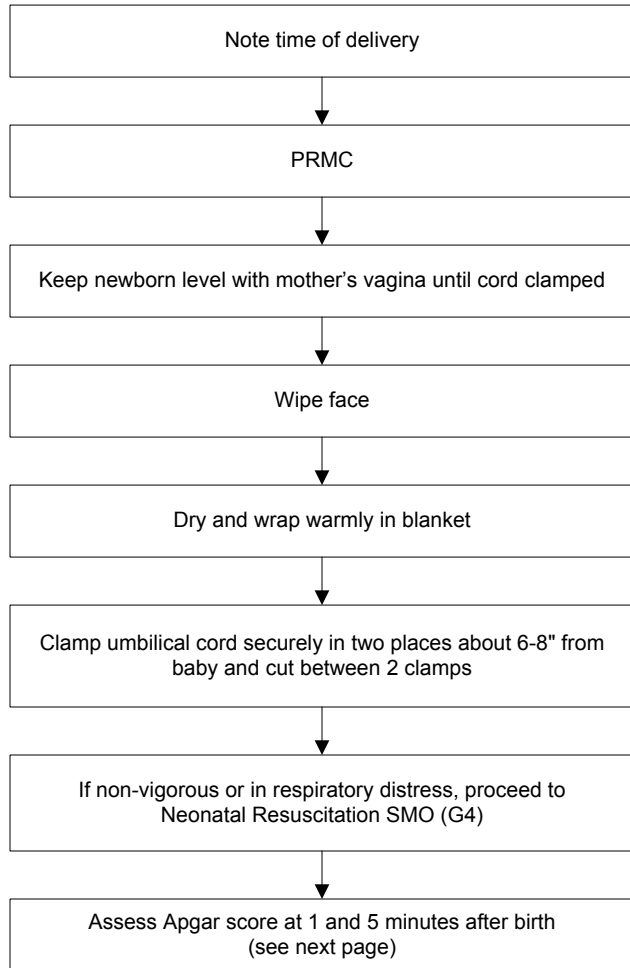
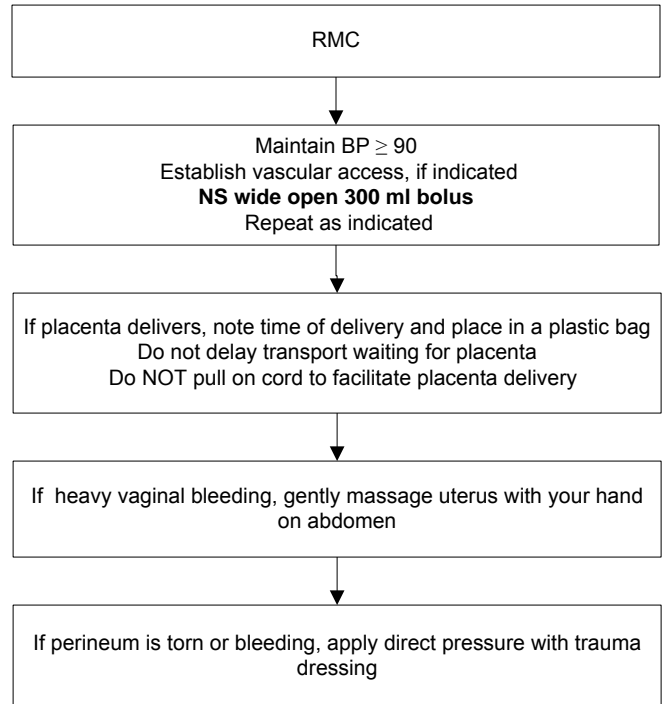


POSTPARTUM CARE - ALS

BABY



MOTHER



Contact Medical Control and transport to ED with an approved OB facility

POSTPARTUM CARE – ALS

APGAR SCORING

	0	1	2	1 Min	5 Min
A =Appearance (color)	Blue, pale	Blue hands and feet	Entirely pink	_____	_____
P =Pulse (heart rate)	Absent	<100/min	≥100/min	_____	_____
G =Grimace (reflex irritability)	No response	Grimace	Cough or sneeze	_____	_____
A =Activity (muscle tone)	Limp	Some flexion of extremities	Active motion	_____	_____
R =Respiratory effort	Absent	Weak cry, hypoventilation	Good, strong cry	_____	_____
			TOTALS =		