**Study ID Number** | |

Study to Explore Early Development

# NEONATAL / BIRTH HOSPITAL CHART MEDICAL RECORD ABSTRACTION FORM

**This form should be used for abstraction of medical records from the hospital of delivery and early neonatal care (first 28 days of life).**

**Note: there may be more than one if there was a neonatal transport.**

Below list all providers that contributed data to this form.

**OF NOTE:** It is NOT necessary to indicate the specific provider record source for each individual data item on this form. It will be too cumbersome to try and detail exactly which record(s) provided which data. Hopefully, in most cases if the same information is provided in multiple different provider records, it will be consistent and complimentary. However, there might be cases in which conflicting information is presented in 2 different records. Use the data available to make your best judgment about the correct information and then add a comment providing details of the conflict between provider sources.

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| **CONTRIBUTING PROVIDERS** | | |
|---|---|---|
| A.1. Name of Provider/Hospital | | |
| A.2. Street Address | | |
| A.3. City | A.4. State | A.5. Zip Code |

| **ABSTRACTION LOG** | | |
|---|---|---|
| A.6. Date __ __/__ __/__ __ __ __ | A.7. Date __ __/__ __/__ __ __ __ | A.8. Date __ __/__ __/__ __ __ __ |
| A.6.1 to A.6.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start : Stop : | A.7.1 to A.7.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start : Stop : | A.8.1 to A.8.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start : Stop : |
| A.9. Date __ __/__ __/__ __ __ __ | A.10. Date __ __/__ __/__ __ __ __ | A.11. Date __ __/__ __/__ __ __ __ |
| A.9.1 to A.9.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | A.10.1 to A.10.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | A.11.1 to A.11.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ |

| B.1. Name of Provider/Hospital | | |
|---|---|---|
| B.2. Street Address | | |
| B.3. City | B.4. State | B.5. Zip Code |

| **ABSTRACTION LOG** | | |
|---|---|---|
| B.6. Date __ __/__ __/__ __ __ __ | B.7. Date __ __/__ __/__ __ __ __ | B.8. Date __ __/__ __/__ __ __ __ |
| B.6.1 to B.6.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | B.7.1 to B.7.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | B.8.1 to B.8.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ |
| B.9. Date __ __/__ __/__ __ __ __ | B.10. Date __ __/__ __/__ __ __ __ | B.11. Date __ __/__ __/__ __ __ __ |

**Study ID Number** | |
|---|---|

| B.9.1 to B.9.8 Time *(*use military time)* | B.10.1 to B.10.8 Time *(*use military time)* | B.11.1 to B.11.8 Time *(*use military time)* |
|---|---|---|
| Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ |

| C.1. Name of Provider/Hospital | | |
|---|---|---|
| C.2. Street Address | | |
| C.3. City | C.4. State | C.5. Zip Code |

**ABSTRACTION LOG**

| C.6. Date __ __/__ __/__ __ __ __ | C.7. Date __ __/__ __/__ __ __ __ | C.8. Date __ __/__ __/__ __ __ __ |
|---|---|---|
| C.6.1 to C.6.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | C.71 to C.7.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | C.8.1 to C.8.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ |
| C.9. Date __ __/__ __/__ __ __ __ | C.10. Date __ __/__ __/__ __ __ __ | C.11. Date __ __/__ __/__ __ __ __ |
| C.9.1 to C.9.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | C.10.1 to C.10.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ | C.11.1 to C.11.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ |

| D.1. Name of Provider/Hospital | | |
|---|---|---|
| D.2. Street Address | | |
| D.3. City | D.4. State | D.5. Zip Code |

**ABSTRACTION LOG**

| D.6. Date __ __/__ __/__ __ __ __ | D.7. Date __ __/__ __/__ __ __ __ | D.8. Date __ __/__ __/__ __ __ __ |
|---|---|---|
| D.6.1 to D.6.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start : Stop : | D.71 to D.7.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start : Stop : | D.8.1 to D.8.8 Time *(*use military time)*<br>Start __ __ : __ __ Stop __ __: __ __<br>Start __ __ : __ __ Stop __ __: __ __<br>Start : Stop : |
| D.9. Date __ __/__ __/__ __ __ __ | D.10. Date __ __/__ __/__ __ __ __ | D.11. Date __ __/__ __/__ __ __ __ |

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| D.9.1 to D.9.8 Time *(*use military time)* | D.10.1 to D.10.8 Time *(*use military time)* | D.11.1 to D.11.8 Time *(*use military time)* |
|---|---|---|
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |

| E.1. Name of Provider/Hospital | | |
|---|---|---|
| E.2. Street Address | | |
| E.3. City | E.4. State | E.5. Zip Code |

**ABSTRACTION LOG**

| E.6. Date __ __/__ __/__ __ __ __ | E.7. Date __ __/__ __/__ __ __ __ | E.8. Date __ __/__ __/__ __ __ __ |
|---|---|---|
| E.6.1 to E.6.8 Time *(*use military time)* | E.71 to E.7.8 Time *(*use military time)* | E.8.1 to E.8.8 Time *(*use military time)* |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start : Stop : | Start : Stop : | Start : Stop : |
| E9. Date __ __/__ __/__ __ __ __ | E10. Date __ __/__ __/__ __ __ __ | E11. Date __ __/__ __/__ __ __ __ |
| E9.1 to D.9.8 Time *(*use military time)* | E10.1 to E10.8 Time *(*use military time)* | E11.1 to E11.8 Time *(*use military time)* |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ | Start __ __ : __ __ Stop __ __: __ __ |
| Start __ __ : __ __ Stop __ __: __ | Start __ __ : __ __ Stop __ __: __ | Start __ __ : __ __ Stop __ __: __ |

(Add extra sheets as needed)

| A. identifying Information | | ☐ NO INFORMATION FOR ANY ITEM IN SECTION | |
|---|---|---|---|
| 1. Baby's Name (Last, First, Middle, Suffix) | | | |
| 2. Baby AKA | 3. Date of birth<br>_ _/_ _/_ _ _ _ | 4. Time of Birth<br>_ _ : _ _ | |
| 5. Mother's Name (Last, First, Middle) | 6. Mother's Maiden Name | | |
| 7. Street Address | 8. City | 9. State | 10. Zip Code |

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| 11. Birth Hospital Name | | | |
|---|---|---|---|
| 12. Hospital Address | 13. City | 14. State | 15. Zip code |
| 16. Father’s Name (Last, First, Middle) | | | |

| 17. Time @ 4-hour Age | 18. Time @ 12-hour Age | 19.Time @ 24-hour Age | 20. Time @ 48-hour Age |
|---|---|---|---|
| 17a. Date _ _/_ _/_ _ _ – | 18a. Date _ _/_ _/_ _ _ _ | 19a. Date _ _/_ _/_ _ _ _ | 20a. Date _ _/_ _/_ _ _ _ |
| 17b. Time : | 18b. Time _ _ : _ _ | 19b. Time _ _:_ _ | 20b. Time _ _ : _ _ |

21. Comments:

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**Sections B-W: How to Document Various Types of Missing Information**

**A. No information -- entire section**
Each section of each form will include either one or two universal missing check boxes. If either are checked, no further data are recorded for the entire section.

**1. No information for any item in section**
Checked if:
No relevant tests or procedures appear to have been ordered by any contributing medical care providers; and/or
No information was recorded for relevant health status, medical conditions, medications.

**2. Test/procedure for one or more items in section indicated but no information on dates, results, etc.**
(will only apply to certain sections as indicated)

**B. Information available for one or more items within a section BUT no information for selected items**

If there is information in the chart for one or more items in a given section on a given abstraction form, all pertinent data should be recorded. However, there is still the possibility that there will be missing data within these sections. Three types of missing data codes are recognized:

**NA – NOT APPLICABLE** (for use with certain items such as those with skip patterns and those for which multiple tests/procedures/etc. might have been performed and all are requested in abstraction form. After last relevant item is recorded, the subsequent item on abstract form is NA to indicate the end of reporting).

