

*THE CANADIAN  
NEONATAL NETWORK™*

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*LE RÉSEAU  
NÉONATAL CANADIEN™*



*Abstractor's Manual*

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*CNN v.2.1.4*

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## CHAPTER ONE: INTRODUCTION TO THE CNN

### *What is the Canadian Neonatal Network?*

The Canadian Neonatal Network (CNN) is a group of multi-disciplinary Canadian researchers who collaborate on research issues relating to neonatal care. The Network was founded in 1995 by Shoo Lee, MBBS, FRCPC, PhD and now includes members from 29 hospitals and 17 universities across Canada. The Network maintains a standardized neonatal intensive care unit (NICU) database and provides a unique opportunity for researchers to participate in collaborative projects on a national and international scale. Health care professionals, health services researchers and health administrators participate actively in clinical and epidemiological outcomes, health services, health policy and informatics research aimed at improving the efficacy and efficiency of neonatal care. Research results are published in Network reports and in peer-reviewed journals.

### *Mission Statement of the CNN*

"To be a network of Canadian researchers who conduct leading multi-disciplinary, collaborative research dedicated to the improvement of neonatal-prenatal health and health care in Canada and internationally".

### *Specific Goals*

- 1) Establish a national network of multi-disciplinary Canadian researchers interested in neonatal-perinatal research
- 2) Establish and maintain a truly national neonatal-perinatal database and provide the infrastructure to facilitate collaborative research
- 3) Longitudinally study outcomes and variation in medical care that increases costs but does not improve outcomes. This is important because NICU care is one of the largest components of child health expenditures and exhibits large variations in mortality, morbidity and costs.
- 4) Develop innovative research methods that can lead to improvement in health and quality of healthcare.

### *Database*

1) Core Database: The Network will maintain a core Network database. Institutional representatives and the Steering Committee decide policy concerning content and use of the database.

2) Project Database: Research projects may request utilization of the Network data acquisition system to collect project related data. Such requests will be approved by the Steering Committee. Access to such data will be limited to members of the research project. Expenses relating to such data acquisition will be the responsibility of the project researchers concerned.

## CHAPTER TWO: BACKGROUND

### *Neonatal Intensive Care*

Newborn intensive care is a rapidly evolving area of medicine in which advancing technology and new treatment techniques have proven very effective in improving infant outcomes. There is constant innovation and introduction of new treatments, equipment and procedures. Despite this rapid progress, there remains a significant mortality and complication rate, particularly for extremely premature infants. It has become evident that there are marked differences in outcome between different Neonatal Intensive Care Units (NICUs). Furthermore, neonatal care is extremely costly, amounting to thousands of dollars spent for each day in the NICU. Due to wide variations in care outcomes, and to the extremely high cost of care it is crucial that both established and novel medical treatments for newborn infants be analyzed for effectiveness and cost-efficiency.

### *Evaluating Practices*

The effectiveness of many individual treatments (respirators, drugs, formulas, etc.) has been proven in clinical trials. However, when used in combinations, on different populations, or by less skilled clinicians, the effectiveness of these treatments in actual practice may vary. These variations in effectiveness or quality of care may be responsible for the observed variations in outcomes. If true, this presents an important opportunity to improve care, by identifying ineffective care practices.

One method for identifying the most effective practices is to compare the outcomes of patients who undergo different treatment strategies. This approach depends on comparing equivalent patients. For example, if two NICUs use different treatment strategies on babies with the same medical condition, but some babies started out sicker than others, there is no way to accurately assess whether the treatments were used effectively, and which of the treatments was most effective. To permit fair comparisons, it is essential to have an objective way to measure severity of illness.

### *The SNAP Score*

**SNAP (Score for Neonatal Acute Physiology)** is an illness severity scoring system which sums up the worst physiological derangement in each organ system in the first 12 hours of admission to the NICU. This scoring system has been shown to be highly predictive of neonatal mortality and to be correlated with other indicators of illness severity including therapeutic intensity, physician estimates of mortality risk, length of stay, and nursing workload. SNAP provides a numeric score that reflects how sick each infant is. This scoring system is modeled after similar adult and pediatric scores, which are already widely in use.

### *The TRIPS Score*

The **Transport Risk Index of Physiological Stability (TRIPS)** is an index which is used to assess changes in patient condition as a result of the transport process. TRIPS looks at four empirically weighed items: temperature, blood pressure, respiratory status and response to age appropriate stimuli. These items are compared just prior to transport, upon admission to the receiving NICU, and twelve hours following admission. TRIPS has been found to be a good predictor of NICU mortality and severe IVH risk. TRIPS is also important in that it can be used to help explain causes for a patient's change in status during transportation and from this new procedures to improve patient care during transport can be identified.

### *The NTISS Score*

The **Neonatal Therapeutic Intervention Scoring System (NTISS)** is an index used to assess therapeutic interventions a patient is receiving at any time point during day 1 and day 3 of admission. It covers a wide range of pharmacological and non-pharmacological interventions provided during stay in the NICUs. NTISS has been found to be a good tool for identifying resource utilization and illness severity of patients. Because of data collection on TRIPS and SNAP scores, collection of NTISS is optional in this version of the CNN database.

## CHAPTER THREE: DATA COLLECTION

### *Data Collection*

Data collection will be conducted by either medical chart review or prospectively collecting in real-time. Data collection should occur at the bedside both to maximize the amount of information obtainable (that is, having the ability to clarify confusing or incomplete chart entries by asking attending clinicians), and to save the time involved in tracking down medical records once the patient has left the hospital. In addition, the data collected will be entered directly into computers. Direct data collection combines the steps of data collection and data entry into one task, saving time and reducing the risk of human error in obtaining the data. The requirements for the new CNN application are as follows:

#### Software requirements:

- 1) Windows XP SP2 or later (Windows 2000 is not supported)
- 2) Access 2000/2003 or higher
- 3).NET Framework 3.5 SP1 (Freely downloadable software at <http://tinyurl.com/5m4j75>).

#### Hardware Requirements:

- 1) CPU speed of 2.0 Ghz or higher (Pentium 4, Core2Duo or AMD similar class CPU)
- 2) 512 MB Memory (1GB recommended)
- 3) Screen Resolution of 1024 x 768

### *Which Babies to Abstract*

Abstractors are responsible for abstracting every eligible admission to the NICU. Eligible babies are babies who stay in the NICU for at least 24 hours OR who die/are transferred to another level 2 or 3 facility within 24 hours and all delivery room deaths of infants  $\geq 22$  weeks gestational age. (Note: For purposes of this database, time of admission is defined as the time of the first set of recorded vital signs.) Once a baby has been admitted to your NICU, you will have ultimate responsibility for the data collection on that baby, regardless of outcomes or transfers. Please note once you identify an infant as Delivery Room Death on the first page in the field "CASE TYPE" you will only be required to complete a very small subset of information (Admission, Mother and Resuscitation screens only) before you will be able to validate the case successfully..

