Revised RAPPT™ Infant Assessment Scoring Tool

Sign	0	1	2
Respiratory	Apneic	grunting / flaring/ retracting /tachypneic	Easy, no distress
Activity	non-responsive	crying &/or active motion	Quiet Alert, sleeping or breastfeeding
Position	nares &/or mouth or fully occluded or not visible; &/or neck fully extended or flexed	nares or mouth partially occluded or partially visible; &/or neck partially extended or flexed	nares and mouth uncovered and visible; neck midline
Perfusion	pale, dusky	acrocyanosis	pink all over
Tone	flaccid extremities no recoil	extremities partially flexed; slow recoil	Extremities fully flexed; swift recoil

Source: Ludington-Hoe SM, Morgan, K. & Morrison-Wilford, B. (2015). Minimizing risk of newborn death: The Revised RAPPT Scoring System. *The Learner's Manual for Kangaroo Care Certification* . Cleveland, OH: United States Institute for Kangaroo Care

Time Of Birth_____ Time into KC_____																								
Respiratory																								
Activity																								
Position																								
Perfusion																								
Tone																								
***Total Score**																								
RN Action was:																								
Reposition head / neck																								
Uncover nares / mouth																								
Incline mother																								
Continue skin-to-skin/KC																								
Stop Skin-to-skin/KC																								
Move to radiant warmer/crib																								
Call Neo/Peds																								
Time KC ends																								
Duration of KC																								
RN initials																								

Use of Tool and Interpretation of the RAPPT™ Score for Skin-to-Skin Contact/Kangaroo Care

- Prior to delivery, review mother's chart & identify antepartum SUPC risk factors (Table on reverse). Any risk factor indicates continuous monitoring with documentation every five minutes.
- Document time of birth on RAPPT™ score sheet
- Document time into SSC/KC (should be immediately [within 1-3 minutes] after delivery, but may occur later)
- Score infant immediately after placed into SSC/KC (0,1 or 2) in each field. *Total score 0 - 10
- Frequency of RAPPT™ scoring should be continuous, with documentation every five minutes during the first two hours post-birth because SUPC can occur six minutes after last observation by a health care professional
- A score of 0 or 1 in any field requires intervention to reduce risk of SUPC.
- Never accept any score < 2 in the **"position"** field
- If two or more fields in the respiratory, activity, perfusion and tone categories of the RAPPT™ are scored "0", stop SSC/KC.
- Document any intervention performed
- Any intervention performed should be followed by 60 seconds of continuous monitoring to assess infant's response to the intervention.
- The lower the RAPPT™ score, the higher the risk of SUPC
- Score of 10 = minimal risk of SUPC and it is minimal only because the infant's condition and position, especially position, can change swiftly and SUPC can still occur with RAPPT™ score of 10.

Post--partum

- Because KC is being encouraged in the postnatal ward to facilitate breastfeeding, the RAPPT™ should be conducted whenever the health professional goes to the mother's room, no matter where the infant is found: in the crib, swaddled in someone's arms, snuggled up to chest, or in SSC/ KC. One third of SUPCs occur in the first 24-48 hours.

Identified Risk Factors for SUPC

Risk Factors		**Maternal obesity**
		Primiparous mother
		Lack of education/experience regarding proper holding technique and what infant should look like
		Maternal analgesia use
		Maternal sedation by narcotics or magnesium sulfate
		Maternal or parental distractions (I-phone, visitors, TV, etc.)
		Post-natal fatigue in mother or infant, mother falling asleep with infant
		Infant sleeping after feeding (infants do not struggle when they are asleep and sleep reduces the arousal response to airway obstruction).
		Infant in prone position in SSC or up against breast
		Infant has possible decrease in sympathetic nervous system activity due to long/difficult labor (decrease in sympathethic nervous system leads to decreased response to potential asphyxiating position)
		History of fetal compromise or congenital anomaly
		Infant head totally covered
		Infant face is covered
		Infant mouth is covered
		Infant nose is covered
		Infant neck is bent
		Side-lying breastfeeding position
		Unsupervised breastfeeding

Source: Ludington-Hoe, S.M., & Morgan, K. (2014-March). Infant assessment and reduction of sudden unexpected postnatal collapse risk during skin-to-skin contact. Newborn and Infant Nursing Reviews, 14(1), 28-33. DOI: 10.1053/j.nainr.2013.12.009