Place patient sticker here			Golden Hour Data Sheet
ID Number	BW (grams)	Gender	☐ male ☐ female
		Race of mother	☐ W ☐ AA ☐ Hispanic ☐ Asian
Date of Birth:	Gestational Age Weeks: Days:		SCN/NNP in attendance: SCN RN_____ NNP_____
Time of Birth:	Apgar Scores _____ 1 min ____ 5 min ___10 min		

DR checklist used?	☐ Yes	☐ No	Pre-delivery family contact by NNP/Neo? ☐ Yes ☐ No: reason_____
GIMME 5 completed	☐ Yes	☐ No	
(Brief) Debrief done at conclusion of delivery/inf stabilization: ☐ Yes: ☐ everything went well ☐ No ***(Every delivery should have at least simple debrief)*** ☐ 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)*** ☐ No, not eligible _____ ☐ Yes: ☐ <30 sec ☐ 30-60sec ☐ >60 sec ☐ No, eligible but reason for deferring cited by OB:_____			
Temp probe applied ☐ No ☐ N/A (infant not on warmer at 10 min of age) ☐ Yes; at _____ min of age ***(goal: by 10 min)***			
Resuscitation required? ***(care beyond stim and suctioning)***	☐ No ☐ Yes → ☐ PPV ☐ CPAP ☐ Intubation Initial FiO2_____ FiO2 at 5 min_____ ↓ Was trial of CPAP completed (if preterm) ☐ Yes ☐ No ☐ N/A Did infant receive surfactant within 15 minutes of intubation: ☐ Yes ☐ No ☐ N/A Was family present during resuscitation? ☐ Yes ☐ No		
Pulse ox applied? ***(Goal: 2 min)***	☐ No	☐ Yes, at_____ min of age Able to obtain HR and sat reading by _____ min	
Debrief done following resuscitation/stabilization?	☐ No	☐ Yes; complete back of this form	

Admission to SCN?	☐ Yes	☐ No	
Family Involvement	☐ None ☐ in the Delivery Room ☐ family present on admission ☐ 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:	☐ N/A (if not part of initial adm orders)	Admission glucose:
Antibiotics started **goal by 1 hour of age**	Time:	☐ N/A (if not part of initial adm orders)	