VERMONT OXFORD NETWORK CORE DATASET
DEVELOPED IN PARTNERSHIP WITH AFRICAN NEONATAL ASSOCIATION

Infant Name _____ **Medical Record Number** _____ **VON ID** _____

1a. Date of Birth: ____/___/____ (DD/MM/YYYY) **1b. Time of Birth** ____:____ (HH:MM 24hr clock) ☐ Unk

2. Date of Admission: ____/___/____ (DD/MM/YYYY) **3. Date of Discharge or Death:** ____/___/____ (DD/MM/YYYY)

4. Previously Discharged Home: ☐ Yes ☐ No

5. Place of Delivery: ☐ Inborn at Same Facility ☐ Other Hospital ☐ Health Center / Clinic ☐ Home ☐ In Transit ☐ Unk

6. Mode of Delivery: ☐ Vaginal ☐ Instrument-assisted vaginal ☐ Cesarean section ☐ Unk

7. Antenatal Care: ☐ None ☐ 1 to 3 Visits ☐ ≥4 Visits ☐ Unk

8. Maternal Age: ___ years ☐ Unk

9. Maternal Obstetric History: Gravida ____ ☐ Unk Total Live Births ____ ☐ Unk Total Living Children ____ ☐ Unk

10a. Maternal HIV status: ☐ Positive ☐ Negative ☐ Unk

***10b If maternal HIV status is positive,* did mother receive anti-retroviral therapy?** ☐ Yes ☐ No ☐ Unk

10c. *If maternal HIV status is positive*, did infant receive prophylaxis for HIV? ☐ Yes ☐ No ☐ Unk

11. Receipt of Any Antenatal Corticosteroids: ☐ Yes ☐ No ☐ Unk

12. Gestational Age: ____ weeks _____days ☐ Unk

13. Gestational Age Determined by Early Ultrasound: ☐ Yes ☐ No ☐ Not Applicable - dates based on assisted reproductive technology ☐ Unk

14. Birth Weight: _____ grams ☐ Unk **15. Sex:** ☐Male ☐Female ☐ Unk **16. Multiple Gestation:** ☐ Yes ☐ No ☐ Unk

17. Delivery Room Interventions:

a) Delayed Cord Clamping	☐ Yes ☐ No ☐ Unk	d) Intubation	☐ Yes ☐ No ☐ Unk
b) Face Mask Ventilation	☐ Yes ☐ No ☐ Unk	e) Chest Compressions	☐ Yes ☐ No ☐ Unk
c) CPAP	☐ Yes ☐ No ☐ Unk	f) Epinephrine	☐ Yes ☐ No ☐ Unk

18. Apgar Score: 1 minute: ____☐ Unk 5 minutes: ____☐ Unk

19. Admission Assessment:

a) Temperature Within 1 hour	☐ Yes ☐ No ☐ Unk	*b) If yes*, list temperature	_____ Celsius ☐ Unk
c) Pulse Oximetry Recorded	☐ Yes ☐ No ☐ Unk	d) *If yes,* list saturation	_____ % ☐ Unk

e) Was admission assessment recorded above when infant was on oxygen/respiratory support? ☐ Yes ☐ No ☐ Unk

f) Objective Respiratory Assessment ☐ Yes ☐ No ☐ Unk

g) *If yes,* list assessment ☐ Downes ☐ Silverman-Andersen ☐ Other ☐ Unk

h) *If Downes or Silverman-Andersen,* list score (0-10) _____ ☐ Unk

20. Primary Reason for Admission (check only one):

☐ Prematurity/LBW ☐ Birth Asphyxia ☐ Suspected Infection ☐ Congenital Anomaly ☐ Jaundice ☐ Tetanus ☐ Suspected Need for Surgery
☐Respiratory Distress ☐ Convulsions ☐Hypothermia ☐Pallor/Severe Anemia ☐ Feeding ☐ At Risk for Hypoglycemia ☐ Birth Injury ☐ Other ☐ Unk