**IL -- NOT LEGIBLE** (self-explanatory)

**NR – NO info in RECORD** ("true missing" There ***should*** be information for an item, but it cannot be located.)

The following coding schemes will be applied to code these 3 types of missing:

***Categorical variables with a finite coding scheme***
**77** NA
**88** IL
**99** NR

***Dates and times*** – these may be completely missing or partially missing.
Data entry format is __ __/__ __/__ __ __ __ and __ __:__ __
For dates and time (military hours and minutes)

For day, month hours, and minutes, enter **77, 88, or 99** as appropriate
For year the enter **7777, 8888, or 9999** as appropriate

Thus, these can be completely missing or mixed with valid data such as:
03/99/2003 and 10:88

***Continuous/open ended data items:*** Since it will be overly burdensome to develop and employ a missing data scheme which individually considers each data item and the appropriate number of digits for missing values use the alpha codes for missing in these instances: **NA, IL, or NR**

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## B. Infant Transport

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| FIRST INFANT TRANSPORT | | | |
|---|---|---|---|
| 1a. Name of Receiving Hospital | 1b. Date Arrived<br>_ _/_ _/_ _ _ _ | 1c. Date Departed<br>_ _/_ _/_ _ _ _ | 1d. Transport Service<br>1☐ Ambulance<br>2☐ Helicopter<br>3☐ Private car<br>8☐ Other *(specify)*<br>____________________1d.*sp.*<br>88☐ IL<br>99☐ NR |
| 1e. Reason for Transport: | | | |

| SECOND INFANT TRANSPORT | | | |
|---|---|---|---|
| 2a. Name of Receiving Hospital | 2b. Date Arrived<br>_ _/_ _/_ _ _ _ | 2c. Date Departed<br>_ _/_ _/_ _ _ _ | 2d. Transport Service<br>1☐ Ambulance<br>2☐ Helicopter<br>3☐ Private car<br>8☐ Other *(specify)*<br>____________________2d.*sp.*<br>88☐ IL<br>99☐ NR |
| 2e. Reason for Transport | | | |

| THIRD INFANT TRANSPORT | | | |
|---|---|---|---|
| 3a. Name of Receiving Hospital | 3b. Date Arrived<br>_ _/_ _/_ _ _ _ | 3c. Date Departed<br>_ _/_ _/_ _ _ _ | 3d. Transport Service<br>1☐ Ambulance<br>2☐ Helicopter<br>3☐ Private car<br>8☐ Other *(specify)*<br>____________________3d.*sp.*<br>88☐ IL<br>99☐ NR |
| 3e. Reason for Transport: | | | |

## C. temperatures

☐ NO INFORMATION FOR ANY ITEM IN SECTION

| 1. Initial temp (nursery admit)<br>______.______<br>1a. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR<br>1b. **Mode:** 1☐ Skin 2☐ Axillary 3☐ Rectal 88☐ IL 99☐ NR | 2. Initial temp date<br>__ __/__ __/__ __ __ __ | 3. Initial temp time<br>__ __ : __ __ |
|---|---|---|
| 4. *Lowest* temp **in first 48 hrs**<br>______.______<br>4a. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR<br>4b. **Mode:** 1☐ Skin 2☐ Axillary 3☐ Rectal 88☐ IL 9☐ NR | 5. *Highest* temp **in first 48 hrs**<br>______.______<br>5a. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR<br>5b. **Mode:** 1☐ Skin 2☐ Axillary 3☐ Rectal 88☐ IL 99☐ NR | |
| 6. Comments: | | |

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## D. FIRST BABY GASES *(within first 2 hours after birth)*

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| | Time drawn | Type | pH | Base Excess/Base Deficit |
|---|---|---|---|---|
| 1. | 1a. __ __ : __ __ | 1b. 1☐ Arterial/ABG<br>2☐ Venous/VBG<br>88☐ Illegible<br>99☐ Not Recorded | 1c. | 1d. |
| 2. | 2a. __ __ : __ __ | 2b. 1☐ Arterial/ABG<br>2☐ Venous/VBG<br>88☐ Illegible<br>99☐ Not Record | 2c. | 2d. |
| 3. | 3a. __ __ : __ __ | 3b. 1☐ Arterial/ABG<br>2☐ Venous/VBG<br>88☐ Illegible<br>99☐ Not Recorded | 3c. | 3d. |
| 4. | 4a. __ __ : __ __ | 4b. 1☐ Arterial/ABG<br>2☐ Venous/VBG<br>88☐ Illegible<br>99☐ Not Recorded | 4c. | 4d. |

5. Comments:

## E. RESPIRATORY SUPPORT *(within first 2 hours after birth)*

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

**Mode of respiratory support:**

1 = IMV, 2 = (N)CPAP, 3 = Oxy hood, 4 = NC, 5 = HFV, 6 = Nitric Oxide, 8 = Other *(specify in comments)*, 88 = Illegible, 99 = Not Recorded

| | Mode | Start Time | End Time | Duration | Comments |
|---|---|---|---|---|---|
| 1. | 1a. | 1b. __ __ : __ __ | 1c. __ __ : __ __ | 1d. _ _ : _ _ : _ _<br>hrs min sec | 1e. |
| 2. | 2a. | 2b. __ __ : __ __ | 2c. __ __ : __ __ | 2d. _ _ : _ _ : _ _<br>hrs min sec | 2e. |
| 3. | 3a. | 3b. __ __ : __ __ | 3c. __ __ : __ __ | 3d. _ _ : _ _ : _ _<br>hrs min sec | 3e. |
| 4. | 4a. | 4b. __ __ : __ __ | 4c. __ __ : __ __ | 4d. _ _ : _ _ : _ _<br>hrs min sec | 4e. |

5. Comments:

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## F. GLUCOSE STABILITY *(within first 24 hours after birth)*

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| Screens | Date Drawn | Time Drawn | Value | Associated Clinical Symptoms |
|---|---|---|---|---|
| 1. First glucose screen | 1a. __ __/__ __/__ __ | 1b. __ __ : __ __ | 1c. ________<br>1c.1. **Units:**<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 1d. (**Check all that apply**)<br>1d.1. 1☐ Jitters 1d.2. 2☐ Seizures 1d.3. 3☐ Shock<br>1d.4. 4☐ Apnea 1d.5. 5☐ Decreased Perfusion<br>1d.6. 8☐ Other *(specify)*<br>________________________1d.6.*sp.*<br>1d.7 88☐ IL 1d.8 99☐ NR |
| 2. If ABNL, first WNL | 2a. __ __/__ __/__ __ | 2b. __ __ : __ __ | 2c. ________<br>2c.1. **Units:**<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 2d. (**Check all that apply**)<br>2d.1. 1☐ Jitters 2d.2. 2☐ Seizures 2d.3. 3☐ Shock<br>2d.4. 4☐ Apnea 2d.5. 5☐ Decreased Perfusion<br>2d.6. 8☐ Other *(specify)*<br>________________________2d.6.*sp.*<br>2d.7 88☐ IL 2d.8 99☐ NR |
| 3. Highest glucose in first 24 hrs | 3a. __ __/__ __/__ __ | 3b. __ __ : __ __ | 3c. ________<br>3c.1. **Units:**<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 3d. (**Check all that apply**)<br>3d.1. 1☐ Jitters 3d.2. 2☐ Seizures 3d.3. 3☐ Shock<br>3d.4. 4☐ Apnea 3d.5. 5☐ Decreased Perfusion<br>3d.6. 8☐ Other *(specify)*<br>________________________3d.6.*sp.*<br>3d.7 88☐ IL 3d.8 99☐ NR |
| 4. Lowest glucose in first 24 hrs | 4a. __ __/__ __/__ __ | 4b. __ __ : __ __ | 4c. ________<br>4c.1. **Units:**<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 4d. (**Check all that apply**)<br>4d.1. 1☐ Jitters 4d.2. 2☐ Seizures 4d.3. 3☐ Shock<br>4d.4. 4☐ Apnea 4d.5. 5☐ Decreased Perfusion<br>4d.6. 8☐ Other *(specify)*<br>________________________4d.6.*sp.*<br>4d.7 88☐ IL 4d.8 99☐ NR |

