

## Neonatal Inpatient Form - Final Dataset

Facility Name

Record ID

Date

Abstractor ID

Abstractor Name

Position

Data Clerk

☐

Data Officer

☐

Nurse

☐

If other - specify?

Nurse-in-charge

☐

Medical Doctor

☐

Other

☐

AFFIX RECORD ID

## Admission Information

Baby:

First Name

Last Name

Baby Hospital ID

Not recorded

Registration No.

Not recorded

Not readable

Not readable

Mother:

First Name

Last Name

Readmission

Yes

No

Not recorded

Not readable

How many phone numbers are recorded for the mother or family?

0

1

2

Phone Number(s)

1)

2)

Not recorded

Not readable

Patient's Residence:

State

Abia

☐

Adamawa

☐

Akwa Ibom

☐

Anambra

☐

Bauchi

☐

Bayelsa

☐

Benue

☐

Borno

☐

Cross Rive

☐

Delta

☐

Ebonyi

☐

Edo

☐

Ekiti

☐

Enugu

☐

Gombe

☐

Imo

☐

Jigawa

☐

Kaduna

☐

Kano

☐

Katsina

☐

Kebbi

☐

Kogi

☐

Kwara

☐

Lagos

☐

Nasarawa

☐

Niger

☐

Ogun

☐

Ondo

☐

Osun

☐

Oyo

☐

Plateau

☐

Rivers

☐

Sokoto

☐

Taraba

☐

Yobe

☐

Zamfara

☐

Local Government Area

Ward

Address Notes/Directions

Date of Birth

Y Y Y Y M M D D

Not recorded

Time of Birth

H H M M

Not recorded

Date of Admission

Y Y Y Y M M D D

Not recorded

Time of Admission

H H M M

Not recorded

Birth Location

Inborn

Outborn

Not recorded

Not readable

If outborn - where?

Home

In Transit

Religious Building

Other Healthcare Facility

Other (i.e. Not Healthcare Facility)

Not recorded

Not readable

If other healthcare facility:

- Healthcare Centre, Dispensary or Other?

Hospital

☐

Healthcare Centre

☐

Dispensary

☐

Traditional Birth Attendant (TBA) Facility

☐

Maternity Home

☐

Other

☐

Not recorded

Not readable

- Private, Public, Parastatal or Faith-Based: Public

☐

Private

☐

Parastatal

☐

Faith-Based

☐

Not recorded

Not readable

- Name

If other (i.e. not a healthcare facility):

- Enter a location

Reason for referral from facility

Blood transfusion/exchange

☐

Specialist review (Cardiac, Neurology etc.)

☐

Mechanical ventilation

☐

Neonatal intensive care

☐

Dialysis

☐

Surgery/Surgical management

☐

Mother request - nearest facility

☐

Mother/Family request

☐

Further management (not explained)

☐

Mother transferred for further management

☐

Other reason

☐

Not recorded

Not readable

Other reason - specify

Weight on admission (grams)

g

Not recorded

Not readable

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Reason for Admission

Reason for Admission (select one per column)

First (1)

Second (2)

Third (3)

1. Congenital Malformation
2. Small Baby / Preterm / Low Birthweight
3. "Birth asphyxia" / Birth Injury
4. Suspected infection - sepsis/meningitis
5. Tetanus
6. Respiratory Distress / Difficulty in Breathing
7. Convulsions
8. Temperature too high
9. Temperature too low
10. Jaundice
11. Vomiting
12. Pallor / Severe Anaemia
13. Cord red / sticky
14. Not feeding / Failure to suck
15. Large Baby
16. PROM and Maternal Fever
17. Other maternal reasons
18. Other (specify)

☐☐☐

If other - specify (First)

☐☐☐

Not recorded

Not recorded

Not recorded

Not readable

Not readable

Not readable

## Maternal and Birth Details

Maternal DOB:

Day

Not recorded

Not readable

Month

Not recorded

Not readable

Year

Not recorded

Not readable

Maternal Age (Years)

Not recorded

Not readable

Mother Alive

Yes

No

Not recorded

Not readable

Maternal Cause of Death

Embolism ☐Haemorrhage ☐Hypertension ☐Sepsis ☐Other direct causes (e.g. complications of delivery, obstructed labour and other) ☐Other indirect causes (e.g. HIV-related, pre-existing medical conditions and other) ☐

Not recorded

Not readable

Delivery Type

Singleton ☐Twin ☐Triplet ☐Quad ☐Other multiple ☐Conjoined twin ☐

Not recorded

Not readable

Other multiple - specify

If multiple - order this newborn was delivered

1st ☐2nd ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th ☐

Not recorded

Not readable

## Sibling #1

Medical state - sibling (1)

Alive ☐Dead ☐

Not recorded

Not readable

If sibling (1) died:

Dead before Admission ☐Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐

Not recorded

Not readable

Was sibling (1) admitted?

No ☐Admitted at this facility ☐Admitted at another facility ☐

Not recorded

Not readable

Sibling (1) - NEST360° Record No.

Not recorded

Not readable

Sibling (1) - Baby Hospital ID

Not recorded

Not readable

Sibling (1) - Registration No.

Not recorded

Not readable

## Sibling #2

Medical state - sibling (2)

Alive ☐Dead ☐

Not recorded

Not readable

If sibling (2) died:

Dead before Admission ☐Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐

Not recorded

Not readable

Was sibling (2) admitted?