### *Admission Tracking*

Abstractors should check NICU admission log books and delivery room records daily for new admissions. It is crucial that every eligible baby be abstracted (see "Which Babies to Abstract" above). In order to not miss eligible babies it is best to stay current in your abstraction. It is important to stay on top of your abstracting because: 1) If something is unclear or confusing, you can ask the NICU staff questions and they are likely to know the information. If you wait too long after the baby's discharge, they may not have accurate recall of the needed information. 2) Tracking down medical records once the baby leaves the unit can be time consuming and difficult. It also runs the risk that records may be lost. You may try to arrange with your Institutional Representative to have your NICU staff hold charts of discharged babies for an extra day thus giving you the opportunity to obtain the discharge data before chart removal. If this is arranged, you should check for charts of discharged babies first thing each day to minimize the delay in chart removal.

## *Data Content*

Data collection consists of five major categories of information.

- 1) **Registration Information:** Background information such as birth weight, gender, gestational age and obstetric variable will be recorded on admission to the NICU.
- 2) **Illness Severity:** Illness severity will be recorded using SNAP, a physiology based measure.
- 3) **Transport Information:** Transport details and physiological details as a result of transport situations will be recorded after 12 hours of admission.
- 4) **Diagnosis and Procedures:** Details about various diagnoses and procedures patients underwent during their stay in NICU.
- 5) **Discharge Abstract:** At discharge, abstractors will record a number of outcome variables including discharge date and place and support.

## *General features and use of the new CNN application*

Compared to the old CNN application, the new CNN application has numerous unique features to facilitate data entry and enhance abstractors' productivity. Some of the major improvements are listed below:

- 1) Brand new, more user-friendly data entry interface
  - Intuitive side navigation panel for more efficient data access and updates
  - Dropdown menus and toolbar for easier menu access
- 2) Improved Search Engine
  - New easily accessible search panel with more search fields as criteria
  - Patient list view for browsing search results
- 3) Improved data entry validation
  - Calendar popup date entry, masked edit boxes used to prevent errors at point of entry
  - Floating error message balloons for unobtrusive field validation
  - Validate Case screen with easily understandable error messages
- 4) Record Activation / Deactivation feature
  - Activate / re-activate records instead of using the free-text Comments field
- 5) Unlock record / Log out user feature
  - User can unlock the locked cases and log out users if the application exits suddenly due to PC/application crash
- 6) Improved Upload/Update functions
  - More user-friendly database upload and application updates
- 7) Integrated Help system
  - The CNN manual is now integrated with the CNN application and is automatically updated with new manual revisions during application updates

The following are two examples of the general data entry workflow, one for creating a new case and the other for searching and updating an existing case.

### **Creating a new CNN case:**

- 1) Go to File-New Case or click on the New Case toolbar icon
- 2) Enter the hospital record number and admission date/time.
- 3) User enters admission info in the admission screen that opens up
- 4) Browse through the screens using the left navigation menu (Mother, Resuscitation, Transport...etc) and enter the information required
- 5) Tick the Reviewed checkbox once all the fields have been reviewed by the user
- 6) Go to Validate Case screen to validate the whole CNN case and its status will change to Validated if successful

### **Searching and Updating existing cases:**

- 1) Go to the search panel, enter the search criteria and click Search
- 2) Select the record you want to update by double-clicking on the row in the patient list search results box
- 3) Update the fields as required on the admission screen that opened up
- 4) Browse to any of the other screens to do any updates required
- 5) If the update for the current case is done, select another case to update in the patient list search results box or perform a new search

## ***Scoring Periods***

**SNAP:** SNAP is scored on the day of admission for the first 12 hours following admission. Where the time of admission is defined as the time the first vital signs are recorded in the NICU.

**Day 28:** Day 28 data should be recorded as the first data noted after midnight **on day 28 of life** to 23:59 (24 hours).

**Week 36:** Week 36 is 36 weeks post conception (gestational age plus weeks of life). It is computed using the gestational age that is calculated from the best available information on the first page. Please note that if the baby is born at 32 weeks gestational age, the week 36 data will be identical to the day 28 data. Therefore, this data should not be collected if the gestational age is 32 weeks or more, or if the patient dies or is transferred to a level 1 nursery prior to week 36. Data should be recorded by using the first value noted after midnight on the first day of week 36 to 23:59 (24 hours).

## ***Missing SNAP Scores***

If you are missing information from the scoring period either because a flow sheet is missing or because the baby was transferred out, or died during the scoring period complete the SNAP screen using the information that is available, leaving the rest of the fields blank.

## ***Deaths***

For all babies who are admitted to the NICU and die you will need to verify the cause of death by a) asking the attending physician and b) checking the death certificate to see what is listed. Note that the autopsy report may not be completed for several weeks. If a baby dies during the SNAP scoring period you should abstract the score regardless of how many hours of the scoring period the baby lived. Please make a note in the comments box for these cases indicating the length of time the score was based on. You should also talk to your Site Investigator about getting a log of all delivery room deaths of babies greater than or equal to 22 weeks gestational age (live born babies only) from delivery room or Pathology. Please enter these infants in the database. We need only basic information for such patients.

## ***Rounding***

Most numeric entries need not be rounded (head circ, temp, pH can all be entered as a decimal). However, some numeric entries that need to be rounded for entry should be rounded as follows: 2.4 and smaller should be rounded to 2; 2.5 and larger should be rounded to 3. Generally, if values are listed as "<", as in "<2", score as one less than what is written, e.g. <2 would become 1 (or 1.9 in the case where an integer is not required).

## *Readmissions*

For those sites just beginning data collection; a “readmission” on the patient log/admission screen can only be scored if this patient has been entered previously in the database. Therefore, any patient who is readmitted to your unit and whose initial admission is prior to the data collection start date would be scored as either inborn or outborn AND not a readmission (given that their initial visit was not recorded in the database) and their case type set to “3 – Readmission from 2009”.

For all readmissions use the same record number (hospital chart number) and indicate which readmission number it is. This is different from the old application where “a” or “b”, “c”..etc was appended to the record number for readmissions.

## *Patient Unique Identifier (Patient UI)*

Since the CNN sites have separate local databases, the patient Unique Identifier field was created to uniquely identify a patient in CNN when the baby moves across different sites. That ID will be used to link the different admission records entered in the separate local site databases when they are consolidated.

When a new admission is created, there is a unique id generated under the Patient UI field. The following is the workflow that all site abstractors **MUST FOLLOW** to make sure that the patient UI number remains consistent across all the sites.

- 1) A baby is born at CNN site X and gets admitted to CNN with an autogenerated patient UI number A
- 2) The baby then gets admitted to CNN site Y and a patient UI number B is automatically assigned.

The abstractor at site X will need to let the abstractor at site Y know of the patient UI number A and the latter should update the baby’s patient UI from B to A.

The guideline is that the hospital with the first CNN admission is the one which propagates the originally created baby patient UI to the subsequent sites and the abstractor at the transferring site should inform the other abstractor within a reasonable amount of time (for example, within a couple of days to a week maximum) for the patient UI update to take place.