5. Comments:

**Study ID Number** [ ]

## G. BILIRUBIN (COLLECT ALL VALUES)

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| Date Drawn | Time Drawn | Value | Treatment (check all that apply) | Antibody Reaction (check all that apply) |
|---|---|---|---|---|
| 1.<br>_ _ / _ _ / _ _ _ _ | 1a.<br>__ __ : __ __ | 1b.<br>1b.1. Total ______<br>1b.2. Direct ______<br>1b.3. Indirect_____<br>1b.4. Units<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 1c.<br>1c.1. 1☐ IV Fluids<br>1c.2. 2☐ Photo Therapy<br>1c.3. 3☐Exchange Transfusion<br>1c.4. 4☐ None<br>1c.5. 88☐ IL<br>1c.6. 99☐ NR | 1d.<br>1d.1. 1☐ Coombs Test →<br>1d.1a. 1☐ Positive<br>1d.1b. 2☐ Negative<br>1d.2. 2☐ Rh Sensitivity<br>1d.3. 3☐ Blood Type Antibody Tests<br>1d.4. 4☐ None<br>1d.5. 8☐ Other *(specify)*<br>_____________1d.5.*sp.*<br>1d.6. 88☐ IL<br>1d.7. 99☐ NR |
| 1e. Comments: | | | | |
| 2.<br>_ _ / _ _ / _ _ _ _ | 2a.<br>__ __ : __ __ | 2b.<br>2b.1. Total ______<br>2b.2. Direct ______<br>2b.3. Indirect_____<br>2b.4. Units<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 2c.<br>2c.1. 1☐ IV Fluids<br>2c.2. 2☐ Photo Therapy<br>2c.3. 3☐Exchange Transfusion<br>2c.4. 4☐ None<br>2c.5. 88☐ IL<br>2c.6. 99☐ NR | 2d.<br>2d.1. 1☐ Coombs Test →<br>2d.1a. 1☐ Positive<br>2d.1b. 2☐ Negative<br>2d.2. 2☐ Rh Sensitivity<br>2d.3. 3☐ Blood Type Antibody Tests<br>2d.4. 4☐ None<br>2d.5. 8☐ Other *(specify)*<br>_____________1d.5.*sp.*<br>2d.6. 88☐ IL<br>2d.7. 99☐ NR |
| 2e. Comments: | | | | |
| 3.<br>_ _ / _ _ / _ _ _ _ | 3a.<br>__ __ : __ __ | 3b.<br>3b.1. Total ______<br>3b.2. Direct ______<br>3b.3. Indirect_____<br>3b.4. Units<br>1☐ mg/dL<br>2☐ mmol/L<br>88☐ IL<br>99☐ NR | 3c.<br>3c.1. 1☐ IV Fluids<br>3c.2. 2☐ Photo Therapy<br>3c.3. 3☐Exchange Transfusion<br>3c.4. 4☐ None<br>3c.5. 88☐ IL<br>3c.6. 99☐ NR | 3d.<br>3d.1. 1☐ Coombs Test →<br>3d.1a. 1☐ Positive<br>3d.1b. 2☐ Negative<br>3d.2. 2☐ Rh Sensitivity<br>3d.3. 3☐ Blood Type Antibody Tests<br>3d.4. 4☐ None<br>3d.5. 8☐ Other *(specify)*<br>_____________1d.5.*sp.*<br>3d.6. 88☐ IL<br>3d.7. 99☐ NR |
| 3e. Comments: | | | | |

Study ID Number

## H. SCORE FOR NEONATAL ACUTE PHYSIOLOGY (SNAP)

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

**1.** 1a. ☐ Transferred to a well baby setting (e.g. home, Maternal-Infant bonding room, maternal room, foster care, etc.)?
1b. ☐ Transported-in or re-admit to NICU greater than 4 hours after birth?

**If one of the above boxes is checked then, DO NOT collect the information below and check here:** 1c. 77☐ **NA**
**Otherwise please complete the information below.**

**<u>**SNAP period begins with physical entry into the NICU</u>, even if the baby first spent time in the Well Baby Nursery (for < 4 hours). <u>Only indicate values for first 24 hours after birth**</u>**

**1d. Date of Entry into NICU __ __/__ __/__ __ __ __** **1e. Time of Entry into NICU ____:____**

| | | |
|---|---|---|
| **2.** **Lowest Mean Arterial Pressure** | 2a. Date: _ _/_ _/_ _ _ _ <br> 2b. Time: ___ :___ | *2c. Do not include blood pressures in the delivery room* <br> 2c.1 Systolic _______ 2c.2 Diastolic _______ <br> 2c.3 MAP (from chart) = _______ 2c.4 MAP (calculated) = _______ |
| **3.** **Lowest Temperature** | 3a. Date: _ _/_ _/_ _ _ _ <br> 3b. Time: ___ :___ | *Do not record temps obtained by probe only* <br> 3c. ________ 3d. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR <br> 3e. **Mode:** 1☐ Axillary 2☐ Rectal 88☐ IL 99☐ NR |
| **4.** **Highest Mean Airway Pressure** | 4a. Date: _ _/_ _/_ _ _ _ <br> 4b. Time: ___ :___ | *If baby was not on a ventilator during this period, score as "not done."* <br> 4c. ____ ____ ____ mm Hg 4d. ☐ Not Done |
| **5.** **Lowest $PaO_2$** | 5a. Date: _ _/_ _/_ _ _ _ <br> 5b. Time: ___ :___ | *If baby was not on supplemental $O_2$ during this period, count as "not done."* <br> 5c. ____ ____ ____ mm Hg 5d. ☐ Not Done |
| **6.** **Highest $FiO_2$** | 6a. Date: _ _/_ _/_ _ _ _ <br> 6b. Time: ___ :___ | *You may need to obtain this value from the Respiratory Therapy or Nursing Notes.* <br> 6c. ____ ____ ____ mm Hg <br> 88☐ IL 99☐ NR |
| **7.** **Lowest Serum pH (free)** | 7a. Date: _ _/_ _/_ _ _ _ <br> 7b. Time: ___ :___ | *This may be obtained by arterial, venous, or capillary blood gas. (Do NOT include cord gases)* <br> 7c. ______________________ <br> 88☐ IL 99☐ NR |
| **8.** **Seizures** | | 1☐ None 2☐ Single 3☐ Multiple <br> 88☐ IL 99☐ NR |
| **9.** **Urine Output** | | _______ cc/24 hours *(Add up the total for the 24 hour period)* |

**10. Comments:**

**Study ID Number**

## I. BABY ADMISSION

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

1. GA By Exam (Wks)
1a. _____(wks)

2. Dubowitz Gestational Age Assessment
2a. _____(wks) 2b. _____(days)

3. Estimated Gestational Age
1☐ AGA 2☐ SGA 3☐ LGA
4☐ IUGR 88☐ IL 99☐ NR

4. Head Circumference
#___________ (cm)

5. Height/ Length
#____________ (cm)

6. Weight
#___________ (gm)

7. Hepatitis B Vaccine Given:

8. Blood Type
1☐ A+ 2☐ A- 3☐ B+ 4☐ B- 5☐ AB+ 6☐ AB- 7☐ O+
8☐ O- 88☐ IL 99☐ NR

9. Rh Type
1☐ Negative 2☐ Positive

10. Toxicology Screen:
1☐ Yes* 2☐ No 88☐ IL 99☐ NR
*(specify type)____________________ 10.*sp.*

10a. Results:
1☐ Positive *(specify result)*
______________________10a.*sp.*
2☐ Negative
77☐ NA 88☐ IL 99☐ NR

11. Surfactant Given

### 12. Birth Trauma Noted *(check all that apply)*

12a. 1☐ Bruising
12b. 2☐ Laceration
12c. 3☐ Brachial Plexus Injury (e.g., Erb's Palsy)
12d. 4☐ Fractured Clavicle
12e. 5☐ DIC
12f. 6☐ TTN
12g. 8☐ Other *(specify trauma)*
___________________________12g.*sp.*
12h. 88☐ IL 12i. 99☐ NR

### 13. Problems/Impressions *(check all that apply)*

13a. 1☐ Birth Asphyxia
13b . 2☐ Hypoglycemia
13c. 3☐ Hypothermia
13d. 4☐ Hypotension
13e. 5☐ MAS
13f. 6☐ PDA
13g. 7☐ PFC/PPHN
13h. 8☐ Pneumothorax
13i. 9☐ RDS/HMD
13j. 10☐ Sepsis
13k. 11☐ Other *(specify problem)*
________________________________13k.*sp.*
13l. 12☐ Other *(specify problem)*
________________________________13l.*sp.*
13m. 88☐ IL
13n. 99☐ NR