No ☐Admitted at this facility ☐Admitted at another facility ☐

Not recorded

Not readable

Sibling (2) - NEST360° Record No.

Not recorded

Not readable

Sibling (2) - Baby Hospital ID

Not recorded

Not readable

Sibling (2) - Registration No.

Not recorded

Not readable

## Neonatal Inpatient Form - Final Dataset

Abtractor Name

Record ID

Date

## Maternal and Birth Details (cont.)

## Sibling #3

Medical state - sibling (3)

Alive ☐ Dead ☐ Not recorded ☐ Not readable ☐

If sibling (3) died:

Dead before Admission ☐ Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐ Not recorded ☐ Not readable ☐Was sibling (3) admitted? No ☐ Admitted at this facility ☐ Admitted at another facility ☐ Not recorded ☐ Not readable ☐

Sibling (3) - NEST360° Record No.

 Not recorded ☐  
Not readable ☐

Sibling (3) - Baby Hospital ID

 Not recorded ☐  
Not readable ☐

Sibling (3) - Registration No.

 Not recorded ☐  
Not readable ☐

## Sibling #4

Medical state - sibling (4)

Alive ☐ Dead ☐ Not recorded ☐ Not readable ☐

If sibling (4) died:

Dead before Admission ☐ Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐ Not recorded ☐ Not readable ☐Was sibling (4) admitted? No ☐ Admitted at this facility ☐ Admitted at another facility ☐ Not recorded ☐ Not readable ☐

Sibling (4) - NEST360° Record No.

 Not recorded ☐  
Not readable ☐

Sibling (4) - Baby Hospital ID

 Not recorded ☐  
Not readable ☐

Sibling (4) - Registration No.

 Not recorded ☐  
Not readable ☐

## Sibling #5

Medical state - sibling (5)

Alive ☐ Dead ☐ Not recorded ☐ Not readable ☐

If sibling (5) died:

Dead before Admission ☐ Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐ Not recorded ☐ Not readable ☐Was sibling (5) admitted? No ☐ Admitted at this facility ☐ Admitted at another facility ☐ Not recorded ☐ Not readable ☐

Sibling (5) - NEST360° Record No.

 Not recorded ☐  
Not readable ☐

Sibling (5) - Baby Hospital ID

 Not recorded ☐  
Not readable ☐

Sibling (5) - Registration No.

 Not recorded ☐  
Not readable ☐

## Sibling #6

Medical state - sibling (6)

Alive ☐ Dead ☐ Not recorded ☐ Not readable ☐

If sibling (6) died:

Dead before Admission ☐ Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐ Not recorded ☐ Not readable ☐Was sibling (6) admitted? No ☐ Admitted at this facility ☐ Admitted at another facility ☐ Not recorded ☐ Not readable ☐

Sibling (6) - NEST360° Record No.

 Not recorded ☐  
Not readable ☐

Sibling (6) - Baby Hospital ID

 Not recorded ☐  
Not readable ☐

Sibling (6) - Registration No.

 Not recorded ☐  
Not readable ☐

## Sibling #7

Medical state - sibling (7)

Alive ☐ Dead ☐ Not recorded ☐ Not readable ☐

If sibling (7) died:

Dead before Admission ☐ Dead after Admission - at this facility ☐Dead after Admission - NOT at this facility ☐ Not recorded ☐ Not readable ☐Was sibling (7) admitted? No ☐ Admitted at this facility ☐ Admitted at another facility ☐ Not recorded ☐ Not readable ☐

Sibling (7) - NEST360° Record No.

 Not recorded ☐  
Not readable ☐

Sibling (7) - Baby Hospital ID

 Not recorded ☐  
Not readable ☐

Sibling (7) - Registration No.

 Not recorded ☐  
Not readable ☐

Mode of Delivery

Normal vertex ☐ Forceps ☐ Vacuum extraction ☐ Vaginal breech ☐ C-section ☐ Not recorded ☐ Not readable ☐

Antenatal Corticosteroids

Yes ☐ No ☐ Not recorded ☐ Not readable ☐

Maternal HIV status

Negative ☐ Unknown ☐ Positive ☐ Not recorded ☐ Not readable ☐HIV Treatment - Mother Yes ☐ No ☐ Not recorded ☐ Not readable ☐HIV Treatment - Baby Yes ☐ No ☐ Not recorded ☐ Not readable ☐

Maternal Chronic Conditions

Diabetes ☐ Hypertension ☐ Other ☐ None ☐ Not recorded ☐ Not readable ☐

Type of Diabetes

Pregnancy-induced ☐ Pre-existing ☐ Not recorded ☐ Not readable ☐

Pre-Existing Diabetes

Type 1 ☐ Type 2 ☐ Not recorded ☐ Not readable ☐

Type of Hypertension

Pregnancy-induced ☐ Pre-existing ☐ Not recorded ☐ Not readable ☐

If other chronic condition - specify

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## SARS-CoV-2 (COVID-19)

Has the mother been tested for SARS-CoV-2 (COVID-19) in the last 14 days?

Yes No Not recorded Not readable

Mother SARS-Cov-2 Test (COVID-19) Result

Test Negative ☐Test Positive ☐Test Done but Unknown Result ☐

Not recorded Not readable

Date of Sample Collection (Mother)

Y Y Y Y M M D D

Not recorded Not readable

Has the mother been presumed infected with SARS-CoV-2 (COVID-19) based on signs and symptoms in the last 14 days?

