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

2a. Discharge: ☐ Discharged Home ☐ Absconded/Left Against Medical Advice ☐ Died in hospital ☐ Referred to Another Facility ☐ Unk

2b. *If Died*, Location: ☐ NICU ☐ In hospital, not in NICU

2c. Date of Discharge or Death: ____/___/____ (DD/MM/YYYY) **2d. *If Died*, Time of Death:** ____:____ (HH:MM 24hr clock) ☐ Unk

3a. Date of NICU Admission: ____/___/____ (DD/MM/YYYY) **3b. Time of NICU Admission:** ____:____ (HH:MM 24hr clock) ☐ Unk

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

5. Previously Discharged Home: ☐ Yes ☐ No **6. Mode of Delivery:** ☐ Vaginal ☐ Instrument-assisted vaginal ☐ Cesarean section ☐ Unk

7. Antenatal Care: ☐ None ☐ 1 to 3 Visits ☐ ≥4 Visits ☐ Unk **8. Receipt of Any Antenatal Corticosteroids:** ☐ Yes ☐ No ☐ Unk

9. Maternal Age: _____ years ☐ Unk

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

10b. *If 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. Gestational Age: ____ weeks _____days ☐ Unk

12. Gestational Age Determined by Early Ultrasound: ☐ Yes ☐ No ☐ NA - dates based on assisted reproductive technology ☐ Unk

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

16. Delivery Room Interventions:

a) Delayed Cord Clamping ☐ Yes ☐ No ☐ Unk
b) Oxygen ☐ Yes ☐ No ☐ Unk
c) CPAP ☐ Yes ☐ No ☐ Unk
d) Positive Pressure Ventilation ☐ Yes ☐ No ☐ Unk
e) *If Positive Pressure Ventilation is yes*, Mode: ☐ Face Mask ☐ Supraglottic Airway Device ☐ ETT ☐ Nasal Device ☐ Unk
f) Chest Compressions ☐ Yes ☐ No ☐ Unk
g) Epinephrine ☐ Yes ☐ No ☐ Unk
h) Skin-to-skin ☐ Yes ☐ No ☐ Unk

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

18. Admission Assessment:

a) Temperature Within 1 hour ☐ Yes ☐ No ☐ Unk *b) If yes*, list temperature ______.___ Celsius ☐ Unk
c) Objective Respiratory Assessment ☐ Yes ☐ No ☐ Unk
d) *If yes*, Support During Assessment: ☐ None ☐ Nasal Cannula <= 2 L/min ☐ Nasal Cannula > 2 L/min or CPAP ☐ Mechanical Vent. ☐ Unk
e) *If yes,* list assessment: ☐ Downes ☐ Silverman-Andersen ☐ Other ☐ Unk f) *If Downes or Silverman-Andersen,* list score (0-10) ____ ☐ Unk

19a. Enteral Feeding: ☐ Yes ☐ No ☐ Unk **19b. *If Yes* First Date:** ___/__/____ (DD/MM/YYYY) **Time:** ___:___ (HH:MM 24hr)

20a. Skin-to-Skin (KMC) Hold ≥90 mins: ☐ Yes ☐ No ☐ Unk **20b. *If Yes* First Date**: ___/___/___ (DD/MM/YYYY) **Time:** ___:___ (HH:MM 24hr)

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

a) Oxygen ☐ Yes ☐ No ☐ Unk
b) CPAP ☐ Yes ☐ No ☐ Unk
c) Mechanical Ventilation ☐ Yes ☐ No ☐ Unk
d) Methylxanthine Medication ☐ Yes ☐ No ☐ Unk
e) Surfactant ☐ Yes ☐ No ☐ Unk
f) Pharmacologic Treatment for PDA ☐ Yes ☐ No ☐ Unk
g) Parenteral Nutrition ☐ Yes ☐ No ☐ Unk
h) Enteral Fortifier/Supplement ☐ Yes ☐ No ☐ Unk
i) ROP Examination ☐ Yes ☐ No ☐ Unk
j) *If ROP Examination is yes,* Highest Stage (0-5):_________ ☐ Unk
k) *If ROP Examination is yes,* ROP Treatment: ☐ Anti-VEGF ☐ Laser surgery ☐ Both ☐ None ☐ Unk
l) Antibiotics ☐ Yes ☐ No ☐ Unk
m) Phototherapy ☐ Yes ☐ No ☐ Unk
n) Blood Transfusion ☐ Yes ☐ No ☐ Unk
o) Exchange Transfusion ☐ Yes ☐ No ☐ Unk
p) Anticonvulsant Medication ☐ Yes ☐ No ☐ Unk
q) Central Venous Catheter ☐ Yes ☐ No ☐ Unk
r) Surgery ☐ Yes ☐ No ☐ Unk
s) Cranial Ultrasound ☐ Yes ☐ No ☐ Unk
t) *If Cranial Ultrasound is yes,* Highest Grade of IVH (0-4):_______☐ Unk

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

a) HIE ☐ Yes ☐ No ☐ Unk
b) Meconium Aspiration ☐ Yes ☐ No ☐ Unk
c) Birth Injury ☐ Yes ☐ No ☐ Unk
d) Transient Tachypnea of Newborn ☐ Yes ☐ No ☐ Unk
e) Pneumonia ☐ Yes ☐ No ☐ Unk
f) Seizures/Convulsions ☐ Yes ☐ No ☐ Unk
g) RDS ☐ Yes ☐ No ☐ Unk
h) NEC ☐ Yes ☐ No ☐ Unk
i) Pneumothorax ☐ Yes ☐ No ☐ Unk
j) Respiratory Support on Day 28 ☐ Yes ☐ No ☐ Unk
k) Respiratory Support, 36 Weeks: ☐ None ☐ Nasal Cannula <= 2 L/min ☐ Nasal Cannula > 2 L/min or CPAP ☐ Mechanical Ventilation ☐ Unk
l) Hypoglycemia ☐ Yes ☐ No ☐ Unk
m) Hyperbilirubinemia ☐ Yes ☐ No ☐ Unk
n) Anemia ☐ Yes ☐ No ☐ Unk
o) Congenital Anomaly ☐ Yes ☐ No ☐ Unk
p) Congenital Infection ☐ Yes ☐ No ☐ Unk
q) Early-onset Sepsis ☐ Yes ☐ No ☐ Unk
r) *If yes,* Culture Confirmed ☐ Yes ☐ No ☐ Unk
s) Late-onset Sepsis ☐ Yes ☐ No ☐ Unk
t) *If yes,* Culture Confirmed ☐ Yes ☐ No ☐ Unk

23. Discharge Weight: _____ grams ☐ Unk

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

25. *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 ☐ Congenital Infection ☐ 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 ☐ _________________________

Complete shaded items for deaths that occur in the hospital but not in the NICU

VON and ANA 19 May 2025; plan for CC BY-NC 4.0