These are observed stations .For facilitation , they need preparation and a quiet private room .The prticipants are scored individually .

A neonate was born at 40 weeks with meconium stained liquor. Neonate required intubation and suctioning of meconium at birth. Neonate remained tachypneic since birth. However neonate is gradually deteoriating and now at 48 hours neonate is having weak and fast pulses with cold extremities.

Demonstrate the steps in management.

- Hand rub
- Clothes
- Gloves
- Glucometer
- IV catheter
- Betadine and spirit swabs
- Normal Saline
- Antibiotics
- Watch
- Mannequin
- Stethoscope
- Digital thermometer
- Oxygen source

1. 2.	Washes hands Examines the baby	Done	Not Done
	 Heart rate Oxygen Saturation Capillary Refill Urine Output Observes sensorium Measures temperature Respiratory rate 		
	Prompt: heart rate is 190/ minute, saturation 84% on room air, drow hours, temperature is 36.0 degree celcius, and respiratory rate is 70/		assed urine for last six
3. 4. 5. 6. 7. 8. 9.	Provides warmth Secure airway Starts oxygen Checks blood sugar Prompt: Blood sugar is 56 mg% Establishes IV access Gives normal saline bolus 20 ml/kg over one hour Says treat for sepsis		

1.2 kg baby on day 1 of life is not able to accept feeds by cup/spoon. Answer the following questions.

Demonstrate the procedure.

- Soap and water
- Orogastric tubes
- Gloves
- Syringes 10 mL, 20 mL, 5 mL
- Normal Saline
- Milk
- Mannequin
- Water

1.	Washes hands	Done	Not Done
2.	Speaks that will initiate intragastric feeds		
3.	Checks the position of the tube		
4.	Take a fresh syringe (ideally sterile disposable) and remove the plunger		
5.	Connects the barrel of the syringe to the end of the gastric tube		
6.	Pinch the tube and fill the barrel of the syringe with the required volume	of milk	
7.	Holds the tube with one hand, releases the pinch		
8.	Elevates the syringe barrel to 5-10 cm above the level of the baby		
9.	Lets the milk run from the syringe through the gastric tube by gravity		
10.	Does not force milk through the gastric tube by using the plunger of the syringe		
11.	Observes the infant during the entire gastric tube feed.		
12.	Watches for breathing difficulty, change in colour, or infant becoming flo and vomits	рру	
13.	Keeps the end of the gastric tube between feeds capped.		
14.	Avoids flushing the tube with water or saline after giving feeds.		
15.	Replace the gastric tube with another clean gastric tube after three days, or earlier in case it is pulled out or becomes blocked.		

A 35 weeks 1800 grams neonate is found to have cold extremities on routine morning rounds by the resident on duty. The resident records the temperature and notices it to be 35.9 degree celcius.

Answer the following questions

Demonstrate the steps in measurement of axillary temperature.

- Soap and water
- Clothed mannequin
- Spirit swabs
- Sterile container
- Patient sheet
- Glucometer
- Digital thermometer

		Done	Not Done
1.	Expose the auxiliary region of the infant.		
2.	Ensure the baby is kept warm throughout the procedure.		
3.	Take the thermometer from its container clean it by using a spirit s	swab fro	m the bulb end.
4.	Shake it by holding the others end note the reading. It should be <	∐ 35∘C.	
5.	Place the bulb end under the baby's arm in the middle of the arm axilla.	near the	groove of the
6.	Gently hold the baby's arm against the body and keep the thermon minutes.	meter in	place for 3
7.	Remove the thermometer and record the temperature.		
8.	Clean the thermometer with spirit swab and keep it in a sterile cor Document the temperature in the baby's case notes.	ntainer fo	or next use.
9.	One should not add 0.5 or 1 $^{\circ}$ c to the measured temperature.		
	Prompt: temperature is 36.0 degree celcius.		
11. 12.	Provide warmth using a warmer (or electric bulb) If no warmer is available, start skin to skin with mother (KMC). Covtogether optimally using pre-warmed clothes Ensure room is warm (maintain at $25^{\circ}\text{C} - 28^{\circ}\text{C}$) Continue breast feeding	rer moth	er and baby
14.	Measure blood glucose, If <45mg/dl, treat for hypoglycemia (See S	TP for H	ypoglycemia)
15.	Reassess every 15 minute; if temperature does not improve, increase no improvement or no warmer ,REFER Allotted marks (Maximum Marks 15)	ase settir	ng of warmer. If

A 35 weeks 1700 grams neonate cannot breast feed adequately. You have to advice the mother regarding the technique to express breast milk.

Answer the following questions

Demonstrate the steps in expression of breast milk.

- Wide mouthed container
- Soap and water
- Breast model
- Boling utensil

		Done	Not do	ne
1.	Collects all the needful equipment (Clean wide mouthed container)			
2.	Washes hands with soap and water.			
3.	Puts the container in boiling water and leave it there for at least 5 m	inutes		
4.	Hold the container under the nipple and the areola and gently mass	age the	e breas	t.
5.	Place the thumb on the top of the breast away from the nipple and underside of the breast opposite to the thumb.	rest fin	gers or	the
6.	Push straight into the chest wall. Roll thumb and fingers forward at rolling motion compresses and empties milk reservoirs without injustissue.			
7.	Compress and release the breast tissue between the thumb and the	e finger	rs for a	few times.
8.	Compress and release all the way around the breast keeping the fine distance from the nipples.	gers at	the sar	me
9.	Stop expressing when the milk no longer flows or drips from the bre	ast.		
Pro	Prompt: For how long can the milk be kept at room temperature			
10.	Expressed breast milk can be stored at room temperature for 6 hou	rs 🔲		

You have been instructed by the resident incharge to administer Inj. Phenobarbitone to a 2500 grams neonate who presents with seizure at 2 hours of life following a difficult delivery. The dose recommended is 50mg diluted to be given as infusion.

Delineate the important steps in the preparation of the medication?

- Syringes
- Cotton swabs with betadine and spirit
- Needle 24G and 26 G
- Infusion pump
- Chart patient monitoring
- Phenobarbitone injection

		Done	Not done
	Collects the equipment		
1.	Disposable or sterile glass syringe		
2.	Cotton swabs		
3.	Alcohol/spirit		
4.	Needle 24G or 26G		
5.	Injection comes as a preparation of 200mg/mL in 1 mL ampoules.		
6.	Take 0.1 mL of the solution and dilute it with 0.9mL of saline. The resultant concentration is 20mg/mL.		
7.	Calculate the required amount (2.5mL) of the above solution; dissolve in normal saline sufficient to make the total volume 15 -20 mL		
8.	Label and connect a fresh needle to the syringe.		
9.	Connect the syringe to an infusion pump.		
10.	Check for six rights: patient, drug, dose, time, route, documentation.		
11.	Read the label once again to confirm the medication.		
12.	Sets the time on infusion pump.		
13.	It is to be given over 15-29 minutes.		
14.	Clean the port with spirit, betadine, spirit.		
15.	Documents in the chart with time and dose.		