Yes No Not recorded Not readable

Were the mother's SARS-CoV-2 (COVID-19) signs and symptoms mild, moderate or

Mild ☐ Moderate ☐ Severe ☐

Not recorded Not readable

In the last 14 days, has the mother...

Had a fever ( $\geq 37.5^\circ$ )?

Yes No Not recorded Not readable

Lost her sense of smell and/or taste?

Yes No Not recorded Not readable

Had mild or moderate respiratory symptoms?

Yes No Not recorded Not readable

Suffered from respiratory failure?

Yes No Not recorded Not readable

Suffered from septic shock or multiple organ failure?

Yes No Not recorded Not readable

Has the newborn been tested for SARS-CoV-2 (COVID-19) since birth?

Yes No Not recorded Not readable

Newborn SARS-CoV-2 Test (COVID-19) Result

Test Negative ☐Test Positive ☐Test Done but Unknown Result ☐

Not recorded Not readable

Date of Sample Collection (Newborn)

Y Y Y Y M M D D

Was the newborn tested for SARS-CoV-2 (COVID-19) because the mother tested positive or due to maternal signs and symptoms?

Yes No Not recorded Not readable

## Infant Details

Birth Weight (grams)

g Not recorded Not readable

How is gestational age documented?

Preterm ☐Early term ☐Full term ☐Late term ☐Exact number of Months, Weeks or Days ☐Post-term ☐ Not recorded Not readable

What format is the gestational age data recorded in?

Number of Weeks only ☐Number of Months only ☐Number of Months and Weeks ☐Number of Months, Weeks and Days ☐

Not recorded Not readable

Months: Weeks: Days: 

Method used to measure gestational age

Early ultrasound (1st Trimester) ☐Late ultrasound (2nd or 3rd Trimester) ☐Postnatal clinical gestational assessment ☐Fundal height ☐LMP ☐

Not recorded Not readable

If postnatal clinical gestational assessment - which method?

Ballard Method ☐Dubowitz Method ☐Finnstrom Method ☐Other ☐

Not recorded Not readable

If other - what method?

Newborn Sex

Male ☐Female ☐Indeterminate ☐

Not recorded Not readable

## Observations and Nursing Care

Was temperature recorded on admission?

Yes No Not recorded Not readable

In what units was temperature measured?

°C °F 

Not recorded Not readable

Temperature on admission

  . 

Oxygen saturation (%) on admission

  %

Not recorded Not readable

Signs of severe respiratory distress (e.g. severe in-drawing, grunting, high respiratory rate)

Yes No Not recorded Not readable

Cord Chlorhexidine Administered

Yes No Not recorded Not readable

Vitamin K Administered

Yes No Not recorded Not readable

Was blood sugar recorded on admission?

Yes No Not recorded Not readable

In what units was blood sugar measured?

mmol/L ☐mg/dL ☐

Not recorded Not readable

Blood sugar concentration on admission

  .

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Microbiology and Laboratory

Blood culture for suspected sepsis

Not Done ☐Done - Culture Negative ☐Done - Culture Positive ☐Done - Unknown Result ☐ Not readable

Culture Positive Organism (Blood)

Escherichia coli ☐Other Streptococcus ☐Staphylococcus aureus ☐Acinetobacter spp. ☐Other Fungal spp. ☐Klebsiella spp. ☐Group B Streptococcus ☐Other ☐ Not indicated ☐Pseudomonas spp. ☐Other gram-negatives ☐

Not recorded Not readable

If other or spp. - full species / genus

If culture positive - was antibiotic susceptibility testing done

Yes ☐No ☐Not recorded ☐Not readable ☐

Antibiotic Susceptibility Testing (Blood)

Not Done

Resistant

Intermediate

Sensitive

Benzathine Penicillin

Crystalline Penicillin

Gentamicin

Amikacin

Ceftriaxone

Ceftazidime

Cefotaxime

Piperazine

Metronidazole

Vancomycin

Clindamycin

Ampicillin

Amoxycillin

Flucloxacillin

Meropenem

Levofloxacin

Other

Other

Other

Other

Other

☐☐

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Were multiple microorganisms cultured from the same blood culture sample?

Yes - Identified ☐Yes - Unidentified ☐No ☐Not recorded ☐Not readable ☐

If yes - specify full name of other isolated microorganism(s)

CSF culture for suspected meningitis

Not Done ☐Done - Culture Negative ☐Done - Culture Positive ☐Done but Unknown Result ☐ Not readable

Culture Positive Organism (CSF)

Escherichia coli ☐Other Streptococcus ☐Staphylococcus aureus ☐Acinetobacter spp. ☐Other Fungal spp. ☐Klebsiella spp. ☐Group B Streptococcus ☐Other ☐ Not indicated ☐Pseudomonas spp. ☐Other gram-negatives ☐

Not recorded Not readable

If other or spp. - full species / genus

If culture positive - was antibiotic susceptibility testing done

Yes ☐No ☐Not recorded ☐Not readable ☐

Antibiotic Susceptibility Testing (CSF)

Not Done

Resistant

Intermediate

Sensitive

Benzathine Penicillin

Crystalline Penicillin

Gentamicin

Amikacin

Ceftriaxone

Ceftazidime

Cefotaxime

Piperazine

Metronidazole

Vancomycin

Clindamycin

Ampicillin

Amoxycillin

Flucloxacillin

Meropenem

Levofloxacin

☐☐

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

Not recorded Not readable

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Microbiology and Laboratory (cont.)

