

## RESUSCITATION TEAM MATRIX GUIDELINES

Assess clinical situation. Select RISK CRITERIA and resuscitation team members for delivery based on the highest level of labor and/or maternal/fetal RISK CRITERIA. Also consider increasing RISK CRITERIA level for multiple risk factors.

RISK CRITERIA/FETAL RISK OF RESUSCITATION	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
<b>TEAM</b> (*Leader) (Determined by the NICU RN based on the infant's single highest risk criteria)	RN for Newborn*	RN for Newborn* NICU RN or CN RT	NNP or MD* NICU RN or CN NICU RT	MD &/or NNP * NICU RN or CN NICU RT	MD &/or NNP* NICU RN NICU RT NICU CN or RN
<b>GESTATIONAL AGE</b>	36 0/7 – 41 6/7	35 0/7 – 35 6/7 weeks ≥ 42 0/7 weeks > 36 weeks (multiples)	32 0/7 – 34 6/7 weeks 35 0/7 – 35 6/7 (multiples)	28 0/7 – 31 6/7 weeks < 35 0/7 weeks (multiples)	< 28 0/7 weeks
<b>WEIGHT</b> (general guideline)	> 2500 g	2000 – 2500 g	1500 – 2000 g	1000 – 1500 g	< 1000 g
<b>GROWTH</b>	AGA	IUGR / SGA / LGA	IUGR / SGA / LGA	N/A	N/A
<b>MATERNAL CONDITIONS</b> (examples of, but not limited to)	Anticipated SVD or Scheduled C/S	<b>Notable Maternal Disease</b> (temp elevation w/ ↑ fetal HR, meconium-stained fluid, unstable diabetes, preeclampsia/hypertension, recent narcotic meds, ketamine, SSRI use, etc)	<b>Moderate Maternal Disease</b> (no PNC, shoulder dystocia, severe preeclampsia on magnesium, HELLP, general anesthesia, vaginal breech, operative vaginal delivery, previa/abruption, etc)	<b>Serious Maternal Disease</b> (eclampsia, prolapsed cord, etc)	<b>Severe Maternal Disease</b> (DIC, cardiovascular collapse, etc)
<b>FETAL STATUS</b> (FHR Tracing)	Green or Blue	Yellow	Orange	Red	Red
OB providers and L&D RNs continuously evaluate the Fetal Heart-Rate tracing and maternal status. The OB provider and L&D RN will determine if the overall risk of fetal acidemia is likely low or high at the time of delivery and communicate this to the NICU CN.					
<b>FETAL CONDITIONS</b> (examples of, but not limited to)	No known congenital anomalies or conditions	<b>Congenital anomalies or conditions unlikely to impact transition</b> (cleft lip, club foot, etc)	<b>Congenital anomalies/conditions which may require intervention</b> (fetal arrhythmias, fetal anemia, abnormal chromosomes, cleft palate, etc)	<b>Congenital anomalies/conditions with high likelihood of needing resuscitation or complex evaluation &amp; mgmt</b> (congenital heart disease, TEF, gastroschisis, etc)	<b>Complex evaluation and management anticipated</b> (hydrops, CDH, VLBW, etc)