If you are entering a baby who was entered in the previous CNN database and who is now being re-admitted, select Case Type #3 on the admission screen, and **please enter the patient UI from the previous database into the appropriate field in the current program.**

## *Multiple Births (Twins, Triplets...)*

For cases where a mother has multiple babies, when the second baby is entered into the application, there is a feature to autofill the mother information automatically since they have the same mother. If the “Births this pregnancy” value is more than 1, the “>1 Births” button will appear. When you click on it, a popup window will appear and you can type in the record number of the first baby admission already in the database. The case id, name and date of birth information for the existing baby record for the multiple birth case will be displayed for verification purposes. When you click on OK button, the mother information of the current baby will be autofilled. The retrieved record will be displayed if the “Birth This Pregnancy” field value matches the current baby record. The Date Of Birth retrieved will be in red if it does not match the current baby record to alert the abstractor that the baby from which the mother info is going to be autofilled may be incorrect. Please refer to the “Birth This Pregnancy” field below in the Admission Screen section for a screenshot of the popup.



## *Missing Values*

Note that you need not record something for each data item when asked, except when mandatory to case validation. If the information asked for is unavailable please leave the associated field blank or indicate that it is unknown. In previous versions of this application missing values such as “99 or 999 etc.” were noted, but this has now been replaced with “unknown” and “N/A” options.

## *Data Grids*

The new CNN application employs the use of data grids throughout the screens (Diagnosis/Procedures; Cultures/Transfusions; Medications). If errors in entry are made, rows can be deleted in their entirety by clicking on the grey area to the left of the first column of the entry you wish to delete. Once selected, pressing “Delete” on your keyboard will clear the row from the dataset and move remaining entries up.

## *Glossary*

**THE MEDICAL GLOSSARY IN THIS VERSION OF THE CNN MANUAL HAS BEEN REMOVED. PLEASE REFER TO ONLINE MEDICAL DICTIONARIES (SUCH AS [HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/MPLUSDICTIONARY.HTML](http://www.nlm.nih.gov/medlineplus/mplustictionary.html)) IF YOU HAVE QUESTIONS ABOUT MEDICAL DEFINITIONS.**

## CHAPTER FOUR: ERROR CHECKING

### *Computer data checks*

The computer program has several error checking systems in place. At a primary level, the program performs error checks during data entry, to help ensure accurate data capture. For instance, there are checks for “reasonableness”. For example, if you entered ‘66:66’ as a value for time, the computer will generate an immediate error message prompting you that this is not a valid entry, and will require you to change this value before proceeding. At a secondary level, once you have completed an entire patient file and wish to submit your data a final error check (validation) will be run. A third error check occurs after your data has been submitted to the Coordinating Centre (CC), in which you may be contacted by the CNN Coordinator to confirm any unusual entries. If you enter something unusual, please write an explanation in the “comments” section to save the time of rechecking the chart. If you receive an error message that is not self-explanatory, contact the CC for advice.

### *Abstractor checks*

Some data items are not easily checked by the computer. It is crucial that everything you enter into your computer makes sense to you. If it doesn’t, please ask questions of the NICU staff to protect the data integrity. In addition, please read through each data screen before closing it to make sure you have filled in all the information correctly.

### *Record Deactivation*

In the old CNN, whenever an admission record was entered wrongly or was invalid, abstractors wrote “To Delete”, “To Filter”, “Pls Ignore” or similar notes under the Comments field. This made identification of those invalid cases (for annual data cleanup and CNN annual report generation) difficult as the Comments field is free-text.

A new “Record Deactivation” feature has been added in the new CNN application to deactivate admission records that are invalid.

Please **DO NOT** enter “To Delete”, “To Filter”, “Pls Ignore” or similar words under the Comments field for the new CNN application, use the Record Deactivation feature instead.

### *Abstractor organization*

It is important for data abstractors to be organized to help alleviate errors and missed or overlooked data. In order for the CC to determine the difference between missing data that is unavailable from the chart versus data that may simply have been overlooked by the abstractor it is crucial that the abstractor enter appropriate values. Whenever possible, a blank space should be left any time a data field cannot be completed because the information is not directly noted or cannot be inferred from information anywhere in the patient’s complete chart. Abstractors are also advised to keep a separate excel file to keep track of which patient records are complete (following discharge) and which records are still missing information and need to be followed up on. The excel file can also be a way to record which infants have had name changes in order to avoid confusion or duplicate entries. Please note that when babies are transferred to other hospitals it is the responsibility of the first hospital’s data abstractor to provide the UI to subsequent hospital’s data abstractor in a timely fashion (within 3 weeks of transfer to a subsequent facility) so that information on a patient can be linked appropriately. In the Help menu there is a link to the CNN website where you will be able to find list of abstractors and site investigators and their contact details. There is also a listing of site investigators in Appendix VII. Please use these tools to contact the correct person. If you need to talk to the CNN Coordinator or Database Programmer for computer related issues, their contact details are also provided on the CNN website.

## *Customizability of the CNN Application*

The new CNN application allows users to select from various settings in order to personalize the application environment. To access the settings dialogue window, go to the Tools menu on the upper border of the application and select “Settings...”. Here you can customize the Patient Chart, the Search settings, the default Inborn and Outborn Hospital and the database file location. The Patient Chart customization allows you to change the colours of the Patient Chart grid and to personalize the vertical highlight bar. You can customize default search settings by selecting Date to reflect either Date of Admission or Date of Entry Creation, customize how far back to search, and the status of the cases that will be retrieved. By default, the database file location is the application installation folder, which you may choose to change depending on your local organizational needs. You can restore default settings on all tabs by clicking on the “Clear All” button at the bottom of the Settings window. For more information on these features go to General Database Use on page 12.

## CHAPTER FIVE: CONFIDENTIALITY AND PROFESSIONALISM

### *Confidentiality*

There are several levels of confidentiality that must be maintained. Firstly, the data in the computer represents personal information about patients. To maintain full confidentiality, the computer will encode all information from the medical chart that identifies the patient before it is transmitted to the Coordinating Centre (CC). The CC will be able to identify patients by their CNN Case ID number, but only the Data Abstractor at individual sites will be able to match that number to a specific patient. Secondly, the SNAP can be used to compute a risk of death. However, the predictive accuracy of this estimate has never been tested. Finally, please ensure that the Research Ethics Board of your institute has approved the CNN data collection. Feel free, however, to answer any questions parents or clinicians may have about the general purpose of the data collection.

For data confidentiality and accountability, for the new application, each abstractor will be issued a user id and password, only known to him/her to log in to the application. Every record created or updated using a given user id will be marked in the backend database with that user id and the created/updated date. This audit trail information can be used for security purposes as well as for improving CNN data entry and data quality. This is different from the old CNN application, where one database password was used and shared by all.

Please also note that the mothers P.H.N. will only be kept on your local datasets and will not be transferred to the CNN Coordinating Centre upon upload.

