

Southern Illinois Regional EMS System

FF-2 APGAR SCORING INFANT RUN REPORT

APGAR SCORING

Assessment Parameters	0	1	2
A=Appearance (color)	Blue or Pale	Blue hands or feet	Entirely pink
P=Pulse	Absent	< 100	> 100
G=Grimace (reflex irritability)	Absent	Grimace	Cough or Sneeze
A=Activity (muscle tone)	Limp	Some extremity flexion	Active motion
R=Respirations	Absent	Weak cry, Hypoventilating	Strong cry

INFANT RUN SHEET

1. Document the following:
 - 1.1. Date and time of delivery.
 - 1.2. Whether or not the cord was wrapped around the neck:
 - 1.2.1. If so, how many times.
 - 1.3. Appearance of amniotic fluid if known:
 - 1.3.1. Especially if green, brown, or tinged with blood.
 - 1.4. The placenta delivered and whether or not it appeared intact.
 - 1.5. APGAR scores at 1 and 5 minutes.
 - 1.6. Any infant resuscitation initiated and response.
 - 1.7. Tag mother and baby with same information as follows:
 - 1.7.1. Mother's name.
 - 1.7.2. Sex of infant.
 - 1.7.3. Date and time of delivery.