Antibiotic Susceptibility Testing (CSF) (cont.)

Not Done

Resistant

Intermediate

Sensitive

 Other   
 Other   
 Other   
 Other   
 Other 
☐  
☐  
☐  
☐  
☐
☐  
☐  
☐  
☐  
☐
☐  
☐  
☐  
☐  
☐
☐  
☐  
☐  
☐  
☐

Not recorded

Not readable

Not recorded

Not readable

Not recorded

Not readable

Not recorded

Not readable

Not recorded

Not readable

Were multiple microorganisms cultured from the same CSF culture sample?

Yes - Identified ☐Yes - Unidentified ☐No ☐

Not recorded

Not readable

If yes - specify full name of other isolated microorganism(s)

## Interventions

KMC Administered

Yes ☐No ☐Not recorded ☐Not readable ☐

If yes - KMC

Y Y Y Y M M D D

Not recorded ☐

Start Date

Not readable ☐

If yes - KMC

Y Y Y Y M M D D

Not recorded ☐

End Date

Not readable ☐

Type of KMC practised

Continuous ☐Intermittent ☐Sporadic ☐Not recorded ☐Not readable ☐

Oxygen Therapy Administered

Yes ☐No ☐Not recorded ☐Not readable ☐

How many times did the newborn receive oxygen therapy?

## Oxygen Therapy #1

Oxygen saturation (%) level that led to the use of oxygen therapy (1)

%

Not recorded ☐Not readable ☐

Oxygen therapy (1)

Y Y Y Y M M D D

Not recorded ☐

Start Date

Not readable ☐

Oxygen therapy (1)

Y Y Y Y M M D D

Not recorded ☐

End Date

Not readable ☐

Oxygen therapy (1)

H H M M

Not recorded ☐

Start Time

Not readable ☐

Oxygen therapy (1)

H H M M

Not recorded ☐

End Time

Not readable ☐

## Oxygen Therapy #2

Oxygen saturation (%) level that led to the use of oxygen therapy (2)

%

Not recorded ☐Not readable ☐

Oxygen therapy (2)

Y Y Y Y M M D D

Not recorded ☐

Start Date

Not readable ☐

Oxygen therapy (2)

Y Y Y Y M M D D

Not recorded ☐

End Date

Not readable ☐

Oxygen therapy (2)

H H M M

Not recorded ☐

Start Time

Not readable ☐

Oxygen therapy (2)

H H M M

Not recorded ☐

End Time

Not readable ☐

## Oxygen Therapy #3

Oxygen saturation (%) level that led to the use of oxygen therapy (3)

%

Not recorded ☐Not readable ☐

Oxygen therapy (3)

Y Y Y Y M M D D

Not recorded ☐

Start Date

Not readable ☐

Oxygen therapy (3)

Y Y Y Y M M D D

Not recorded ☐

End Date

Not readable ☐

Oxygen therapy (3)

H H M M

Not recorded ☐

Start Time

Not readable ☐

Oxygen therapy (3)

H H M M

Not recorded ☐

End Time

Not readable ☐

CPAP Administered

Yes ☐No ☐Not recorded ☐Not readable ☐

If yes - How many times did the newborn receive CPAP?

## CPAP #1

Oxygen saturation (%) level that led to the use of CPAP (1)

%

Not recorded ☐Not readable ☐

CPAP (1) Start Date

Y Y Y Y M M D D

Not recorded ☐Not readable ☐

CPAP (1) Start Time

H H M M

Not recorded ☐Not readable ☐

CPAP (1) End Date

Y Y Y Y M M D D

Not recorded ☐Not readable ☐

CPAP (1) End Time

H H M M

Not recorded ☐Not readable ☐

Why was CPAP (1) stopped?

No longer indicated (Improvement) ☐No longer indicated (Deterioration) ☐Power outage ☐Device broke or stopped functioning ☐Device needed for another baby ☐Not recorded ☐Not readable ☐

## CPAP #2

Oxygen saturation (%) level that led to the use of CPAP (2)

%

Not recorded ☐Not readable ☐

CPAP (2) Start Date

Y Y Y Y M M D D

Not recorded ☐Not readable ☐

CPAP (2) Start Time

H H M M

Not recorded ☐Not readable ☐

CPAP (2) End Date

Y Y Y Y M M D D

Not recorded ☐Not readable ☐

CPAP (2) End Time

H H M M

Not recorded ☐Not readable ☐



## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Interventions (cont.)

## CPAP #2 (cont.)

Why was CPAP (2) stopped?

No longer indicated (Improvement) ☐No longer indicated (Deterioration) ☐Power outage ☐ Device broke or stopped functioning ☐ Device needed for another baby ☐  

## CPAP #3

Oxygen saturation (%) level that led to the use of CPAP (3)

   %  

CPAP (3) Start Date

         

CPAP (3) Start Time

     

CPAP (3) End Date

         

CPAP (3) End Time

     

Why was CPAP (3) stopped?

No longer indicated (Improvement) ☐No longer indicated (Deterioration) ☐Power outage ☐ Device broke or stopped functioning ☐ Device needed for another baby ☐  

Did the infant receive mechanical ventilation?