### 14. Resuscitation in delivery room *(check all that apply)*

14a. 1☐ Bag & Mask:
14a.1. 1☐ < 2 min 2☐ ≥ 2 min
14b. 2☐ Intubation & ET suction for Meconium* (14b.1. below)
14c. 3☐ Intubation & positive pressure Ventilation* (14c.1. below)
14d. 4☐ Medications *(fill out Section P)*
14e. 5☐ Chest compressions:
14e.1. Duration: _____ minutes
14f. 88☐ IL 14g. 99☐ NR

### 15. Nutrition

15a. 1☐ Breast Only
15b. 2☐ Formula Only
15c. 3☐ Combination *(specify)*____________________ 15c.*sp.*
15d. 4☐ Tube
15e. 8☐ Other *(specify)*______________________________ 15e.*sp.*
15f. 88☐ IL 15g. 99☐ NR

### 16. Formula

☐ No information for any item in section

**Study ID Number** ____________

| * Describe Intubation *(as described in chart)*: | 16a.1. Was formula given at anytime in the nursery/during stay? |
|---|---|
| 14b.1. 1☐ Routine 2☐ Difficult<br>88☐ IL 9☐ NR<br>14c.1. 1☐ Routine 2☐ Difficult<br>88☐ IL 99☐ NR | 1☐ Yes* 2☐ No 88☐ IL 99☐ NR<br>*If yes, how often? Every ______ hours - 16a.*sp.*<br>16a.2 Type of Formula<br>1☐ Soy 2☐ Cow's milk 3☐ Elemental Formula*<br>*Name of formula? *(verbatim from record)*<br>________________________________________________ 16a.2.*sp.*<br>88☐ IL 99☐ NR |
| **17. NG or OG feeds** | **18. Was a referral made to a lactation consultant?** |
| 1☐ Yes* 2☐ No 88☐ IL 99☐ NR<br>17a.*sp.* *How often? Every ______ hours<br>88☐ IL 99☐ NR | 1☐ Yes 2☐ No 77☐ NA 88☐ IL 99☐ NR<br>**19. Comments** |

## J. MEDICAL HISTORY

☐ **No information for any item in section**

**Includes the Discharge Diagnoses**

**Med Hx Codes:** Refer to Appendix A for list of codes.

**Precision Codes:** 1 = Suspected, 2 = Definite, 88 = Not Legible, 99 = Not Recorded

*** If 'yes' is checked for Medications, then complete Section P.**

| No. | Med Hx Code | Precision Code | Date Diagnosed | Date Resolved | Medications Given* |
|---|---|---|---|---|---|
| **1.** | 1a.<br>*Specify:* 1a.*sp.* | 1b. | 1c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 1d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 1e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **2.** | 2a.<br>*Specify:* 2a.*sp.* | 2b. | 2c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 2d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 2e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **3.** | 3a.<br>*Specify:* 3a.*sp.* | 3b. | 3c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 3d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 3e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **4.** | 4a.<br>*Specify:* 4a.*sp.* | 4b. | 4c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 4d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 4e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **5.** | 5a.<br>*Specify:* 5a.*sp.* | 5b. | 5c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 5d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 5e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |

Study ID Number

| | | | | | |
|---|---|---|---|---|---|
| **6.** | 6a.<br>*Specify:* 6a.*sp.* | 6b. | 6c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 6d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 6e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **7.** | 7a.<br>*Specify:* 7a.*sp.* | 7b. | 7c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 7d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 7e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **8.** | 8a.<br>*Specify:* 8a.*sp.* | 8b. | 8c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 8d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 8e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **9.** | 9a.<br>*Specify* 9a.*sp.* | 9b. | 9c.<br>_ _/_ _/_ _ _ _<br>9☐ Unknown | 9d.<br>__ __/__ __/__ __ __ __<br>1☐ Ongoing 9☐ Unknown | 9e. 1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |

**10. Comments:**

## K. INFECTIONS

☐ **No information for any item in section**

**Infection Code:** Refer to Table 2 for list of codes.

**Temperature:** Record the temperature if the range is **< 36.5ºC (97.7ºF) or ≥ 38.0ºC (100.4ºF)**; also complete Section N.

If 'yes' is checked for Cultures, then complete Section L.
If 'yes' is checked for Medications, then complete Section P.

| No. | Infection Code | Date Diagnosed | Certainty of Dx | Duration | Highest Temperature | Culture/ Rapid Screen | Medication |
|---|---|---|---|---|---|---|---|
| **1.** | 1a.<br>________<br>1.a.*sp.*<br>________ | 1b.<br>_ _/_ _/_ _ _ _ | 1c.<br>1☐ Lab / Test*<br>2☐ Clinical<br>3☐ Suspect<br>88☐ IL<br>99☐ NR<br>* see manual | 1d.<br>__ __ __<br>days | 1e.<br>**Value:**<br>______<br>7☐ Out of range<br>1e.1. **Units:**<br>1☐ ºC<br>2☐ ºF<br>88☐ IL<br>99☐ NR | 1f.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR | 1g.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **2.** | 2a.<br>________<br>2.a.*sp.*<br>________ | 2b.<br>_ _/_ _/_ _ _ _ | 2c.<br>1☐ Lab / Test*<br>2☐ Clinical<br>3☐ Suspect<br>88☐ IL<br>99☐ NR<br>* see manual | 2d.<br>__ __ __<br>days | 2e.<br>**Value:**<br>______<br>7☐ Out of range<br>2e.1. **Units:**<br>1☐ ºC<br>2☐ ºF<br>88☐ IL<br>99☐ NR | 2f.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR | 2g.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |

**Study ID Number** [ ]

## K. INFECTIONS

☐ No information for any item in section

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **3.** | 3a.<br>________<br>3.a.*sp*.<br>________ | 3b.<br>_ _/_ _/_ _ _ _ | 3c.<br>1☐ Lab / Test*<br>2☐ Clinical<br>3☐ Suspect<br>88☐ IL<br>99☐ NR<br>* see manual | 3d.<br>__ __ __<br>days | 3e.<br>**Value:**<br>_____<br>7☐ Out of range<br>3e.1. **Units:**<br>1☐ ºC<br>2☐ ºF<br>88☐ IL<br>99☐ NR | 3f.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR | 3g.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **4.** | 4a.<br>________<br>4.a.*sp*.<br>________ | 4b.<br>_ _/_ _/_ _ _ _ | 4c.<br>1☐ Lab / Test*<br>2☐ Clinical<br>3☐ Suspect<br>88☐ IL<br>99☐ NR<br>* see manual | 4d.<br>__ __ __<br>days | 4e.<br>**Value:**<br>_____<br>7☐ Out of range<br>4e.1. **Units:**<br>1☐ ºC<br>2☐ ºF<br>88☐ IL<br>99☐ NR | 4f.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR | 4g.<br>1☐Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |
| **5.** | 5a.<br>________<br>5.a.*sp*.<br>________ | 5b.<br>_ _/_ _/_ _ _ _ | 5c.<br>1☐ Lab / Test*<br>2☐ Clinical<br>3☐ Suspect<br>88☐ IL<br>99☐ NR<br>* see manual | 5d.<br>__ __ __<br>days | 5e.<br>**Value:**<br>_____<br>7☐ Out of range<br>5e.1. **Units:**<br>1☐ ºC<br>2☐ ºF<br>88☐ IL<br>99☐ NR | 5f.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR | 5g.<br>1☐ Yes<br>2☐ No<br>88☐ IL<br>99☐ NR |

**6. Comments:**

| Study ID Number | |
|---|---|

## L. CULTURES/RAPID STREP SCREENS RELATED TO INFECTION

☐ **No information for any item in section**
☐ **Test/procedure for one or more items in section indicated but no information on dates, results, etc.**

**Source:** 1 = blood, 2 = CSF, 3 = ear canal, 4 = nasal, 5 = sputum, 6 = stool, 7 = throat, 8 = urine, 9 = skin, 10 = eye, 11 = intravenous/broviac line, 12 = endotracheal tube aspirate, 88 = other *(specify)*, 888 = Not Legible, 99 = Not Recorded

