Apgar Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no AAP or ACOG form

The Apgar score describes a newborn's condition at fixed minutes after birth through five components (heart rate, respiratory effort, muscle tone, reflex irritability, color), each 0 to 2, for a total of 0 to 10. It is assigned at 1 and 5 minutes and at 10, 15, and 20 minutes when the 5-minute total is below 7. It is not a resuscitation trigger, not evidence of asphyxia, and not an individual predictor. Defensible charting records the components, the support in progress at each time, who assigned the score, and the context that alters it.

Birth time, clock, and context every minute runs from birth
Do: record complete birth time and the clock, cord clamping and resuscitation start times, gestational age, delivery mode, medications.
Pitfall: scores timed from cord clamping or the warmer; a preterm infant's low tone entered with no gestational age beside it.

Five components at 1 and 5 minutes five numbers, then the total
Do: chart heart rate, respiratory effort, tone, reflex irritability, and color as 0, 1, or 2 each, then the total, at the minute mark.
Pitfall: "Apgars 8 and 9" with no components; a 1-minute score written later from memory, which runs higher.

Extended scores to 20 minutes when the 5-minute total is below 7
Do: score at 10, 15, and 20 minutes with components and the support in place; do not stop when a total reaches 7.
Pitfall: scoring stopped at 5 or 10 minutes; a 10-minute registry item omitted when the 5-minute total was below 6.

Support in progress beside each score the expanded reporting idea
Do: beside each score, name oxygen concentration, PPV, CPAP, airway, compressions, or epinephrine in progress and when each began.
Pitfall: a 5 under PPV charted like a 5 in a breathing infant; interventions listed with no minute attached to them.

Who assigned it, and when named, contemporaneous, not the deliverer
Do: name the scorer and role; assign at the minute mark; date any late entry; record differing observations with both names.
Pitfall: no scorer named; a physician's later total silently replacing the nurse's contemporaneous components.

Interpretation and its limits a description, not a diagnosis
Do: attribute any band to the AAP and ACOG; note prematurity, medications, or congenital disease; a score alone proves no asphyxia.
Pitfall: "Apgar 3, birth asphyxia" or "Apgar 9, no hypoxic event" concluded from the numbers alone; P84 coded from a score.

Cord gas, registry, and handoff what the score triggers
Do: umbilical arterial gas when the 5-minute total is 5 or less; placental pathology; registry items; NICU handoff with components.
Pitfall: cord gas skipped at a 5-minute score of 5; the 1-minute score sent to a registry that does not collect it.

Before the note is signed

- [ ] Complete birth time and clock recorded
- [ ] Five components charted at each scoring time
- [ ] Extended scores continued through 20 minutes
- [ ] Support named beside every score
- [ ] Scorer identified, late entries dated
- [ ] Interpretation attributed and limits stated
- [ ] Cord gas, registry, and handoff done

Drafting with AI

Give it the facts: time of complete birth and the clock, gestational age and delivery mode, maternal medications, the five component values and total at each minute, what support was in place at each time and when it began and ended, who assigned each score, the cord gas result, and the disposition.

"Draft Apgar documentation: term vacuum birth 09/14; 1 minute 3 (1, 0, 1, 1, 0) during PPV; 5 minutes 5 (2, 1, 1, 1, 0), PPV continuing; 10, 15, 20 minutes 7, 8, 9 on CPAP; scored by newborn RN; cord pH 7.14; NICU transfer."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

Five components	Below 7? Keep scoring	Not a trigger	Public domain method
each scored 0, 1, or 2	10, 15, and 20 minutes	NRP care comes first	AAP, ACOG own the form

Apgar Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scoring table or reporting form.

Setting: | Patient (initials): | Date: | Clinician:

Time of birth (complete delivery): | Gestational age + delivery mode:

Context that alters components
Maternal medications (magnesium sulfate, opioids, general anesthesia) · cord clamping and resuscitation start times · congenital or neuromuscular condition · preterm birth noted as context

1-minute scores and support
Heart rate ___ · respiratory effort ___ · muscle tone ___ · reflex irritability ___ · color ___ · total ___ of 10 · oxygen, PPV, airway, compressions, or epinephrine in progress at one minute

5-minute scores and support
Heart rate ___ · respiratory effort ___ · muscle tone ___ · reflex irritability ___ · color ___ · total ___ of 10 · support in progress and oxygen concentration at five minutes

Extended scores (10, 15, 20 minutes)
Required when the 5-minute total is below 7 · components and total at each time with the support in progress · when PPV, CPAP, or compressions started and stopped · time spontaneous breathing was sustained

Who assigned the scores
Name and role of the person who assigned each score · assigned at the minute mark or entered late with the actual entry time and reason · differing observations recorded with both observers named

Interpretation and limits
Convention applied to the 5-minute total with its source · gestational age, maternal medication, or congenital condition affecting components · a low score alone is not evidence of asphyxia or a prognosis

Cord gas, registry, and handoff
Umbilical arterial gas when the 5-minute total is 5 or less · placental pathology · registry items (5-minute total; 10-minute total when the 5-minute is below 6 in the US) · disposition and handoff to the newborn team

Clinician (name and credentials): | Signature: | Date: