

SNS COLLEGE OF ALLIED HEALTH SCIENCES SNS KALVI NAGAR, COIMBATORE-35 AFFILIATED TO Dr MGR UNIVERSITY, CHENNAI



DEPARTMENT OF OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY

3rd YEAR

SUBJECT:Principles of Anaesthesia II

TOPIC:APGAR SCORE





A Test developed in 1952 by Dr. Vergina Apgar.

- •Quick assessment of Newton's overall well being.
- •Give one minute after birth and 5 minutes after birth
- •Rates 5 vital areas

Colour Heart rate Reflex Muscle tone Respiration





Apgar score is a practical method of systematically assessing newborn infants immediately after birth to help identify requiring resuscitation and to predict survival in the neonatal period.

APGAR SCORE:

A—Appearence P—pulse G—Grimace A—Activity R—Respiration





PURPOSE:

To Assess the baby's vital signs quickly.

The assisment at one minute is important for further management of resuscitation.

However it has been Shown that a assistment at 5 minute is more reliable as a predictor of the risk of death during the 28 days of life.





APGR SCORE 7-1

Archived by 90% of neonates

- ° Nothing is required except
- ° Nasal oral suctioning

Drying of skin

Maintenance of normal body temperature.





APGAR SCORE 4-6:

Suffered mild asphyxia just before birth.

Respond to vigorous stimulation

Oxygen blown over the face.

APGAR SCORE 0-3

These neonates are severely asohyxiated and require immediate resuscitation.





FACTORS AFFECTING APGAR SCORE:

Drugs given to mother during labour and immeturity.

Analgesics, Narcotics, & sedatives.

Precipitous delivery.

Acute cerebral eduma.

Airway Obstruction choanal atresia.

- « Hemorrhage Hepovolemia.
- « Spinal cord trauma.





THANK YOU