Section: Division of I Approval:			lursi	ng	**************************************		Index: Page: Issue Date: Reviewed Date: Revised Date:	6170.057c 1 of 2 March 21, 1994 Feb. 2008 Jan. 2010
					— HACKETTSTOWN REGIONAL MEDIC	CAL CENTER	₹	
Originator: Reviewed by	J. Smith, R y: R. Gibbs, F				NEWBORN SERVICES (Scope)			
TITLE:	ı	RESPIRATORY DISTRESS SCORE SHEET						
PURPOSE:			To record an ongoing evaluation and score of an infant with RDS.					
NATURE OF FORM:			Permanent					
TARGETED POPULATION:			Any infant admitted to the Nursery with RDS or any symptoms of respiratory distress.					
PERSON RESPONSIBLE:			RN	l carir	or the infant.			
CONTENT:			PROCEDUR		RE STEPS: KE		Y POINTS:	
			1.	ID sti	cker from infants admission sticker sheet.			
			2. Fill in the date at the top of the sheet. (#2)					
			3.		the time the first set of vitals are starterst column. (#3)		The pediatrician will order how often vitals and assessment are to be done.	
							necessary, but a	e infant more often t least every 15
			4.	Cont	nue down the column filling in:		$O_2$ analyzer will be used at all times to sure $O_2$ concentration.	
				a.	O <sub>2</sub> concentration. (#4)			
				b. 3	Sa O <sub>2</sub> pulse oximeter. (#5)		sured with continu	with have Sa O <sub>2</sub> ous pulse oximeter
				c.	Humidity. (#6)	In H	umidity Column, wi	rite "Mist."
				d. i	solette or hood temp. (#7)		ermometer must be easure the tempera	e in hood or isolette ature.
					Rate the RDS score as 0, 1, or 2 (following thart at the bottom of the page.) (#8)	and phys	assessment are de	ery time vital signs oneas ordered by RN evaluation as