   

How many times was the patient put on/off mechanical ventilation?

Once ☐ Twice ☐ Three times ☐ More than three times ☐  

## Mechanical Ventilation #1

Oxygen saturation (%) level that led to the use of mechanical ventilation (1)

   %  

Mech. ventilation (1) Start Date

         

Mech. ventilation (1) Start Time

     

Mech. ventilation (1) End Date

         

Mech. ventilation (1) End Time

     

## Mechanical Ventilation #2

Oxygen saturation (%) level that led to the use of mechanical ventilation (2)

   %  

Mech. ventilation (2) Start Date

         

Mech. ventilation (2) Start Time

     

Mech. ventilation (2) End Date

         

Mech. ventilation (2) End Time

     

## Mechanical Ventilation #3

Oxygen saturation (%) level that led to the use of mechanical ventilation (3)

   %  

Mech. ventilation (3) Start Date

         

Mech. ventilation (3) Start Time

     

Mech. ventilation (3) End Date

         

Mech. ventilation (3) End Time

     

Were antibiotics administered?

   

Tick if this antibiotic was administered

Was this antibiotic part of the initial treatment and/or part of a treatment change?

Initial Treatment Treatment Change Discharge Treatment

Benzathine Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Crystalline Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Gentamicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Amikacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Ceftazidime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Cefotaxime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Piperazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Vancomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Ampicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Amoxycillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Flucloxacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Meropenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>
Cloxacillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="Not recorded"/>	<input type="text" value="Not readable"/>

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Interventions (cont.)

Tick if this antibiotic was administered (cont.)

Was this antibiotic part of the initial treatment and/or part of a treatment change?

Other  ☐  
Other  ☐  
Other  ☐Initial  
Treatment☐  
☐  
☐Treatment  
Change☐  
☐  
☐Discharge  
Treatment☐  
☐  
☐

Not recorded

Not readable

Not recorded

Not readable

Not recorded

Not readable

Treatment for Apnea

☐ Yes ☐ No ☐ Not recorded ☐ Not readable

If yes - Apnea Treatment Administered

Caffeine ☐Aminophylline ☐

Not recorded

Not readable

Phototherapy Administered

☐ Yes ☐ No ☐ Not recorded ☐ Not readable

How many times did the newborn receive phototherapy?

Start Date

Phototherapy (1)

Y Y Y Y M M D D

Not recorded

Not readable

End Date

Y Y Y Y M M D D

Not recorded

Not readable

Phototherapy (2)

Y Y Y Y M M D D

Not recorded

Not readable

Y Y Y Y M M D D

Not recorded

Not readable

Phototherapy (3)

Y Y Y Y M M D D

Not recorded

Not readable

Y Y Y Y M M D D

Not recorded

Not readable

IV fluids administered

☐ Yes ☐ No ☐ Not recorded ☐ Not readable

How many times were IV fluids administered?

IV Fluids (First) Start Date

Y Y Y Y M M D D

Not recorded

Not readable

IV Fluids (Last) End Date

Y Y Y Y M M D D

Not recorded

Not readable

Transfusion administered

Yes - blood transfusion ☐Yes - Exchange blood transfusion ☐No ☐

Not recorded

Not readable

How many times was the infant given a blood transfusion or exchange blood transfusion?

Transfusion (1) date

Y Y Y Y M M D D

Not recorded

Not readable

Transfusion (2) date

Y Y Y Y M M D D

Not recorded

Not readable

Transfusion (3) date

Y Y Y Y M M D D

Not recorded

Not readable

## Observations and Nursing Care

In what units was lowest recorded temperature measured?

°C ☐ °F ☐ Unknown ☐ Not readable

In what units was highest recorded temperature measured?

°C ☐ °F ☐ Unknown ☐ Not readableLowest recorded temperature .  No ☐ Not readableHighest recorded temperature .  No ☐ Not readable

Lowest recorded oxygen saturation (%)

No ☐

Not readable

Highest recorded oxygen saturation (%)

No ☐

Not readable

Breast milk start date

Y Y Y Y M M D D

Not recorded

Not readable

Feeding (other than breast milk) start date

Y Y Y Y M M D D

Not recorded

Not readable

Feeding at discharge

Exclusive breastmilk ☐Formula only ☐Fortified breastmilk ☐Predominant breastmilk ☐Combination of breastmilk and formula ☐Unknown - Absconder ☐

Not recorded

Not readable

In what units was lowest recorded blood sugar measured?

mmol/L ☐ mg/dL ☐ Unknown ☐ Not readable

In what units was highest recorded blood sugar measured?

mmol/L ☐ mg/dL ☐ Unknown ☐ Not readableLowest recorded blood sugar .  No ☐ Not readableHighest recorded blood sugar .  No ☐ Not readableWas bilirubin tested? ☐ Yes ☐ No ☐ Not recorded ☐ Not readable

If yes - highest bilirubin value (mg/dL)

. 

mg/dL

No ☐ Not readable

How was bilirubin measured?

Serum ☐Transcutaneous ☐

Not recorded

Not readable

Did the baby have seizures during admission?

