

Apgar Score

Parent's Name: _____ Date: _____

Child's Name: _____ Time of Birth: _____

One Minute After Birth

Score Legend:

- < 7 Baby may need help.
- 4 - 6 Baby needs assistance breathing.
- < 3 Baby needs immediate help.

Apgar Sign	0	1	2
Activity (muscle tone)	<input type="checkbox"/> None, limp, or muscles are floppy	<input type="checkbox"/> Some flexion of arms and legs	<input type="checkbox"/> Active motion and flexion; arms and legs resist extension
Pulse (heart rate)	<input type="checkbox"/> Absent or no heart rate	<input type="checkbox"/> Less than 100 beats per minute	<input type="checkbox"/> At least 100 beats per minute
Grimace (reflexes)	<input type="checkbox"/> No response to stimulation	<input type="checkbox"/> Facial grimace during stimulation or suction	<input type="checkbox"/> Cries, pulls away, coughs, or sneezes upon stimulation
Appearance	<input type="checkbox"/> Body is blue or pale	<input type="checkbox"/> Pink body with bluish extremities (hands/feet)	<input type="checkbox"/> Body and extremities are pink
Respiration(breathing)	<input type="checkbox"/> Not breathing	<input type="checkbox"/> Weak, slow, or irregular breathing	<input type="checkbox"/> Strong crying; normal rate of breathing

Total Score:

/ 10

Five Minutes After Birth

Score Legend:

- < 6 < 6 - Baby needs more medical help.

Apgar Sign	0	1	2
Activity (muscle tone)	<input type="checkbox"/> None, limp, or muscles are floppy	<input type="checkbox"/> Some flexion of arms and legs	<input type="checkbox"/> Active motion and flexion; arms and legs resist extension
Pulse (heart rate)	<input type="checkbox"/> Absent or no heart rate	<input type="checkbox"/> Less than 100 beats per minute	<input type="checkbox"/> At least 100 beats per minute
Grimace (reflexes)	<input type="checkbox"/> No response to stimulation	<input type="checkbox"/> Facial grimace during stimulation or suction	<input type="checkbox"/> Cries, pulls away, coughs, or sneezes upon stimulation
Appearance	<input type="checkbox"/> Body is blue or pale	<input type="checkbox"/> Pink body with bluish extremities (hands/feet)	<input type="checkbox"/> Body and extremities are pink
Respiration(breathing)	<input type="checkbox"/> Not breathing	<input type="checkbox"/> Weak, slow, or irregular breathing	<input type="checkbox"/> Strong crying; normal rate of breathing

Total Score:

/ 10