### *Professionalism*

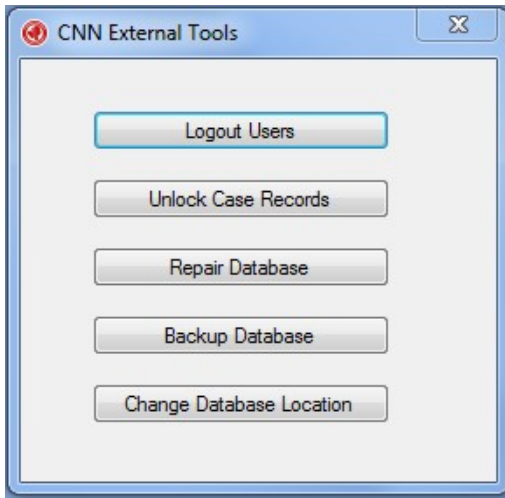
It is important that you maintain a professional image while working in the NICU. This includes making sure you are not disruptive of parents visiting their sick babies, of clinicians caring for the babies, or of any other NICU routines. Your dress should be professional and your appearance neat at all times you are working, even when working evening or weekend hours. In addition, please try to keep your voice low and your behaviour calm so as not to disturb any sensitive babies.

### *NICU staff interactions*

The NICU staff is often very busy caring for the babies. They are also an excellent resource for information on specific babies or specific medical terminology. In your interactions with the staff, it is important to ask the bedside nurses before using the medical chart, to keep the chart in the immediate area and to make sure the nurses know where to locate the chart if they need it. In addition, be sure that your presence is not interfering with the nurses’ care of patients.

## CHAPTER SIX: CNN Application - External Tools

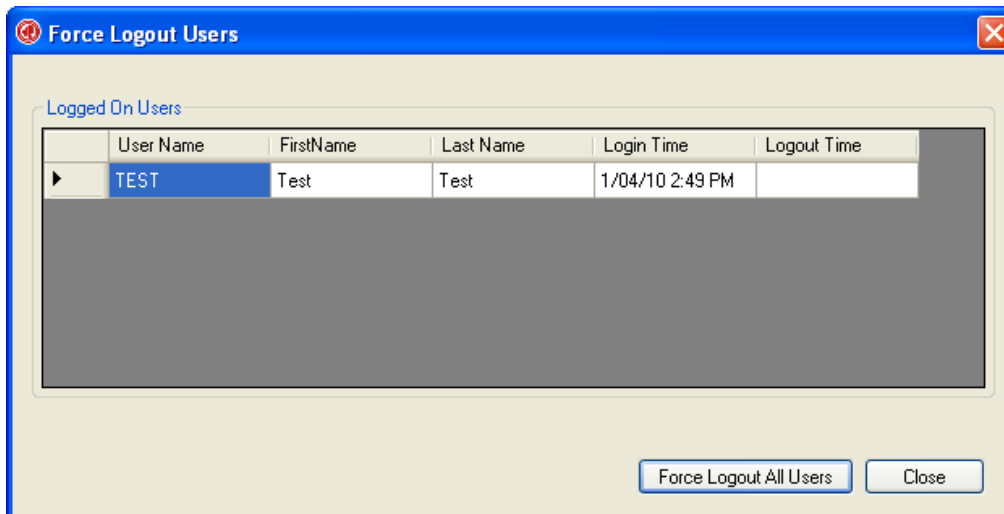
The CNN Application has two tools that are used outside of the application itself. The two tools are “Logout Users” and “Unlock Case Records”.



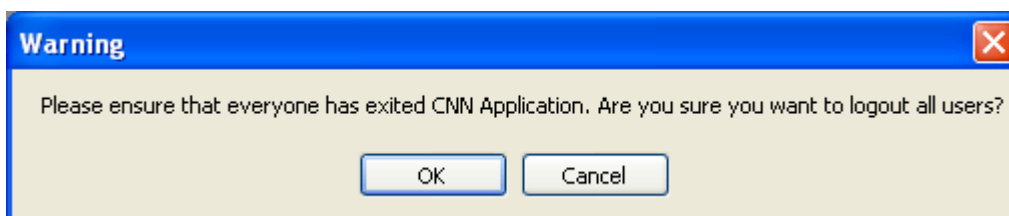
### **Logout Users**

The “Logout Users” external tool is used when a user continues to be logged in to the CNN Application despite the application having been closed. This normally occurs when the application is closed abruptly due to a power failure or an application crash.

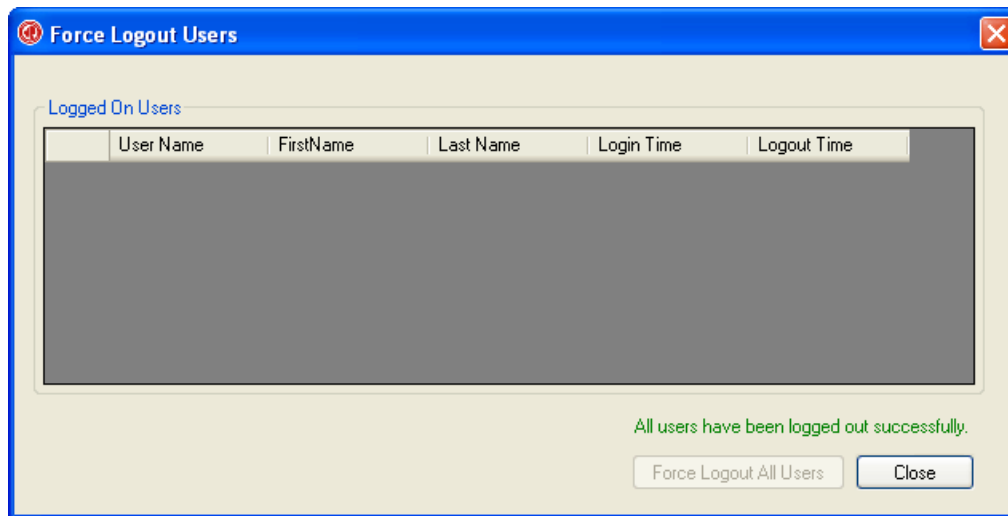
1. Click on the “Force Logout All Users” button.



2. Make sure that the CNN Application is not running and click on the “OK” button.



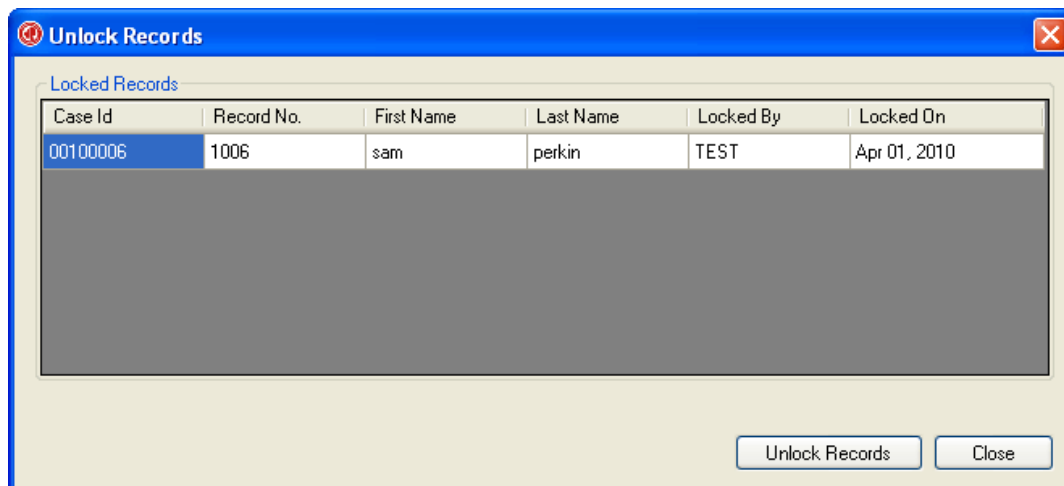
3. A message will appear stating that the users have been successfully logged out. Click the “Close” button to exit the tool.