☐ Yes☐ No☐ Not recorded☐ Not readable

Anticonvulsants administered

☐ Yes☐ No☐ Not recorded☐ Not readable

Type of anticonvulsant

Phenobarbitone/Phenobarbital ☐Phenytoin ☐Diazepam ☐

Not recorded

Not readable



## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Discharge

Newborn status at discharge

Dead ☐Alive ☐

Not recorded

Not readable

Discharge Outcome

Discharged alive ☐Discharged with complications ☐Discharged against medical advice - poor prognosis ☐Discharged against medical advice - other ☐Absconded ☐Referred ☐

Not recorded

Not readable

If referred - where?

Date of Discharge /

Absconded / Death

Y Y Y Y M M D D

Not recorded

Not readable

Time of Discharge /

Absconded / Death

H H M M

Not recorded

Not readable

Discharge Weight (grams)

g

Not recorded

Not readable

Was the patient given a follow-up appointment?

Yes ☐No ☐Not recorded ☐Not readable ☐

If yes - appointment location

Neonatal Inpatient Unit (This Facility) ☐Neonatal Outpatient Unit (This Facility) ☐Other ☐

Not recorded

Not readable

If other - where?

Please explain concisely why the patient WAS or WAS NOT given a follow-up appointment

## Final Discharge Diagnosis/Cause of Death (Primary #1)

Primary Category (1)

A. Congenital Malformations ☐B. Prematurity ☐C. Infection ☐D. Intrapartum-related ☐E. Jaundice (Pathological) ☐F. Other ☐

Not recorded

Not readable

A. Sub-Categories of Congenital Malformations

Congenital Heart Defects ☐Chromosomal Disorders ☐Abdominal Defects ☐Neural Tube Defects ☐Orofacial Cleft ☐Talipes/Club Foot ☐Other Congenital ☐Congenital Cause But Not Able to Specify ☐

If other congenital cause/diagnosis - specify

B. Sub-Categories of Prematurity

Respiratory Distress Syndrome (of Prematurity) ☐Intraventricular Haemorrhage ☐Necrotizing Enterocolitis ☐Other Prematurity ☐Prematurity Cause But Not Able to Specify ☐

If other prematurity cause/diagnosis - specify

C. Sub-Categories of Infection

Probable Sepsis ☐Culture-Positive Sepsis ☐Probable Meningitis ☐Culture-Positive Meningitis ☐Pneumonia ☐Tetanus ☐SARS-CoV-2 (COVID-19) ☐Other Infection ☐Infection Cause But Not Able to Specify ☐

If other infection cause/diagnosis - specify

Culture Positive Organism

Staphylococcus aureus ☐Klebsiella spp. ☐Pseudomonas spp. ☐Escherichia coli ☐Acinetobacter spp. ☐Group B Streptococcus ☐Other gram-negatives ☐Other Streptococcus ☐Other Fungal spp. ☐Other ☐Not indicated ☐

Not recorded

Not readable

If other or spp. - full species/genus

Hospital-acquired infection?

Yes ☐No ☐Not recorded ☐Not readable ☐

D. Sub-Categories of Intrapartum-Related

Neonatal Hypoxic Ischemic Encephalopathy ☐Meconium Aspiration ☐Birth Injury (Intrapartum-Related) ☐Other Intrapartum-Related ☐Intrapartum-Related Cause But Not Able to Specify ☐

If other intrapartum-related cause/diagnosis - specify

E. Sub-Categories of Jaundice (Pathological)

Requiring Phototherapy ☐Requiring Exchange Transfusion ☐

F. If Other Cause of Death or Final Diagnosis - specify

## Final Discharge Diagnosis/Cause of Death (Primary #2)

Primary Category (2)

A. Congenital Malformations ☐B. Prematurity ☐C. Infection ☐D. Intrapartum-related ☐E. Jaundice (Pathological) ☐F. Other ☐

Not recorded

Not readable

A. Sub-Categories of Congenital Malformations

Congenital Heart Defects ☐Chromosomal Disorders ☐Abdominal Defects ☐Neural Tube Defects ☐Orofacial Cleft ☐Talipes/Club Foot ☐Other Congenital ☐Congenital Cause But Not Able to Specify ☐

If other congenital cause/diagnosis - specify

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Discharge (cont.)

## Final Discharge Diagnosis/Cause of Death (Primary #2) (cont.)

B. Sub-Categories of Prematurity      Respiratory Distress Syndrome (of Prematurity) ☐      Intraventricular Haemorrhage ☐  
 Necrotizing Enterocolitis ☐      Other Prematurity ☐      Prematurity Cause But Not Able to Specify ☐

If other prematurity cause/diagnosis - specify

## C. Sub-Categories of Infection

Probable Sepsis ☐      Culture-Positive Sepsis ☐      Probable Meningitis ☐      Culture-Positive Meningitis ☐  
 Pneumonia ☐      Tetanus ☐      SARS-CoV-2 (COVID-19) ☐      Other Infection ☐      Infection Cause But Not Able to Specify ☐

If other infection cause/diagnosis - specify

Culture Positive Organism      Staphylococcus aureus ☐      Klebsiella spp. ☐      Pseudomonas spp. ☐  
 Escherichia coli ☐      Acinetobacter spp. ☐      Group B Streptococcus ☐      Other gram-negatives ☐  
Other Streptococcus ☐      Other Fungal spp. ☐      Other ☐      Not indicated ☐      Not recorded ☐      Not readable ☐

If other or spp. - full species/genus

Hospital-acquired infection?