**REF:** Indicate the letter and number of the event from the previous section (e.g. K2 – for Section K, #2), otherwise enter the reason from the chart.

| No. | REF | Date Cultured / Rapid Screen | Source | Results | Description (e.g. organisms in screen) |
|---|---|---|---|---|---|
| **1.** | 1a. ______ | 1b. __ __/__ __/__ __ __ __ | 1c. ________<br>1.c.*sp.* ________ | 1d.<br>1☐ No growth<br>2☐ Normal flora<br>3☐ Light growth<br>4☐ Moderate to heavy growth<br>5☐ Growth noted, not specified<br>6☐ Urine Culture colony count (*Specify)* __________1d.1.*sp.*<br>7☐ Rapid strep screen beta strep positive.<br>8☐ Rapid strep screen beta strep negative.<br>9☐ Other (S*pecify)* ________________1d.2.*sp.*<br>77☐ NA 88☐ IL 99☐ NR | 1e. |
| **2.** | 2a. ______ | 2b. __ __/__ __/__ __ __ __ | 2c. ________<br>2.c.*sp.* ________ | 2d.<br>1☐ No growth<br>2☐ Normal flora<br>3☐ Light growth<br>4☐ Moderate to heavy growth<br>5☐ Growth noted, not specified<br>6☐ Urine Culture colony count (*Specify)* __________2d.1.*sp.*<br>7☐ Rapid strep screen beta strep positive.<br>8☐ Rapid strep screen beta strep negative.<br>9☐ Other (S*pecify)* ________________2d.2.*sp.*<br>77☐ NA 88☐ IL 99☐ NR | 2e. |

**Study ID Number** | |

| 3. | 3a. | 3b. | 3c. | 3d. | 3e. |
|---|---|---|---|---|---|
| | _______ | __ __/__ __/__ __ __ __ | ___________<br>3.c.*sp.*<br>___________ | 1☐ No growth<br>2☐ Normal flora<br>3☐ Light growth<br>4☐ Moderate to heavy growth<br>5☐ Growth noted, not specified<br>6☐ Urine Culture colony count (*Specify*) __________3d.1.*sp.*<br>7☐ Rapid strep screen beta strep positive.<br>8☐ Rapid strep screen beta strep negative.<br>9☐ Other (*Specify)* ________________3d.2.*sp.*<br>77☐ NA 88☐ IL 99☐ NR | |

Fc **4. Comments:**

## M. CSF ABNORMALITIES

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| 1. Date __ __/__ __/__ __ __ __ | | 2. Date __ __/__ __/__ __ __ __ | | 3. Date __ __/__ __/__ __ __ __ | | 4. Date __ __/__ __/__ __ __ __ | |
|---|---|---|---|---|---|---|---|
| **1a. Findings** ***(check all that apply)*** | | **2a. Findings** ***(check all that apply)*** | | **3a. Findings** ***(check all that apply)*** | | **4a. Findings** ***(check all that apply)*** | |
| 1a.1.☐ | ↑ WBC | 2a.1.☐ | ↑ WBC | 3a.1.☐ | ↑ WBC | 4a.1.☐ | ↑ WBC |
| 1a.2.☐ | ↑ Protein | 2a.2.☐ | ↑ Protein | 3a.2.☐ | ↑ Protein | 4a.2.☐ | ↑ Protein |
| 1a.3.☐ | ↓ Glucose | 2a.3.☐ | ↓ Glucose | 3a.3.☐ | ↓ Glucose | 4a.3.☐ | ↓ Glucose |
| 1a.4.☐ | ⊕ Gram stain | 2a.4.☐ | ⊕ Gram stain | 3a.4.☐ | ⊕ Gram stain | 4a.4.☐ | ⊕ Gram stain |
| 1a.5.☐ | Other *(specify)*: ______________1a.5.*sp.* | 2a.5.☐ | Other *(specify)*: ______________2a.5.*sp.* | 3a.5.☐ | Other *(specify)*: ______________3a.5.*sp.* | 4a.5.☐ | Other *(specify)*: ______________4a.5.*sp.* |
| 1a.6.☐ | NR | 2a.6.☐ | NR | 3a.6.☐ | NR | 4a.6.☐ | NR |
| 1a.7.☐ | IL | 2a.7.☐ | IL | 3a.7.☐ | IL | 4a.7.☐ | IL |

## N. TEMPERATURE

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

**Record temperatures < 36.5ºC (97.7ºF) or ≥ 38.0ºC (100.4ºF).**
*** If 'yes' is checked for Medications, then complete Section P.**

| No. | **Date Started** | **Duration** | **Temp** | **Mode** | **Conditions** | **Action Taken** | **Medication Given*** |
|---|---|---|---|---|---|---|---|

**Study ID Number** 

| | 1a. | 1b. | 1c. | 1d. | 1e. | 1f. | 1g. |
|---|---|---|---|---|---|---|---|
| **1.** | __ __/__ __/__ __ __ __ | ______ 1b.1. 1☐ Once 2☐ Hours 3☐ Days 88☐ IL 99☐ NR | ______ 1c.1. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR | 1☐ Axillary 2☐ Rectal 3☐ Oral 4☐ Skin 88☐ IL 99☐ NR | 1☐ Warmer 2☐ Isolette 88☐ IL 99☐ NR | 1☐ Bundled 2☐ Moved to warmer 3☐ Moved to isolette 4☐ Other *(specify)* ______________1f.*sp.* 88☐ IL 99☐ NR | 1☐ Yes 2☐ No 88☐ IL 99☐ NR |
| | 2a. | 2b. | 2c. | 2d. | 2e. | 2f. | 2g. |
| **2.** | __ __/__ __/__ __ __ __ | ______ 2b.1. 1☐ Once 2☐ Hours 3☐ Days 88☐ IL 99☐ NR | ______ 2c.1. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR | 1☐ Axillary 2☐ Rectal 3☐ Oral 4☐ Skin 88☐ IL 99☐ NR | 1☐ Warmer 2☐ Isolette 88☐ IL 99☐ NR | 1☐ Bundled 2☐ Moved to warmer 3☐ Moved to isolette 4☐ Other *(specify)* ______________2f.*sp.* 88☐ IL 99☐ NR | 1☐ Yes 2☐ No 88☐ IL 99☐ NR |
| | 3a. | 3b. | 3c. | 3d. | 3e. | 3f. | 3g. |
| **3.** | __ __/__ __/__ __ __ __ | ______ 3b.1. 1☐ Once 2☐ Hours 3☐ Days 88☐ IL 99☐ NR | ______ 3c.1. **Units:** 1☐ ºC 2☐ ºF 88☐ IL 99☐ NR | 1☐ Axillary 2☐ Rectal 3☐ Oral 4☐ Skin 88☐ IL 99☐ NR | 1☐ Warmer 2☐ Isolette 88☐ IL 99☐ NR | 1☐ Bundled 2☐ Moved to warmer 3☐ Moved to isolette 4☐ Other *(specify)* ______________3f.*sp.* 88☐ IL 99☐ NR | 1☐ Yes 2☐ No 88☐ IL 99☐ NR |

**4. Comments:**

## O. SURGICAL HISTORY

☐ **No information for any item in section**

* If 'yes' is checked for Medications or Anesthesia, then complete Section P.
** If temperature is < 36.5ºC (97.7ºF) or ≥ 38.0ºC (100.4ºF), then complete Section N.
Note: If infection occurred complete Section K.