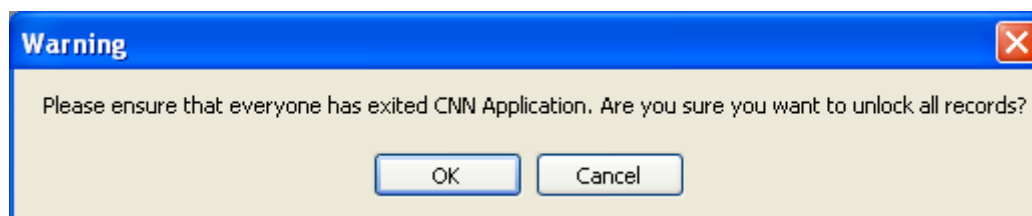
### Unlock Case Records

A patient case is normally locked for other users when one user is currently accessing it. This is done to prevent two users from editing the same record and potential clashing. This tool is used when a patient case continues to stay locked despite the fact that no user is accessing the case. This normally occurs when the application is closed abruptly due to a power failure or an application crash.

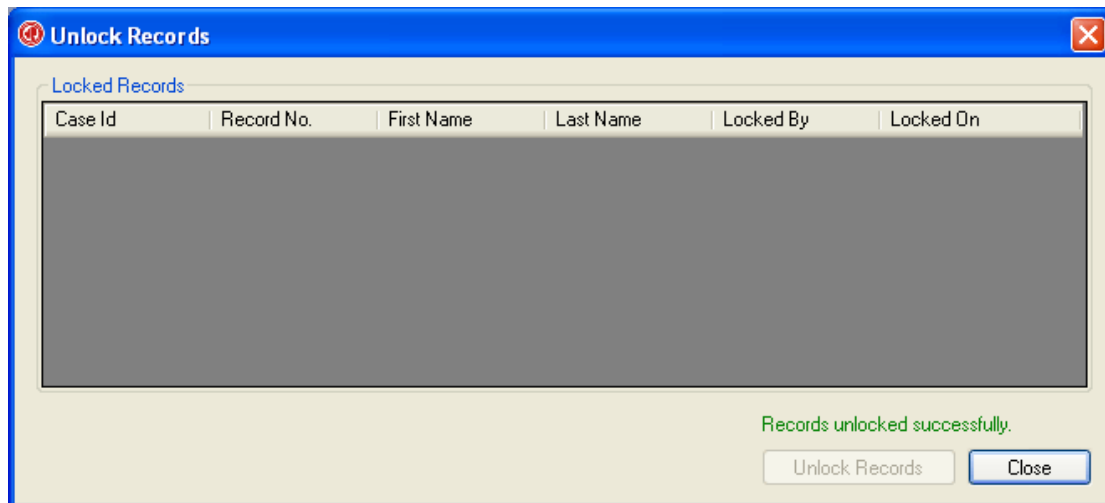
1. Click on the “Unlock Records” button.



2. Make sure that the CNN Application is not running and click on the “OK” button.



3. A message will appear stating that the users have been successfully logged out. Click the “Close” button to exit the tool.

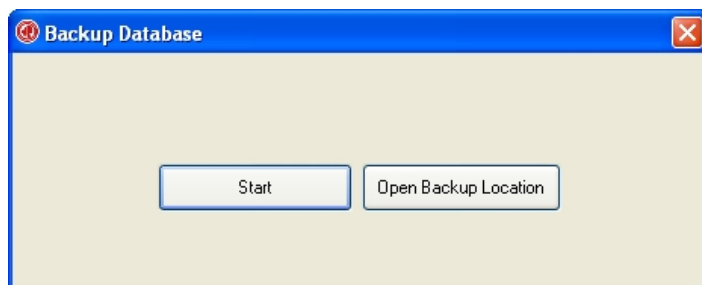


## Repair Database

Database files can grow quickly as you use them, sometimes they would impede performance. They can also occasionally become corrupted or damaged. You can use the **Repair Database** in CNN External Tools to prevent or fix these problems. Please make sure no user is logon to the CNN application before use this feature.

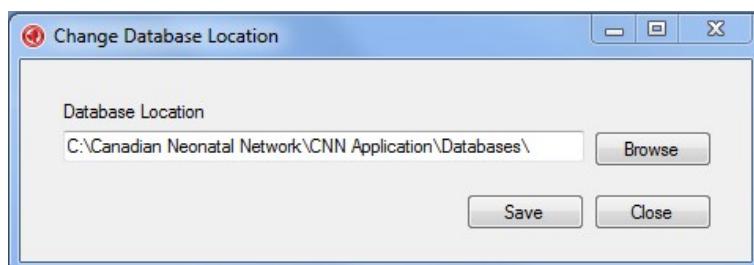
## Backup Database

The “Backup Database” tool is used to back up the database. Click on “Backup Database” button to open up a new window where you can “Start” the back up process or find the location of the back up file with “Open Backup Location”.



## Change Database Location

Select this tool to change location of the database when the database file path is changed



## GENERAL DATABASE USE

### Overview of new CNN user interface

Dropdown menus for the different application functions

Toolbar buttons for frequently accessed functions

Search results patient list box

Search panel criteria input section - can be displayed/ hidden using the Search Case / Hide Search toolbar button

Admission header bar displays

Side menu navigation bar for all the CNN data entry screens – currently selected menu is highlighted

CNN Data Entry screen

| Case Id  | Record No. | First Name | Last Name | Admission Date | Validated                           | Created On  |
|----------|------------|------------|-----------|----------------|-------------------------------------|-------------|
| 00000015 | 4000       | epiq       | non cnn   | 2011 May 08    | <input type="checkbox"/>            | 2011 May 11 |
| 00000014 | 3000       | manny      | more      | 2010 Dec 02    | <input checked="" type="checkbox"/> | 2010 Dec 02 |
| 00000013 | 3000       | manny      | more      | 2010 Dec 01    | <input type="checkbox"/>            | 2010 Dec 02 |
| 00000012 | 2001       | twin       | second    | 2010 Nov 01    | <input type="checkbox"/>            | 2010 Dec 02 |
| 00000011 | 2000       | twin       | first     | 2010 Nov 01    | <input type="checkbox"/>            | 2010 Dec 02 |

First Name: manny Last Name: more DOB: 2010 Dec 01 DOA: 2010 Dec 02 Case ID: 00000014 Record No: 3000

**Admission**

Infant Identification

Infant First Name: manny  
Infant Last Name: more  
Birth Weight (g): 1235  
Date / Time(24hr) of Birth: 2010 Dec 01 13:01  
Date / Time(24hr) of Admission: 2010 Dec 02 23:23  
CNN Case Id: 00000014  
Hospital Record Number: 3000  
Patient UI: 00000013  
Case Type: 2b. Non-CNN - No NICU  
Moribund On Admission: ☐