Yes ☐ No ☐ Not recorded ☐ Not readable ☐

## D. Sub-Categories of Intrapartum-Related

Neonatal Hypoxic Ischemic Encephalopathy ☐      Meconium Aspiration ☐      Birth Injury (Intrapartum-Related) ☐  
Other Intrapartum-Related ☐      Intrapartum-Related Cause But Not Able to Specify ☐

If other intrapartum-related cause/diagnosis - specify

## E. Sub-Categories of Jaundice (Pathological)

Requiring Phototherapy ☐      Requiring Exchange Transfusion ☐

## F. If Other Cause of Death or Final Diagnosis - specify

## Final Discharge Diagnosis/Cause of Death (Primary #3)

## Primary Category (3)

A. Congenital Malformations ☐      B. Prematurity ☐      C. Infection ☐  
 D. Intrapartum-related ☐      E. Jaundice (Pathological) ☐      F. Other ☐      Not recorded ☐      Not readable ☐

A. Sub-Categories of Congenital Malformations      Congenital Heart Defects ☐      Chromosomal Disorders ☐      Abdominal Defects ☐  
 Neural Tube Defects ☐      Orofacial Cleft ☐      Talipes/Club Foot ☐      Other Congenital ☐      Congenital Cause But Not Able to Specify ☐

If other congenital cause/diagnosis - specify

B. Sub-Categories of Prematurity      Respiratory Distress Syndrome (of Prematurity) ☐      Intraventricular Haemorrhage ☐  
 Necrotizing Enterocolitis ☐      Other Prematurity ☐      Prematurity Cause But Not Able to Specify ☐

If other prematurity cause/diagnosis - specify

## C. Sub-Categories of Infection

Probable Sepsis ☐      Culture-Positive Sepsis ☐      Probable Meningitis ☐      Culture-Positive Meningitis ☐  
 Pneumonia ☐      Tetanus ☐      SARS-CoV-2 (COVID-19) ☐      Other Infection ☐      Infection Cause But Not Able to Specify ☐

If other infection cause/diagnosis - specify

Culture Positive Organism      Staphylococcus aureus ☐      Klebsiella spp. ☐      Pseudomonas spp. ☐  
 Escherichia coli ☐      Acinetobacter spp. ☐      Group B Streptococcus ☐      Other gram-negatives ☐  
Other Streptococcus ☐      Other Fungal spp. ☐      Other ☐      Not indicated ☐      Not recorded ☐      Not readable ☐

If other or spp. - full species/genus

Hospital-acquired infection?

Yes ☐ No ☐ Not recorded ☐ Not readable ☐

## D. Sub-Categories of Intrapartum-Related

Neonatal Hypoxic Ischemic Encephalopathy ☐      Meconium Aspiration ☐      Birth Injury (Intrapartum-Related) ☐  
Other Intrapartum-Related ☐      Intrapartum-Related Cause But Not Able to Specify ☐

If other intrapartum-related cause/diagnosis - specify

## E. Sub-Categories of Jaundice (Pathological)

Requiring Phototherapy ☐      Requiring Exchange Transfusion ☐

## F. If Other Cause of Death or Final Diagnosis - specify

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

Y Y Y Y M M D D

## Discharge (cont.)

## Final Discharge Diagnosis/Cause of Death (Secondary #1)

## Secondary Category (1)

A. Congenital Malformations ☐ B. Prematurity ☐ C. Infection ☐D. Intrapartum-related ☐ E. Jaundice (Pathological) ☐ F. Other ☐  A. Sub-Categories of Congenital Malformations Congenital Heart Defects ☐ Chromosomal Disorders ☐ Abdominal Defects ☐  
Neural Tube Defects ☐ Orofacial Cleft ☐ Talipes/Club Foot ☐ Other Congenital ☐ Congenital Cause But Not Able to Specify ☐If other congenital cause/diagnosis - specifyB. Sub-Categories of Prematurity Respiratory Distress Syndrome (of Prematurity) ☐ Intraventricular Haemorrhage ☐  
Necrotizing Enterocolitis ☐ Other Prematurity ☐ Prematurity Cause But Not Able to Specify ☐If other prematurity cause/diagnosis - specify

## C. Sub-Categories of Infection

Probable Sepsis ☐ Culture-Positive Sepsis ☐ Probable Meningitis ☐ Culture-Positive Meningitis ☐  
Pneumonia ☐ Tetanus ☐ SARS-CoV-2 (COVID-19) ☐ Other Infection ☐ Infection Cause But Not Able to Specify ☐If other infection cause/diagnosis - specifyCulture Positive Organism Staphylococcus aureus ☐ Klebsiella spp. ☐ Pseudomonas spp. ☐  
Escherichia coli ☐ Acinetobacter spp. ☐ Group B Streptococcus ☐ Other gram-negatives ☐  
Other Streptococcus ☐ Other Fungal spp. ☐ Other ☐ Not indicated ☐  If other or spp. - full species/genus

Hospital-acquired infection?