**1. Circumcision**

1☐ Yes 2☐ No 77☐ NA(female) 88☐ IL 99☐ NR

1a. Date

__ __/__ __/__ __ __ __

1b. Anesthesia*

1☐ Conscious Sedation
2☐ Local
3☐ Epidural
4☐ General
5☐ None
88☐ IL
99☐ NR

1c. Medications Given*

1☐Yes 2☐ No
88☐ IL 99☐ NR

1d. Temperature**

1☐Yes 2☐ No
88☐ IL 99☐ NR

1e. Complications and Comments (e.g. type of injury), *(Specify)*

______________________________________________1e.*sp.*

**2 Proc 1**

2a. CPT Code

_________
9☐ Unknown

2b. Date

__ __/__ __/__ __ __ __
9☐ Unknown

2c. Name of Procedure *(Specify)*

______________________ 2c.*sp.*

2d. Anesthesia*

1☐ Conscious Sedation
2☐ Local
3☐ Epidural
4☐ General
5☐ None
88☐ IL
99☐ NR

2e. Medications Given*

1☐Yes 2☐ No
88☐ IL 99☐ NR

2f. Temperature**

1☐Yes 2☐ No
88☐ IL 99☐ NR

2g. Complications and Comments (e.g. type of injury), *(Specify)*

______________________________________________2g.*sp.*

**Study ID Number** ____________

<table>
<tr><td rowspan="2">3 Proc 2</td><td>3a. CPT Code<br>________<br>9☐ Unknown</td><td>3b. Date<br>__ __/__ __/__ __ __ __<br>9☐ Unknown</td><td rowspan="2">3d. Anesthesia*<br>1☐ Conscious Sedation<br>2☐ Local<br>3☐ Epidural<br>4☐ General<br>5☐ None<br>88☐ IL<br>99☐ NR</td><td>3e. Medications Given*<br>1☐Yes 2☐ No<br>88☐ IL 99☐ NR</td></tr>
<tr><td colspan="2">3c. Name of Procedure *(Specify)*<br>______________________________ 3c.*sp.*</td><td>3f. Temperature**<br>1☐Yes 2☐ No<br>88☐ IL 99☐ NR</td></tr>
<tr><td colspan="5">3g. Complications and Comments (e.g. type of injury), *(Specify)*<br>________________________________________________________________3g.*sp.*</td></tr>
<tr><td rowspan="2">4 Proc 3</td><td>4a. CPT Code<br>________<br>9☐ Unknown</td><td>4b. Date<br>__ __/__ __/__ __ __ __<br>9☐ Unknown</td><td rowspan="2">4d. Anesthesia*<br>1☐ Conscious Sedation<br>2☐ Local<br>3☐ Epidural<br>4☐ General<br>5☐ None<br>88☐ IL<br>99☐ NR</td><td>4e. Medications Given*<br>1☐Yes 2☐ No<br>88☐ IL 99☐ NR</td></tr>
<tr><td colspan="2">4c. Name of Procedure *(Specify)*<br>______________________________4c.*sp.*</td><td>4f. Temperature**<br>1☐Yes 2☐ No<br>88☐ IL 99☐ NR</td></tr>
<tr><td colspan="5">4g. Complications and Comments (e.g. type of injury), *(Specify)*<br>________________________________________________________________4g.*sp.*</td></tr>
</table>

**Study ID Number**

## P. MEDICATIONS

☐ No information for any item in section

**REF:** Indicate the letter and number of the event from the previous section (e.g. J2 – for Section J, #2), otherwise enter the reason from the chart.

**Drug codes:** 9 = steroids (lung maturity) 10 = antidiabetics, 11 = steroids (other), 12 = hormones, 13 = thyroid, 14 = antibiotics, 15 = antifungals, 16 = antivirals, 17 = anesthetics, 18 = anticonvulsants, 19 = analgesics/hypnotics/sedatives/psychotropics, 20 = antihypertensives/diuretics, 21 = cardiovascular, 22 = narcotic antagonists, 23 = ergotrate, 24 =antidepressants, 25 = vitamins, 26 = asthma/respiratory stimulant, 27 = preterm labor prevention, 28 = neonatal resuscitation, 29 = dextrose, 30 = antipyretics, 31 = hematologic, 32 = gastrointestinal, 33 =anti-neoplastic, 88 = other *(specify)*, 888 = illegible, 999 = not recorded

**Reason:** Specify

| | REF | Code | Drug Name | Reason | Start Date | Stop Date | Dose | Unit | Frequency |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1a. ________ | 1b. | 1c. | 1d. | 1e. __/__/____ | 1f. __/__/____ 1☐ Ongoing | 1g. __________ 8☐ Variable* *End Dose: *(specify)* ______1g.*sp.* | 1h. 1☐ gm 2☐ mg 3☐ mcg 4☐ mU 5☐ cc/ml 8☐ other 88☐ IL 99☐ NR | 1i. 1☐ QD 2☐ BID 3☐ TID 4☐ QID 5☐ PRN 6. Every ___ hrs 7☐ Per week 8☐ Total Dose 88☐ IL 99☐ NR |
| 2 | 2a. ________ | 2b. | 2c. | 2d. | 2e. __/__/____ | 2f. __/__/____ 1☐ Ongoing | 2g. __________ 8☐ Variable* *End Dose: *(specify)* ______2g.*sp.* | 2h. 1☐ gm 2☐ mg 3☐ mcg 4☐ mU 5☐ cc/ml 8☐ other 88☐ IL 99☐ NR | 2i. 1☐ QD 2☐ BID 3☐ TID 4☐ QID 5☐ PRN 6. Every ___ hrs 7☐ Per week 8☐ Total Dose 88☐ IL 99☐ NR |

**Study ID Number**

## P. MEDICATIONS

☐ No information for any item in section

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 3a.<br>_______ | 3b. | 3c. | 3d. | 3e.<br>_ _/_ _/_ _ _ _ | 3f.<br>_ _/_ _/_ _ _ _<br>1☐ Ongoing | 3g.<br>__________<br>8☐ Variable*<br>*End Dose:<br>*(specify)*<br>______3g.*sp.* | 3h.<br>1☐ gm<br>2☐ mg<br>3☐ mcg<br>4☐ mU<br>5☐ cc/ml<br>8☐ other<br>88☐ IL<br>99☐ NR | 3i.<br>1☐ QD<br>2☐ BID<br>3☐ TID<br>4☐ QID<br>5☐ PRN<br>6. Every ___ hrs<br>7☐ Per week<br>8☐ Total Dose<br>88☐ IL 99☐ NR |
| 4 | 4a.<br>_______ | 4b. | 4c. | 4d. | 4e.<br>_/_ _/_ _ _ _ | 4f.<br>_ _/_ _/_ _ _ _<br>1☐ Ongoing | 4g.<br>__________<br>8☐ Variable*<br>*End Dose:<br>*(specify)*<br>______4g.*sp.* | 4h.<br>1☐ gm<br>2☐ mg<br>3☐ mcg<br>4☐ mU<br>5☐ cc/ml<br>8☐ other<br>88☐ IL<br>99☐ NR | 4i.<br>1☐ QD<br>2☐ BID<br>3☐ TID<br>4☐ QID<br>5☐ PRN<br>6 Every ___ hrs<br>7☐ Per week<br>8☐ Total Dose<br>88☐ IL 99☐ NR |

Study ID Number

## P. MEDICATIONS

☐ No information for any item in section

| 5 | 5a. | 5b. | 5c. | 5d. | 5e. | 5f. | 5g. | 5h. | 5i. |
|---|---|---|---|---|---|---|---|---|---|
| | ________ | | | | __/__/____ | __/__/____<br>1☐ Ongoing | ________<br>8☐ Variable*<br>*End Dose: *(specify)*<br>______5g.*sp* | 1☐ gm<br>2☐ mg<br>3☐ mcg<br>4☐ mU<br>5☐ cc/ml<br>8☐ other<br>88☐ IL<br>99☐ NR | 1☐ QD<br>2☐ BID<br>3☐ TID<br>4☐ QID<br>5☐ PRN<br>6 Every ___ hrs<br>7☐ Per week<br>8☐ Total Dose<br>88☐ IL 99☐ NR |

**6. Comments**

Study ID Number

## Q. BLOOD PRODUCT TRANSFUSIONS

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

**Exclude normal saline partial exchange transfusion for polycythemia and albumin infusions for hypotension**

**1. Total #**

1☐ None 2☐ One 3☐ More than one 88☐ IL 99☐ NR

**2. Reasons for transfusions *(check all that apply)***

| | | | | | |
|---|---|---|---|---|---|
| 2a. ☐ | **Iatrogenic anemia** | 2b. ☐ | **Thrombocytopenia** | 2c. ☐ | **Hyperbilirubinemia** |
| 2d. ☐ | **Anemia of prematurity** | 2e. ☐ | **DIC** | 2f. ☐ | **Other** *(specify)* ________2f.*sp.* |
| 2g. ☐ | **Other anemia** *(specify)*: ________2g.*sp.* | 2h. ☐ | **Other clotting factor deficiency** *(specify):* ________2h.*sp.* | 2i. ☐ | **Other** *(specify)*: ________2i.*sp.* |

**3. Comments:**

## R. NEUROLOGY CONSULTS

☐ No information for any item in section

**Neurology Codes:** 1 = Birth asphyxia 2 = Brachial plexus injury 3 = Seizures 4 = Metabolic disorders 8 = Other *(specify)* 88 = IL 99 = NR

**REF.:** Please indicate the event number from the appropriate section (e.g. D2 – for Section D, #2), otherwise enter the reason for consult.