Gestational Age

1) Date of Conception Via IVF: [Enter Date]  
2) Date of Last Menstrual Period: [Enter Date]  
2a) Menstrual Cycle Length: 28 Days  
2b) Early Ultra-Sound? ☐  
GA when U-S was done: [Enter Date]  
EDC based on U-S: [Enter Date]  
3) Neonatal Estimate of GA: 28 Weeks  
4) Obstetric Estimate of GA: [Enter Date]  
Gestational Age: 28 Weeks 0 Days

Admission Details

Admission Head Circ. (cm): 55.5  
Admission Temp (°C): 31.1  
Admission Weight (g): 2489

Infant Sex

☒ Male  
☐ Female  
☐ Ambiguous  
☐ Unknown

Payor

☒ Provincial  
☐ Insurance  
☐ None

Comments

Internal Transfer: [Dropdown]  
Transferred From: [Dropdown]  
Birth Place: ON GTA Mount Sinai Hospital

Apgar Score

Apgar @ 1 Minute: 1  
Apgar @ 5 Minutes: 1  
Apgar @ 10 Minutes: 1

Births This Pregnancy: 1  
Order: 1

Admission Status

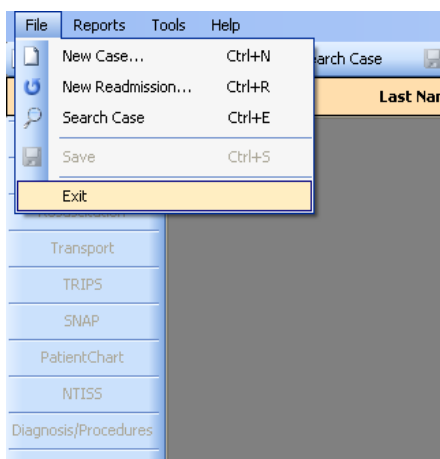
☒ Inborn ☐ Outborn

Readmission No.: 1

## Application Menu Items



## File

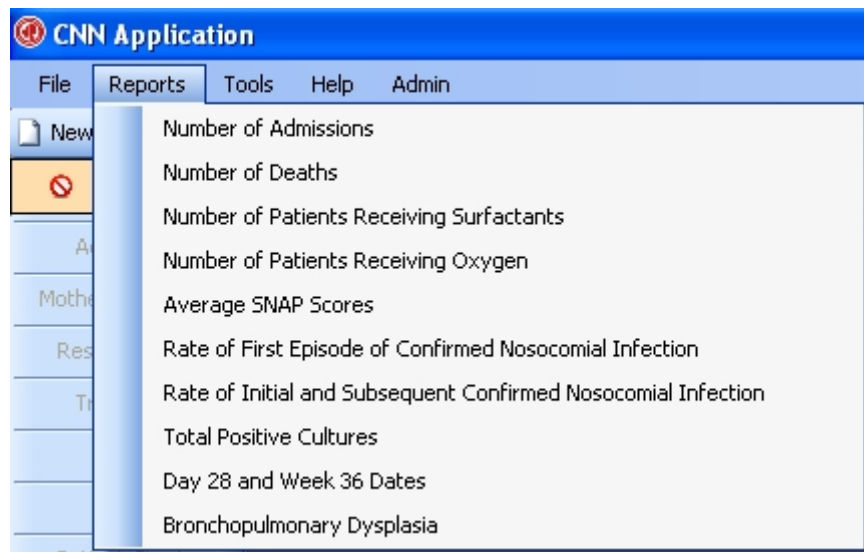


|                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Case        |  | <p>Selecting this option will open a new dialogue window for the abstractor to enter the details of new case. It will ask you Hospital ID, Date and Time of admission. The Time of admission is optional. When you click OK, it will open up the a new admission screen with the hospital ID, case ID, patient UI and date of admission auto-populated and the user can fill in the rest.</p>                                                                                                                                                                                                                                        |
| New Readmission |  | <p>This option will open the new dialogue window specifically for readmitted babies. When you enter the correct hospital Record Number for the first admission of the baby, the case id and names are displayed for confirmation and the OK button is enabled. You enter the date of readmission, readmission number and time if available and click OK.</p> <p>The baby, mother and resuscitation information entered already when the first baby admission was created will automatically be populated in the baby, mother and resuscitation screens of the readmission record. There is no need to re-enter that information.</p> |
| Show / Hide     |  | Shows and Hides the search panel, as desired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



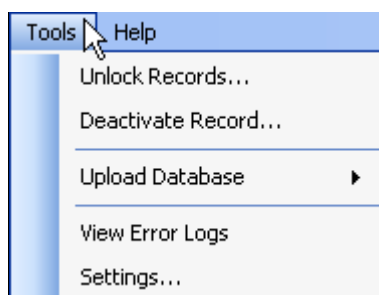
|        |  |                                                                                                          |
|--------|--|----------------------------------------------------------------------------------------------------------|
| Search |  | You can hide the search panel to have a larger viewing area for the screens without the need to scroll.  |
| Save   |  | Select this option to save your input.                                                                   |
| Exit   |  | Select this option to exit the system. Exiting the application will automatically save any entered data. |

## Reports

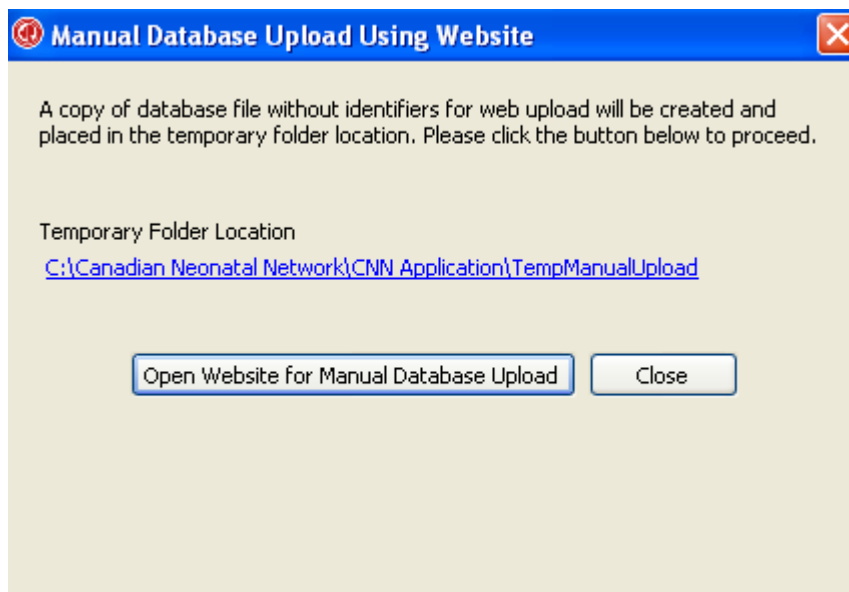


|  |                                                                                      |                                                                           |
|--|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|  | Number of Admissions                                                                 | Includes Validation Status; report output includes hospital record number |
|  | Number of Deaths                                                                     |                                                                           |
|  | Number of Patients Receiving Surfactants                                             | Measures time from date of birth                                          |
|  | Number of Patients Receiving Oxygen                                                  |                                                                           |
|  | Average SNAP-II and SNAPPE-II Scores for Patients                                    |                                                                           |
|  | Rate of first episode of confirmed nosocomial infection in a given time period       |                                                                           |
|  | Rate of initial and subsequent confirmed nosocomial infection in a given time period |                                                                           |
|  | Total Positive Cultures                                                              |                                                                           |
|  | Day 28 and Week 36 Dates                                                             |                                                                           |
|  | Bronchopulmonary Dysplasia                                                           |                                                                           |