   

## D. Sub-Categories of Intrapartum-Related

Neonatal Hypoxic Ischemic Encephalopathy ☐ Meconium Aspiration ☐ Birth Injury (Intrapartum-Related) ☐  
Other Intrapartum-Related ☐ Intrapartum-Related Cause But Not Able to Specify ☐If other intrapartum-related cause/diagnosis - specify

## E. Sub-Categories of Jaundice (Pathological)

Requiring Phototherapy ☐ Requiring Exchange Transfusion ☐

## F. If Other Cause of Death or Final Diagnosis - specify

## Final Discharge Diagnosis/Cause of Death (Secondary #2)

## Secondary Category (2)

A. Congenital Malformations ☐ B. Prematurity ☐ C. Infection ☐D. Intrapartum-related ☐ E. Jaundice (Pathological) ☐ F. Other ☐  A. Sub-Categories of Congenital Malformations Congenital Heart Defects ☐ Chromosomal Disorders ☐ Abdominal Defects ☐  
Neural Tube Defects ☐ Orofacial Cleft ☐ Talipes/Club Foot ☐ Other Congenital ☐ Congenital Cause But Not Able to Specify ☐If other congenital cause/diagnosis - specifyB. Sub-Categories of Prematurity Respiratory Distress Syndrome (of Prematurity) ☐ Intraventricular Haemorrhage ☐  
Necrotizing Enterocolitis ☐ Other Prematurity ☐ Prematurity Cause But Not Able to Specify ☐If other prematurity cause/diagnosis - specify

## C. Sub-Categories of Infection

Probable Sepsis ☐ Culture-Positive Sepsis ☐ Probable Meningitis ☐ Culture-Positive Meningitis ☐  
Pneumonia ☐ Tetanus ☐ SARS-CoV-2 (COVID-19) ☐ Other Infection ☐ Infection Cause But Not Able to Specify ☐If other infection cause/diagnosis - specifyCulture Positive Organism Staphylococcus aureus ☐ Klebsiella spp. ☐ Pseudomonas spp. ☐  
Escherichia coli ☐ Acinetobacter spp. ☐ Group B Streptococcus ☐ Other gram-negatives ☐  
Other Streptococcus ☐ Other Fungal spp. ☐ Other ☐ Not indicated ☐  If other or spp. - full species/genus

Hospital-acquired infection?

## Neonatal Inpatient Form - Final Dataset

Abstractor Name

Record ID

Date

YY YY MM DD

## Discharge (cont.)

## Final Discharge Diagnosis/Cause of Death (Secondary #2) (cont.)

## D. Sub-Categories of Intrapartum-Related

Neonatal Hypoxic Ischemic Encephalopathy ☐ Meconium Aspiration ☐ Birth Injury (Intrapartum-Related) ☐Other Intrapartum-Related ☐ Intrapartum-Related Cause But Not Able to Specify ☐If other intrapartum-related cause/diagnosis - specify

## E. Sub-Categories of Jaundice (Pathological)

Requiring Phototherapy ☐ Requiring Exchange Transfusion ☐

## F. If Other Cause of Death or Final Diagnosis - specify

## Final Discharge Diagnosis/Cause of Death (Secondary #3)

## Secondary Category (3)

A. Congenital Malformations ☐ B. Prematurity ☐ C. Infection ☐D. Intrapartum-related ☐ E. Jaundice (Pathological) ☐ F. Other ☐ ☐ Not recorded ☐ Not readable

## A. Sub-Categories of Congenital Malformations

Congenital Heart Defects ☐ Chromosomal Disorders ☐ Abdominal Defects ☐Neural Tube Defects ☐ Orofacial Cleft ☐ Talipes/Club Foot ☐ Other Congenital ☐ Congenital Cause But Not Able to Specify ☐If other congenital cause/diagnosis - specify

## B. Sub-Categories of Prematurity

Respiratory Distress Syndrome (of Prematurity) ☐ Intraventricular Haemorrhage ☐Necrotizing Enterocolitis ☐ Other Prematurity ☐ Prematurity Cause But Not Able to Specify ☐

If other prematurity cause/diagnosis - specify

## C. Sub-Categories of Infection

Probable Sepsis ☐ Culture-Positive Sepsis ☐ Probable Meningitis ☐ Culture-Positive Meningitis ☐Pneumonia ☐ Tetanus ☐ SARS-CoV-2 (COVID-19) ☐ Other Infection ☐ Infection Cause But Not Able to Specify ☐If other prematurity cause/diagnosis - specifyCulture Positive Organism Staphylococcus aureus ☐ Klebsiella spp. ☐ Pseudomonas spp. ☐Escherichia coli ☐ Acinetobacter spp. ☐ Group B Streptococcus ☐ Other gram-negatives ☐Other Streptococcus ☐ Other Fungal spp. ☐ Other ☐ Not indicated ☐ ☐ Not recorded ☐ Not readableIf other or spp. - full species/genus

Hospital-acquired infection?

☐ Yes ☐ No ☐ Not recorded ☐ Not readable

## D. Sub-Categories of Intrapartum-Related

Neonatal Hypoxic Ischemic Encephalopathy ☐ Meconium Aspiration ☐ Birth Injury (Intrapartum-Related) ☐Other Intrapartum-Related ☐ Intrapartum-Related Cause But Not Able to Specify ☐If other intrapartum-related cause/diagnosis - specify

## E. Sub-Categories of Jaundice (Pathological)

Requiring Phototherapy ☐ Requiring Exchange Transfusion ☐

## F. If Other Cause of Death or Final Diagnosis - specify

Was LBW mentioned as a diagnosis or cause of death?

Yes ☐No ☐

Additional comments

END OF FORM