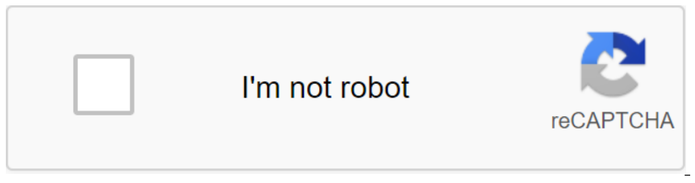

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Apgar score pdf download

Assessment of Apgar is a test given to newborns shortly after birth. This test checks the child's pulse, muscle tone and other signs to see if additional medical care or emergency care is needed. The test is usually given twice: once every 1 minute after birth, and again 5 minutes after birth. Sometimes, if there are concerns about the child's condition, the test can be given again. What does Apgar mean? Apgar means appearance, pulse, grimace, activity and breathing. In the test, five things are used to test a child's health. Each is scored on a scale of 0 to 2, with 2 is the best score: Appearance (skin color) Pulse (heart rate) Grimas response (reflexes) Activity (muscle tone) Breathing (breathing frequency and effort) Doctors, midwives, or nurses add up these five factors for Upgar score. Results 10 to 0. Ten is the highest score possible, but few get it. This is because most children's hands and feet remain blue until they warm up. Upgar Scoring Apgar Sign 2 1 0 Appearance (skin color) Normal color throughout (hands and feet pink) Normal color (but arms and legs bluish) Bluish-gray or pale all over Pulse (heart rate) Normal (above 100 beats per minute) Below 100 beats per minute Missing (without pulse) Grimace (reflexic irritability) sneezes coughs or cries with stimulation of facial movement only (grimace) with stimulation Absent (no reaction to stimulation) Activity (muscle tone) Active , spontaneous movement of the hands and feet bent with a slight movement No movement, floppy tone of breathing (breathing speed and effort) Normal speed and effort, good cry Slow or irregular breathing, weak cry Missing (without breathing) Child who scores 7 or higher on the test is considered in good health. A lower bill does not mean that your baby is unwell. This means that your child may need immediate medical attention, such as airway or oxygen suction, to help him or her breathe better. Perfectly healthy children sometimes have a lower than usual score, especially in the first few minutes after birth. A slightly low score (especially in 1 minute) is common, especially in babies born: At 5 minutes after birth, the test is given again. If the child's score was low at first and not improved, or there are other problems, doctors and nurses will continue any necessary medical care. The child will be watching closely. What if my child has a low score? Many babies with low scores are perfectly healthy and work well after adjusting to life outside the uterus. If your doctor or midwife is concerned about your child's bill, he or she will let you know and explain how your child is doing, what may be causing the problems (if any) and what the care is What else do I need to know? This test was not designed to predict a child's long-term health, behavior, intelligence, personality, or or It was designed to help health care providers tell the overall physical condition of the newborn so they can quickly decide whether the baby needs immediate medical attention. Over time, to adapt to the new environment and with any necessary medical care, most children do very well. So instead of focusing on the number, just enjoy your new baby! Reviewed: Mary L. Gavin, MD Date reviewed: February 2018 Number 644 (Replaces Opinion Committee No. 333, May 2006) (Confirmed 2017) Committee for Obstetric Practice American Academy of Pediatrics-Committee on Fetal and NewbornThis document reflects new clinical and scientific advances on release date and subject to change. This information should not be construed as dictating an exceptional course of treatment or procedures to be followed. This document reflects new concepts of patient safety and may be changing. This information should not be construed as dictating an exceptional course of treatment or procedures to be followed. ABSTRACT: Apgar's assessment provides a generally accepted and convenient method for reporting on the condition of a newborn immediately after birth and responding to resuscitation if necessary. Apgar's assessment alone cannot be considered as a evidence or consequence of asphyxia, does not predict individual neonatal mortality or neurological outcome, and should not be used for this purpose. Apgar's assessment, assigned during resuscitation, is not equivalent to a score awarded to a spontaneously breathing infant. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists are encouraging the use of an extended form of Apgar evaluation reporting that explains simultaneous resuscitation interventions. In 1952, Dr. Virginia Apgar developed a scoring system that was a quick method of assessing the clinical condition of a newborn at 1 minute of age and the need for surgery to create breathing 1. A second report assessing the higher number of patients was published in 1958 2. This scoring system provided a standardized score for postpartum infants. Apgar's score consists of five components: 1) color, 2) heart rate, 3) reflexes, 4) muscle tone, and 5) breathing, each given a score of 0, 1 or 2. Thus, Apgar's assessment quantifies clinical signs of neonatal depression such as cyanosis or pallor, bradycardia, depressive reflex reaction to stimulation, hypotension, and apnea or breathless breathing. The bill is reported 1 minute and 5 minutes after birth for all babies, and with 5-minute intervals after that up to 20 minutes for babies with a score of less than 7 3. Apgar assessment provides a generally accepted and convenient method for reporting on the condition of the newborn immediately after birth and the answer resuscitation, if necessary; however, it has been improperly used to predict individual adverse neurological outcomes. Results. the purpose of this statement is to place Upgar's account in its proper perspective. This statement revises the 2006 College Opinion Committee and AAP Policy Statement to include updated recommendations from neonatal encephalopathy and neurological outcomes, the second edition, along with a new guide to neonatal resuscitation. The guidelines of the Neonatal Resuscitation Program state that Apgar's assessment is useless for conveying information about the general condition of the newborn and the response to resuscitation. However, resuscitation must be started before a 1-minute bill is scheduled. Thus, The Apgar assessment is not used to determine the need for initial resuscitation, what resuscitation steps are needed, or when to use them 3.An Upgar's assessment, which remains 0 for 10 minutes of age may, however, be helpful in determining whether continued resuscitation efforts are indicated because very few infants with Apgar's score of 0 to 10 minutes are reported to survive with a normal neurological outcome of 3 4 5. Under this, the 2011 Neonatal Resuscitation Program Guidelines will speak, that if you can confirm that no heart rate has been detected for at least 10 minutes, the termination of resuscitation efforts may be appropriate 3.Neonatal encephalopathy and neurology result, the second edition, published in 2014 by the college in collaboration with AAP, identifies a 5-minute Apgar score 7-10 as reassuring, a score of 4-6 as moderately abnormal , and score 0-3 as low in time for the infant and late premature baby 6. This paper considers an apgar score of 0-3 for 5 minutes or more as a non-specific sign of a disease that may be one of the first signs of encephalopathy 6. However, the consistently low apgar estimate alone is not a specific indicator for intra-party compromise. Furthermore, although the assessment is widely used in the study of results, its misuse has led to the erroneous definition of asphyxia. Asphyxia is defined as a noticeable gas replacement disorder, which leads, if long, to progressive hypoxemia, hypercapnia and significant metabolic acidosis. The term asphyxia, which describes a process of varying severity and duration rather than an endpoint, should not be applied to birth events if specific evidence of markedly impaired intranatal or immediate postpartum gas exchange can be documented through laboratory tests 6.It it is important to recognize the limitations of Apgar's assessment. Apgar's assessment is an expression of a child's physiological state at some point in time that includes subjective components. There are many factors that can affect Apgar's assessment, including maternal sedation or anesthesia, congenital malformations, gestational age, trauma, 6. In addition, biochemical impairments must be significant before the assessment is affected. Elements of the score, such as tone, tone, and reflex irritability can be subjective and partly dependent on the child's physiological maturity. The assessment may also be affected by changes in normal transition. For example, lower initial oxygen saturation in the first few minutes should not immediately prompt the immediate introduction of additional oxygen; The goals of the neonatal resuscitation program for oxygen saturation are 60-65% in 1 minute and 80-85% for 5 minutes 3. Healthy preterm infants with no signs of asphyxia can get a low score just because of immaturity of 7 8. The incidence of low Apgar scores is back linked to birth weight, and a low score cannot predict morbidity or mortality for any single infant 8 9. As previously stated, it is also inappropriate to use Apgar's assessment alone to diagnose asphyxia. Upgar's 5-minute score, and especially the change of score between 1 minute and 5 minutes, is a useful indicator of the response to resuscitation. If Upgar's score is less than 7 points in 5 minutes, the guidelines of the Neonatal Resuscitation Program state that the score should be repeated every 5 minutes for 20 minutes 3. However, Apgar's assessment of resuscitation is not equivalent to a score given to a spontaneously breathing infant 10. There is no accepted standard for reporting Apgar assessment in infants undergoing resuscitation after birth because many of the elements contributing to the assessment are altered resuscitation. The concept of an assisted score, which accounts for