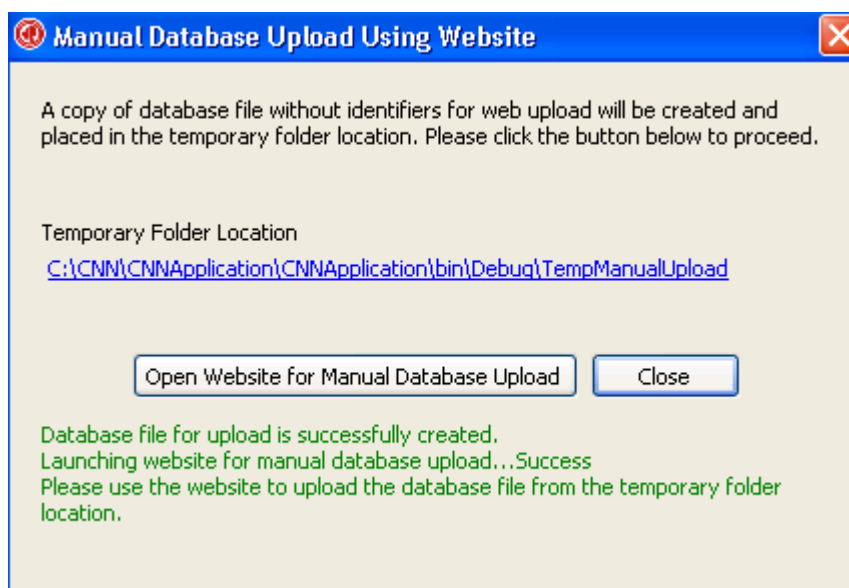
## Tools



| Unlock Records     | <div><div>Unlock Records</div><div><div>Locked Records</div><table><thead><tr><th>Case Id</th><th>Record No.</th><th>First Name</th><th>Last Name</th><th>Locked By</th><th>Locked On</th></tr></thead><tbody><tr><td>00100010</td><td>1010</td><td>michael</td><td>jordan</td><td>CHARLES</td><td>2009 Jun 11</td></tr></tbody></table></div><div><div>Unlock Records</div><div>Close</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Case Id                                                 | Record No.           | First Name      | Last Name   | Locked By       | Locked On | 00100010 | 1010     | michael | jordan | CHARLES | 2009 Jun 11 | <p>This option allows you to access a locked record in the event of a system crash.</p> <p>The screen will show the currently locked records. Please make sure that the record is not really in use before you unlock it.</p> |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|-----------------|-------------|-----------------|-----------|----------|----------|---------|--------|---------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|------|--------|------|-------------|--------|--|----------|------|-------|------|-------------|--------|--|----------|------|------|---------|-------------|--------|--|----------|------|------|-------|-------------|--------|--|----------|------|-----|--------|-------------|--------|--|----------|------|-------|----------|-------------|--------|--|----------|------|-------|---------|-------------|--------|--|----------|------|-------|-----|-------------|--------|--|----------|------|---------|--------|-------------|--------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case Id            | Record No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | First Name                                              | Last Name            | Locked By       | Locked On   |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100010           | 1010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | michael                                                 | jordan               | CHARLES         | 2009 Jun 11 |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| Deactivate Records | <div><div>Deactivate/Reactivate Admission</div><div><div>CNN Case Id</div><div>Hospital No</div><div>Status</div><div>All</div><div>Search</div></div><div><div>First Name</div><div>Last Name</div><div>10 record(s) retrieved</div></div><table><thead><tr><th>CaseId</th><th>HospitalRecordNumber</th><th>FirstName</th><th>LastName</th><th>DateOfAdmission</th><th>State</th><th>Comments</th></tr></thead><tbody><tr><td>00100001</td><td>1001</td><td>John</td><td>Stewart</td><td>2009 Sep 22</td><td>Active</td><td></td></tr><tr><td>00100002</td><td>1000</td><td>Angela</td><td>Chan</td><td>2009 Sep 20</td><td>Active</td><td></td></tr><tr><td>00100003</td><td>1003</td><td>holly</td><td>mama</td><td>2009 Oct 07</td><td>Active</td><td></td></tr><tr><td>00100004</td><td>1004</td><td>just</td><td>kidding</td><td>2009 Oct 06</td><td>Active</td><td></td></tr><tr><td>00100005</td><td>1005</td><td>lulu</td><td>lemon</td><td>2009 Oct 09</td><td>Active</td><td></td></tr><tr><td>00100006</td><td>1006</td><td>sam</td><td>perkin</td><td>2009 Sep 01</td><td>Active</td><td></td></tr><tr><td>00100007</td><td>1007</td><td>rocky</td><td>marciano</td><td>2009 Oct 01</td><td>Active</td><td></td></tr><tr><td>00100008</td><td>1008</td><td>randy</td><td>coutore</td><td>2009 Jul 01</td><td>Active</td><td></td></tr><tr><td>00100009</td><td>1009</td><td>super</td><td>man</td><td>2009 Aug 24</td><td>Active</td><td></td></tr><tr><td>00100010</td><td>1010</td><td>michael</td><td>jordan</td><td>2009 Aug 11</td><td>Active</td><td></td></tr></tbody></table><div><div>Selected Record:</div><div>Case ID - 00100001, Name: John Stewart</div><div>Deactivate</div></div></div> | CaseId                                                  | HospitalRecordNumber | FirstName       | LastName    | DateOfAdmission | State     | Comments | 00100001 | 1001    | John   | Stewart | 2009 Sep 22 | Active                                                                                                                                                                                                                        |  | 00100002 | 1000 | Angela | Chan | 2009 Sep 20 | Active |  | 00100003 | 1003 | holly | mama | 2009 Oct 07 | Active |  | 00100004 | 1004 | just | kidding | 2009 Oct 06 | Active |  | 00100005 | 1005 | lulu | lemon | 2009 Oct 09 | Active |  | 00100006 | 1006 | sam | perkin | 2009 Sep 01 | Active |  | 00100007 | 1007 | rocky | marciano | 2009 Oct 01 | Active |  | 00100008 | 1008 | randy | coutore | 2009 Jul 01 | Active |  | 00100009 | 1009 | super | man | 2009 Aug 24 | Active |  | 00100010 | 1010 | michael | jordan | 2009 Aug 11 | Active |  | <p>If a record was entered in error, this option allows abstractors to omit submission of the particular case.</p> <p>Search and select for the desired record and click Deactivate. Enter the deactivation reason.</p> <p>To reactivate a record, select it and click Reactivate.</p> |
| CaseId             | HospitalRecordNumber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FirstName                                               | LastName             | DateOfAdmission | State       | Comments        |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100001           | 1001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | John                                                    | Stewart              | 2009 Sep 22     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100002           | 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Angela                                                  | Chan                 | 2009 Sep 20     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100003           | 1003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | holly                                                   | mama                 | 2009 Oct 07     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100004           | 1004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | just                                                    | kidding              | 2009 Oct 06     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100005           | 1005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lulu                                                    | lemon                | 2009 Oct 09     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100006           | 1006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | sam                                                     | perkin               | 2009 Sep 01     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100007           | 1007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rocky                                                   | marciano             | 2009 Oct 01     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100008           | 1008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | randy                                                   | coutore              | 2009 Jul 01     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100009           | 1009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | super                                                   | man                  | 2009 Aug 24     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| 00100010           | 1010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | michael                                                 | jordan               | 2009 Aug 11     | Active      |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |
| Upload Database    | <div><div>Direct Database Upload</div><div><div>Please click Upload to initiate direct database upload of CNN database.</div><div><div>Upload</div><div>Close</div></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Uploads the database to the Coordinating Centre.</p> |                      |                 |             |                 |           |          |          |         |        |         |             |                                                                                                                                                                                                                               |  |          |      |        |      |             |        |  |          |      |       |      |             |        |  |          |      |      |         |             |        |  |          |      |      |       |             |        |  |          |      |     |        |             |        |  |          |      |       |          |             |        |  |          |      |       |         |             |        |  |          |      |       |     |             |        |  |          |      |         |        |             |        |  |                                                                                                                                                                                                                                                                                        |

