

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/Anemia Feeding Difficulty 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 k) Antibiotics Yes No Unk

b) KMC Initiated After 2hrs Yes No Unk l) Phototherapy Yes No Unk

c) Oxygen Yes No Unk m) Blood Transfusion Yes No Unk

d) CPAP Yes No Unk n) Exchange Transfusion Yes No Unk

e) Mechanical Ventilation Yes No Unk o) Anticonvulsant Medication Yes No Unk

f) Methylxanthine Medication Yes No Unk p) Active therapeutic Hypothermia Yes No Unk

g) Surfactant Yes No Unk q) Surgery Yes No Unk

h) ROP examination Yes No Unk r) Cranial Ultrasound Yes No Unk

i) If ROP examination is yes, Worst Stage (0-5): _____ Unk s) If Cranial Ultrasound is yes, Worst Grade of IVH (0-4): _____ Unk

j) If ROP examination is yes, ROP Treatment: j1) Anti-VEGF Yes No Unk j2) Laser surgery Yes No 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