*** If 'yes' is indicated for Medications Given, then please complete Section P.**

| | | | | | |
|---|---|---|---|---|---|
| **1.** | 1a. Date: __ __/__ __/__ __ __ __ | 1b. REF or Reason ________1b.*sp.* 88☐ IL 99☐ NR | 1c. Neurology Code | 1d. Medication Given* 1☐ Yes 2☐ No 88☐ IL 99☐ NR | 1e. Comments |
| **2.** | 2a. Date: __ __/__ __/__ __ __ __ | 2b. REF or Reason ________2b.*sp.* 88☐ IL 99☐ NR | 2c. Neurology Code | 2d. Medication Given* 1☐ Yes 2☐ No 88☐ IL 99☐ NR | 2e. Comments |
| **3.** | 3a. Date: __ __/__ __/__ __ __ __ | 3b. REF or Reason ________3b.*sp.* 88☐ IL 99☐ NR | 3c. Neurology Code | 3d. Medication Given* 1☐ Yes 2☐ No 88☐ IL 99☐ NR | 3e. Comments |
| **4.** | 4a. Date: __ __/__ __/__ __ __ __ | 4b. REF or Reason ________4b.*sp.* 88☐ IL 99☐ NR | 4c. Neurology Code | 4d. Medication Given* 1☐ Yes 2☐ No 88☐ IL 99☐ NR | 4e. Comments |

Study ID Number

## S. SEIZURES

☐ No information for any item in section

**Proximate cause:**
1 = Cranial bleed, 2 = Cranial trauma, 3 = Drug withdrawal, 4 = HIE, 5 = Immunization, 6 = Medication, 7 = Meningitis, 8 = Metabolic encephalopathy, 88 = Other*(specify in comments)*, 888 = Ilegible, 99 = Not Recorded

| 1. Date | 1a. Time | 1b. Describe episode *(check all that apply)* | 1c. Witnessed by *(check all that apply)* |
|---|---|---|---|
| __ __/__ __/__ __ __ ___ | ____ : ____ | 1b.1. 1☐ Clonic/convulsive<br>1b.2. 2☐ Tonic/posturing<br>1b.3. 3☐ Myoclonic<br>1b.4. 4☐ Subtle<br>1b.5. 8☐ Other *(specify):* ____________________1b.5.*sp.*<br>1b.6. 88☐ IL<br>1b.7. 99☐ NR | 1c.1. 1☐ MD<br>1c.2. 2☐ RN<br>1c.3. 3☐ Parent<br>1c.4. 8☐ Other *(specify)* ________________1c.4.*sp.*<br>1c.5. 88☐ IL<br>1c.6. 99☐ NR |
| 1d. Proximate cause₁ ___________________________1d.*sp.* | | 1e. Proximate cause₂ ___________________________1e.*sp.* | |
| 1f. Meds given in response to seizure *(specify in Section P)*<br>1☐ Yes 2☐ No 88☐ IL 99☐ NR | | 1g. Comments: | |

| 2. Date | 2a. Time | 2b. Describe episode *(check all that apply)* | 2c. Witnessed by *(check all that apply)* |
|---|---|---|---|
| __ __/__ __/__ __ __ ___ | ____ : ____ | 1b.1. 1☐ Clonic/convulsive<br>1b.2. 2☐ Tonic/posturing<br>1b.3. 3☐ Myoclonic<br>1b.4. 4☐ Subtle<br>1b.5. 8☐ Other *(specify):* ____________________1b.5.*sp.*<br>1b.6. 88☐ IL<br>1b.7. 99☐ NR | 1c.1. 1☐ MD<br>1c.2. 2☐ RN<br>1c.3. 3☐ Parent<br>1c.4. 8☐ Other *(specify)* ________________1c.4.*sp.*<br>1c.5. 88☐ IL<br>1c.6. 99☐ NR |
| 2d. Proximate cause₁ ___________________________2d.*sp.* | | 2e. Proximate cause₂ ___________________________2e.*sp.* | |
| 2f. Meds given in response to seizure *(specify in Section P)*<br>1☐ Yes 2☐ No 88☐ IL 99☐ NR | | 2g. Comments: | |

| 3. Date | 3a. Time | 3b. Describe episode *(check all that apply)* | 3c. Witnessed by *(check all that apply)* |
|---|---|---|---|
| __ __/__ __/__ __ __ ___ | ____ : ____ | 1b.1. 1☐ Clonic/convulsive<br>1b.2. 2☐ Tonic/posturing<br>1b.3. 3☐ Myoclonic<br>1b.4. 4☐ Subtle<br>1b.5. 8☐ Other *(specify):* ____________________1b.5.*sp.*<br>1b.6. 88☐ IL<br>1b.7. 99☐ NR | 1c.1. 1☐ MD<br>1c.2. 2☐ RN<br>1c.3. 3☐ Parent<br>1c.4. 8☐ Other *(specify)* ________________1c.4.*sp.*<br>1c.5. 88☐ IL<br>1c.6. 99☐ NR |
| 3d. Proximate cause₁ ___________________________3d.*sp.* | | 3e. Proximate cause₂ ___________________________3e.*sp.* | |
| 3f. Meds given in response to seizure *(specify in Section P)*<br>1☐ Yes 2☐ No 88☐ IL 99☐ NR | | 3g. Comments: | |

Study ID Number

## T. CRANIAL ULTRASOUNDS

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

**Please abstract all ultrasounds, unless the findings are clearly the same.**

| 1. Date | 1a. Results | |
|---|---|---|
| __ __/__ __/__ __ __ __ | 1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL 99☐ NR | **Hemisphere (H):** 1=Right, 2=Left, 3=Bilateral, 88=Illegible, 99=Not Recorded<br>**Location (L):** 1=Anterior/Frontal, 2=Posterior/Occipital, 3=Parietal, 4=Temporal, 88=Illegible, 99=Not Recorded<br>**Size (S):** 1=Small/Mild, 2=Medium/Moderate, 3=Large/Severe, 88=Illegible, 99=Not Recorded |

| **Findings:** 1 = No, 2 = Definite, 3= Suspect, 77 = NA, 88 = IL, 99 = NR | | H | L | S | Description/Comments |
|---|---|---|---|---|---|
| 1b. | Ventriculomegaly | 1b.1. | 1b.2. | 1b.3. | 1b.4. |
| 1c. | Echodensity/echogenicity | 1c.1. | 1c.2. | 1c.3. | 1c.4. |
| 1d. | Echolucency | 1d.1. | 1d.2. | 1d.3. | 1d.4. |
| 1e. | IVH grade (e.g. I I-IV) ____________ | 1e.1. | 1e.2. | 1e.3. | 1e.4. |
| 1f. | Germinal matrix bleed (Grade I IVH) | 1f.1. | 1f.2. | 1f.3. | 1f.4. |
| 1g. | Other bleed | 1g.1. | 1g.2. | 1g.3. | 1g.4. |
| 1h. | PVL/cavitation/white matter necrosis | 1h.1. | 1h.2. | 1h.3. | 1h.4. |
| 1i. | Malformation | 1i.1. | 1i.2. | 1i.3. | 1i.4. |
| 1j. | Subarachnoid hemorrhage/blood | 1j.1. | 1j.2. | 1j.3. | 1j.4. |
| 1k. | Other findings, *(specify)*<br>__________________________________1k.*sp.* | 1k.1. | 1k.2. | 1k.3. | 1k.4. |