resuscitation intervention, was proposed, but the prognostic rooting rooting it has not been studied. To properly describe these children and provide accurate documentation and data collection, it is recommended that you expand the apgar score figure 1. This extended Apgar assessment can also be useful in the context of cord clamp delay, where the time of birth (full delivery of the baby), the time of the cord clamping, and the start time of resuscitation can all be recorded in the comment box. Apgar's assessment alone cannot be considered as a evidence or consequence of asphyxia. Many other factors, including uncertain models of fetal heart rate monitoring and abnormalities in umbilical arterial blood gases, clinical brain function, neuroimaging studies, neonatal electroencephalography, placental pathology, hematological research and multi-system organ dysfunction should be considered when diagnosing intraparty hypoxic ischemic infection 5. When Category I (normal) or Category II (indefinite) fetal heart rate tracking is associated with Apgar scores of 7 or higher by 5 minutes, normal umbilical cord arterial blood pH (No. 1 standard deviation), or both, this is not consistent with the acute hypoxic ischemic event 6.A 1-minute aparar 0-3 does not predict the outcome of any individual baby. Apgar's 5-minute score 0-3 correlates correlates neonatal mortality in large populations is 11 12, but does not predict individual future neurological dysfunctions. Demographic studies uniformly assured us that most babies with low Apgar scores would not develop cerebral palsy. However, Apgar's low 5-minute score clearly gives an increased relative risk of cerebral palsy, reportedly higher than 20 times to 100 times higher than infants with a 5-minute Score of Upgar 7-10 9 13 14 15. While individual risk varies, the risk of a population of poor neurological outcomes also increases when Upgar's score is 3 or less for 10 minutes, 15 minutes, and 20 minutes 16. When the newborn has an Apgar score of 5 or less for 5 minutes, the cord artery of blood gas from the clamped part of the umbilical cord should be obtained if possible 17. Sending the placenta for a pathological examination can be valuable. Monitoring The low Upgar scores from the delivery service can be helpful. Individual case reviews can identify the need for targeted educational programmes and improvements in perinatal care systems. Trend analysis allows us to assess the impact of quality improvement activities. Apgar's assessment describes the condition of the newborn immediately after birth and, if used correctly, is a tool for standardized estimate 18. It also provides a mechanism for recording the fetus's transition to neonatal. Apgar estimates do not predict individual mortality or adverse neurological outcomes. However, based on demographic studies, Apgar scores of less than 5 by 5 minutes and 10 minutes clearly impeding an increased relative risk of cerebral palsy, and the degree of abnormality correlates with the risk of cerebral palsy. Most babies with low Apgar scores, however, will not develop cerebral palsy. Apgar evaluation depends on many factors, including gestational age, maternal medication, resuscitation, and cardiorespiratory and neurological diseases. If Apgar's score is 5 minutes 7 minutes or more, it is unlikely that peripartual hypoxia-ischemia caused neonatal encephalopathy. Apgar's assessment does not predict individual neonatal mortality or neurological outcome, and should not be used for this purpose. It is not appropriate to use the Apgar assessment alone to diagnose asphyxia. The term asphyxia, which describes a process of varying severity and duration rather than an endpoint, should not be applied to birth events if specific evidence of markedly impaired intranatal or immediate postpartum gas exchange can be documented. When a newborn has an apgar score of 5 or less for 5 minutes, the cord artery of blood gas from the clamped part of the umbilical cord must be obtained. Sending the placenta for a pathological examination can be valuable. Perinatal health care providers should consistent in prescribing Apgar assessment during resuscitation; so the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists (College) encourage the use of an advanced Apgar assessment reporting form, which amounts to simultaneous resuscitation intervention. Apgar W. Proposal for a new method of evaluating a newborn. Curr Res Anesth Analg 1953;32:260-267. (PubMed) Article Places:Apgar V, Holiday DA, James LS, Weisbroth Chat, Berrien C. Newborn Assessment: Second Report. JAMA 1958;168:1985-88. (PubMed) Article Places: American Academy of Pediatrics and American Heart Association. A textbook in neonatal resuscitation. 6th edition. Elk Grove Village, Illinois: American Academy of Pediatrics and the American Heart Association; 2011.Article Places: Jain L, Ferre C, Vidyasagar D, Nath S, SCheftel D. Cardiopulmonary Resuscitation apparently stillborn babies: survival and long-term result. 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