21. Interventions Received in the Neonatal Unit (answer all questions a through r):

a) Immediate Kangaroo Care (KMC)	☐ Yes ☐ No ☐ Unk	j) Antibiotics	☐ Yes ☐ No ☐ Unk
b) KMC Initiated After 2hrs	☐ Yes ☐ No ☐ Unk	k) Phototherapy	☐ Yes ☐ No ☐ Unk
c) Oxygen	☐ Yes ☐ No ☐ Unk	l) Blood Transfusion	☐ Yes ☐ No ☐ Unk
d) CPAP	☐ Yes ☐ No ☐ Unk	m) Exchange Transfusion	☐ Yes ☐ No ☐ Unk
e) Mechanical Ventilation	☐ Yes ☐ No ☐ Unk	n) Anticonvulsant Medication	☐ Yes ☐ No ☐ Unk
f) Methylxanthine Medication	☐ Yes ☐ No ☐ Unk	o) Active therapeutic Hypothermia	☐ Yes ☐ No ☐ Unk
g) Surfactant	☐ Yes ☐ No ☐ Unk	p) Surgery	☐ Yes ☐ No ☐ Unk
h) ROP examination	☐ Yes ☐ No ☐ Unk	q) Cranial Ultrasound	☐ Yes ☐ No ☐ Unk
i) *If yes,* Worst Stage of ROP (0-5):_____ ☐ Unk		r) *If yes,* Worst Grade of IVH (0-4):_____☐ Unk	

22. Final Diagnoses (answer all questions a through s)

a) HIE	☐ Yes ☐ No ☐ Unk	k) Hypoglycemia	☐ Yes ☐ No ☐ Unk
b) Meconium Aspiration	☐ Yes ☐ No ☐ Unk	l) Hyperbilirubinemia	☐ Yes ☐ No ☐ Unk
c) Birth Injury	☐ Yes ☐ No ☐ Unk	m) Anemia	☐ Yes ☐ No ☐ Unk
d) Transient Tachypnea of Newborn	☐ Yes ☐ No ☐ Unk	n) Congenital Anomaly	☐ Yes ☐ No ☐ Unk
e) Pneumonia	☐ Yes ☐ No ☐ Unk	o) Congenital Infection	☐ Yes ☐ No ☐ Unk
f) Seizures/Convulsions	☐ Yes ☐ No ☐ Unk	p) Early-onset Sepsis	☐ Yes ☐ No ☐ Unk
g) RDS	☐ Yes ☐ No ☐ Unk	q) *If yes,* Culture Confirmed	☐ Yes ☐ No ☐ Unk
h) NEC	☐ Yes ☐ No ☐ Unk	r) Late-onset Sepsis	☐ Yes ☐ No ☐ Unk
i) Respiratory Support on Day 28	☐ Yes ☐ No ☐ Unk	s) *If yes,* Culture Confirmed	☐ Yes ☐ No ☐ Unk

j) Respiratory Support at 36 Weeks: ☐ None ☐ Nasal Cannula <= 2 L/min ☐ Nasal Cannula > 2 L/min or CPAP ☐ Mechanical Ventilation ☐ Unk

23. Discharge: ☐Discharged Home Alive ☐Absconded/Left Against Medical Advice ☐Died in hospital ☐Referred to Another Facility ☐ Unk

24. Discharge Weight: _____ grams ☐ Unk

25. *If Discharged Alive or Referred,* Feeding at Discharge: ☐ Human Milk Only ☐ Formula Only ☐ Combination ☐ None ☐ Unk

26. *If Died,* Primary Cause of Death (including presumed clinical diagnoses) (check only one):

Prematurity: ☐ RDS ☐ NEC ☐ IVH ☐ BPD ☐ Other _____

Infection: ☐ Probable Sepsis ☐Culture-positive Sepsis ☐ Culture-positive Meningitis ☐Pneumonia ☐ Tetanus ☐ Other _____

Intrapartum-related: ☐ Hypoxic Ischemic Encephalopathy ☐Meconium Aspiration ☐ Birth Injury ☐ Other _____

Congenital Anomaly: ☐Cardiac ☐ Chromosomal ☐ Neurological ☐Abdominal/Pelvic ☐ Respiratory/Airway ☐ Other _____

Hyperbilirubinemia: ☐ Pathologic jaundice / Bilirubin-induced Neurologic dysfunction **☐Other Cause (Not Listed)** _____

27. *If Died,* Time of Death: ____:____ (HH:MM 24hr clock) ☐ Unk

Shaded items align with recommended neonatal unit facility register/logbook

VON and ANA 13 Dec, 2022; plan for CC BY-NC 4.0