<ul style="list-style-type: none"> • Nasal flaring • Moderate intercostal and suprasternal recession 	<ul style="list-style-type: none"> • Marked intercostal, suprasternal and sternal recession
Oxygen	<ul style="list-style-type: none"> • No oxygen requirement 	<ul style="list-style-type: none"> • Mild hypoxaemia corrected by oxygen • Increasing oxygen requirement 	<ul style="list-style-type: none"> • Hypoxaemia may not be corrected by oxygen
Apnoeas		<ul style="list-style-type: none"> • May have multiple brief apnoeas (< 20 secs) 	<ul style="list-style-type: none"> • Increasingly frequent or prolonged apnoeas (> 20 secs)
Other			<ul style="list-style-type: none"> • Gasping, grunting • Extreme pallor, cyanosis

Birth Suite/Postnatal

2. Continue observations hourly for a further 3 hours.

3. Continue once a shift for 48 hours or until hospital

4. If Newborn risks are identified, refer to your local procedures for the frequency and duration of observations.

Any time the baby is deteriorating, or the parent(s) is concerned, increase frequency of observations appropriate to the newborn's clinical state.

Date																				
Observations	1 st hr	2 nd hr	3 rd hr	4 th hr	Ongoing observations															
Staff initial (with each set of obs)																				
Time of observations																				
Cord clamp secured																				

Respiratory Rate (breaths/min)	
Write ≥ 100	Write ≥ 100
95	95
90	90
85	85
80	80
75	75
70	70
65	65
60	60
55	55
50	50
45	45
40	40
35	35
30	30
25	25
Write ≤ 20	Write ≤ 20

Respiratory Effort (see legend over page)		Severe	Moderate	Mild	Normal
Severe					
Moderate					
Mild					
Normal					

[illegible][illegible]

Jandance Onset	< 24 hours = purple zone	> 24 hours = white zone	Refer to local procedure.	Document in Events/Comments
Temperature (°C) write value	≥ 38.1			≥ 38.1
	37.6–38			37.6–38
	36.5–37.5			36.5–37.5
	35.5–36.4			35.5–36.4
	≤ 35.4			≤ 35.4

Level of Activity	Settled/Sleeping							Settled/Sleeping
	Alert							Alert
	Jittery							Jittery
	Irritable							Irritable
	Lethargic							Lethargic
	Unresponsive							Unresponsive

Additional Observations (e.g. cord condition, SpO₂, muscle tone, time feed given)

[illegible][illegible]

Only Complete Below Observations if Relevant Risks Identified

[illegible][illegible]

Newborn Risk Assessment *
Complete with birth observations.
Refer to your local procedure for observation frequency and duration.

Risk	Reason <i>(tick all appropriate)</i>
Premterm <input type="checkbox"/> No risk	<input type="checkbox"/> < 37 weeks
Respiratory Distress/Depression <input type="checkbox"/> No risk	<input type="checkbox"/> Apgar score < 7 at 5 minutes <input type="checkbox"/> Cord pH < 7.1 <input type="checkbox"/> Raised cord lactate (refer to your local procedure) <input type="checkbox"/> Meconium stained liquor <input type="checkbox"/> Maternal opiates for pain relief < 4 hours prior to birth <input type="checkbox"/> Maternal general anaesthetic <input type="checkbox"/> Newborn Naloxone use

Sepsis	
<input type="checkbox"/> No risk	<input type="checkbox"/> Maternal rupture of membranes ≥ 18 hours <input type="checkbox"/> Maternal fever $\geq 38^{\circ}\text{C}$ <input type="checkbox"/> A previous sibling with GBS infection <input type="checkbox"/> Known carriage of maternal GBS in current pregnancy (refer to local procedure) <input type="checkbox"/> Clinical diagnosis of maternal chorioamnionitis
	<input type="checkbox"/> Twin with suspected sepsis

Jaundice		Bruising	
<input type="checkbox"/> Blood group incompatibility or known maternal antibodies	<input type="checkbox"/> No risk	<input type="checkbox"/> Family history of G6PD or severe jaundice in the newborn	<input type="checkbox"/> Bruising

Hyponatraemia	
<input type="checkbox"/> Maternal diabetes	
<input type="checkbox"/> Birth Weight < 2.5 kg	
<input type="checkbox"/> Small for gestational age (< 10 th centile)	
<input type="checkbox"/> Large for gestational age (> 90 th centile)	
<input type="checkbox"/> Macrosomia (≥ 4.5kg)	
<input type="checkbox"/> No risk	

Birth Trauma <input type="checkbox"/> No risk	<input type="checkbox"/> Vacuum/forceps/unsuccessful instrumental birth DO NOT USE A HAT/BEANIE <input type="checkbox"/> Any trauma related to birth
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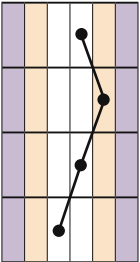
Neonatal Abstinence	<input type="checkbox"/> Maternal drug and/or alcohol use
<input type="checkbox"/> No risk	

* Adapted with permission from the Clinical Excellence Commission's NSW Health Standard Newborn Observation Chart

Join the Dot—Show the Trend

This chart is specifically designed to enhance the identification of trends in vital signs. It is important to look for worsening trends and report these.

When graphing observations, place a dot in the box and connect it to the previous dot with a straight line. For Temperature and Blood Glucose Level, write the number in the appropriate section.

Saturation (SpO₂) Screen—Postductal (foot)

Prior to Discharge (write value)

Screening should be performed prior to discharge but can be undertaken as early as 4 hours and up to 48 hours. Ideally screening is performed 24 hours after birth.

Date & time	/	/	:
Foot (circle)		L	R
SpO ₂			
Escalation	Orange: 94% – 90%	Purple: ≤ 89%	
Clinician name			
Signature			