| 2. Date | 2a. Results | |
|---|---|---|
| __ __/__ __/__ __ __ __ | 1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL 99☐ NR | **Hemisphere (H):** 1=Right, 2=Left, 3=Bilateral, 88=Illegible, 99=Not Recorded<br>**Location (L):** 1=Anterior/Frontal, 2=Posterior/Occipital, 3=Parietal, 4=Temporal, 88=Illegible, 99=Not Recorded<br>**Size (S):** 1=Small/Mild, 2=Medium/Moderate, 3=Large/Severe, 88=Illegible, 99=Not Recorded |

| **Findings:** 1 = No, 2 = Definite, 3 = Suspect, 77 = NA, 88 = IL, 99 = NR | | H | L | S | Description/Comments |
|---|---|---|---|---|---|
| 2b. | Ventriculomegaly | 2b.1. | 2b.2. | 2b.3. | 2b.4. |
| 2c. | Echodensity/echogenicity | 2c.1. | 2c.2. | 2c.3. | 2c.4. |
| 2d. | Echolucency | 2d.1. | 2d.2. | 2d.3. | 2d.4. |
| 2e. | IVH grade (e.g. I I-IV) ____________ | 2e.1. | 2e.2. | 2e.3. | 2e.4. |
| 2f. | Germinal matrix bleed (Grade I IVH) | 2f.1. | 2f.2. | 2f.3. | 2f.4. |
| 2g. | Other bleed | 2g.1. | 2g.2. | 2g.3. | 2g.4. |
| 2h. | PVL/cavitation/white matter necrosis | 2h.1. | 2h.2. | 2h.3. | 2h.4. |
| 2i. | Malformation | 2i.1. | 2i.2. | 2i.3. | 2i.4. |
| 2j. | Subarachnoid hemorrhage/blood | 2j.1. | 2j.2. | 2j.3. | 2j.4. |
| 2k. | Other findings, *(specify)*<br>__________________________________2k.*sp.* | 2k.1. | 2k.2. | 2k.3. | 2k.4. |

**Study ID Number** | |

## U. CRANIAL STUDIES (EEG, MRI AND CT SCAN)

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

**Please abstract all tests, unless the findings are clearly the same.**

**Code:** 1 = EEG, 2 = Cranial MRI, 3 = CT scan, 8 = Other *(specify in comments)*, 88 = Illegible, 99 = Not Recorded

| | | | | |
|---|---|---|---|---|
| 1. Date<br>__ __/__ __/__ __ __ __ | 1a. Code | 1b. Results<br>1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL<br>99☐ NR | 1c. Final Impression *(specify)*<br>________________________1c.*sp.* | 1d. Comments |
| 2. Date<br>__ __/__ __/__ __ __ __ | 2a. Code | 2b. Results<br>1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL<br>99☐ NR | 2c. Final Impression *(specify)*<br>________________________2c.*sp.* | 2d. Comments |
| 3. Date<br>__ __/__ __/__ __ __ __ | 3a. Code | 3b. Results<br>1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL<br>99☐ NR | 3c. Final Impression *(specify)*<br>________________________3c.*sp.* | 3d. Comments |
| 4. Date<br>__ __/__ __/__ __ __ __ | 4a. Code | 4b. Results<br>1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL<br>99☐ NR | 4c. Final Impression *(specify)*<br>________________________1c.*sp.* | 4d. Comments |
| 5. Date<br>__ __/__ __/__ __ __ __ | 5a. Code | 5b. Results<br>1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL<br>99☐ NR | 5c. Final Impression *(specify)*<br>________________________2c.*sp.* | 5d. Comments |
| 6. Date<br>__ __/__ __/__ __ __ __ | 6a. Code | 6b. Results<br>1☐ Normal<br>2☐ Abnormal<br>3☐ Equivocal<br>88☐ IL<br>99☐ NR | 6c. Final Impression *(specify)*<br>________________________3c.*sp.* | 6d. Comments |

**Study ID Number**

## V. OTHER PROCEDURE OR STUDY (ECG, CHEST X-RAY, GENETIC STUDY, LAB TEST, ETC.)

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| | REF/Reason | Type of Procedure | Date | Outcome |
|---|---|---|---|---|
| 1. | 1a. | 1b. | 1c. _ _/_ _/_ _ _ _ | 1d. |
| 2. | 2a. | 2b. | 2c. _ _/_ _/_ _ _ _ | 2d. |
| 3. | 3a. | 3b. | 3c. _ _/_ _/_ _ _ _ | 3d. |
| 4. | 4a. | 4b. | 4c. _ _/_ _/_ _ _ _ | 4d. |
| 5. | 5a. | 5b. | 5c. _ _/_ _/_ _ _ _ | 5d. |
| 6. | 6a. | 6b. | 6c. _ _/_ _/_ _ _ _ | 6d. |
| 7. | 7a. | 7b. | 7c. _ _/_ _/_ _ _ _ | 7d. |
| 8. | 8a. | 8b. | 8c. _ _/_ _/_ _ _ _ | 8d. |
| 9. | 9a. | 9b. | 9c. _ _/_ _/_ _ _ _ | 9d. |
| 10. | 10a. | 10b. | 10c. _ _/_ _/_ _ _ _ | 10d. |
| 11. | 11a. | 11b. | 11c. _ _/_ _/_ _ _ _ | 11d. |
| 12. | 12a. | 12b. | 12c. _ _/_ _/_ _ _ _ | 12d. |
| 13. | 13a. | 13b. | 13c. _ _/_ _/_ _ _ _ | 13d. |
| 14. | 14a. | 14b. | 14c. _ _/_ _/_ _ _ _ | 14d. |

**15. Comments:**

**Study ID Number**

## W. DISPOSITION AT FINAL DISCHARGE

☐ No information for any item in section
☐ Test/procedure for one or more items in section indicated but no information on dates, results, etc.

| 1. Date of DC | 2. Head Circumference | 3. Height/Length | 4. Weight | 5. Discharged to: |
|---|---|---|---|---|
| ___ ___/___ ___/___ ___ ___ ___ | ______ <br> 1☐ in 2☐ cm <br> 88☐ IL 99☐ NR | ______ <br> 1☐ in 2☐ cm <br> 88☐ IL 99☐ NR | ______ <br> 1☐ Lbs 2☐ Kg <br> 88☐ IL 99☐ NR | 1☐ Home with biological parent(s) <br> 2☐ Foster care <br> 3☐ Adopted <br> 4☐ Custodial care <br> 8☐ Other *(specify)* <br> ____________________5.*sp.* <br> 88☐ IL <br> 99☐ NR |
| 6. Medications at Discharge <br> 1☐ Yes *(Fill out Section P)* 88☐ IL <br> 2☐ No 99☐ NR | | | | |

**7. Documented Referrals *(check all that apply)*** ☐ No information for any item in section

| | | | | | |
|---|---|---|---|---|---|
| 7a. ☐ | Routine pediatrician appointment | 7d. ☐ | Home health nurse home visit(s) | 7g. ☐ | Ophthalmology follow-up |
| 7b. ☐ | Audiology follow-up | 7e. ☐ | High-risk infant follow-up clinic | 7h. ☐ | Public health home visit(s) |
| 7c. ☐ | Nutritional support <br> 1☐ Breast <br> 2☐ Formula <br> 3☐ Combination <br> 4☐ Tube <br> 8☐ Other *(specify)* <br> ________________7c.*sp.* <br> 88☐ IL <br> 99☐ NR | 7f. ☐ | Respiratory support <br> 1☐ Oxygen <br> 2☐ Respiratory support <br> 3☐ Apnea monitor <br> 8☐ Other *(specify)* <br> ____________________7f.*sp.* <br> 88☐ IL <br> 99☐ NR | 7i. ☐ | Home therapies *(specify)* <br> ________________7i.*sp.* |
| | | | | 7j. ☐ | Other *(specify)* <br> ________________7j.*sp.* |

| 8. Seizure status at time of discharge | 9. Comments |
|---|---|
| 1☐ No history of seizures <br> 2☐ Controlled with meds <br> 3☐ Resolved not under treatment <br> 4☐ Unresolved, still under treatment <br> 88☐ IL <br> 99☐ NR | |