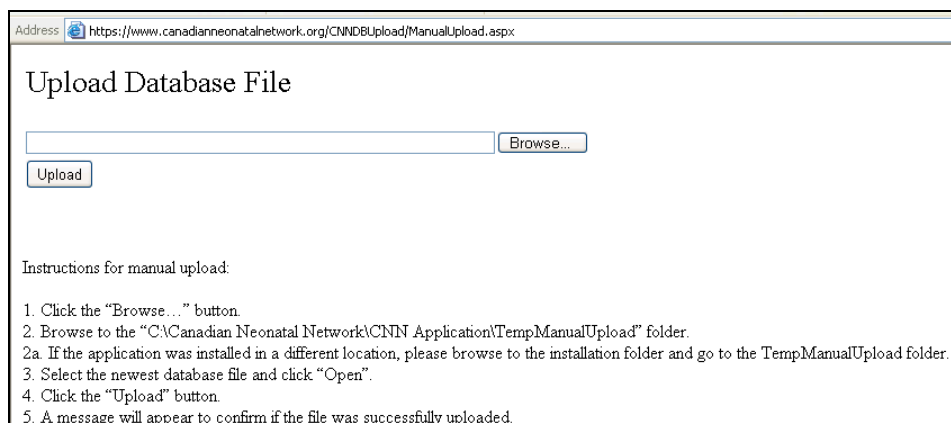


If your site has problems uploading using the direct upload method, please use the manual database upload using our website.

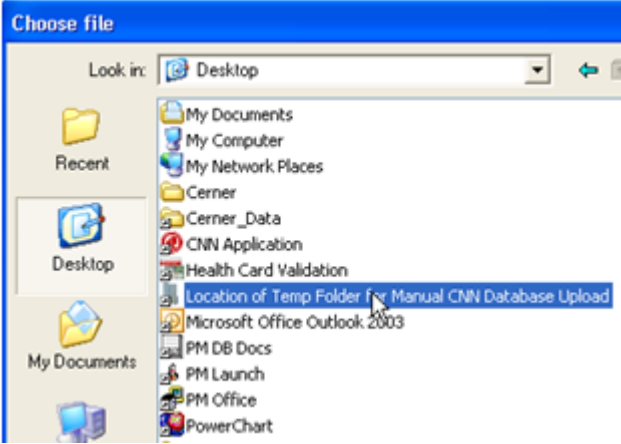
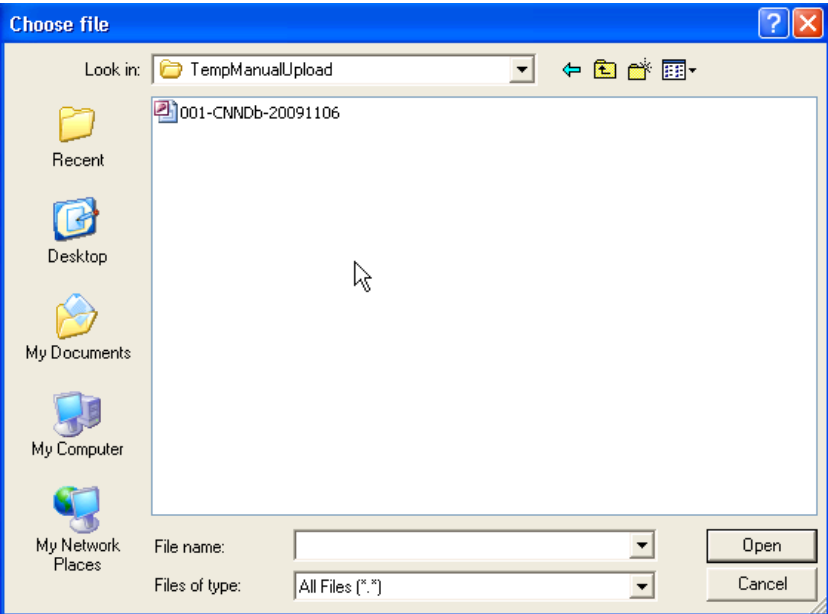
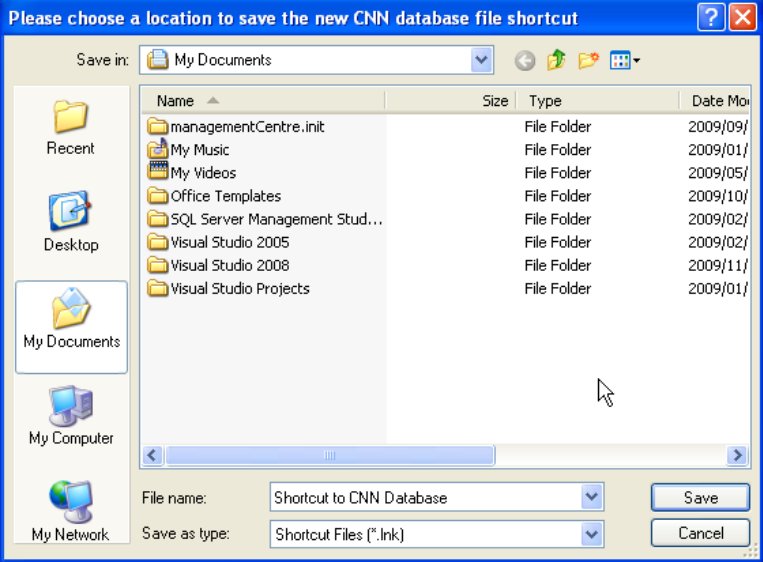


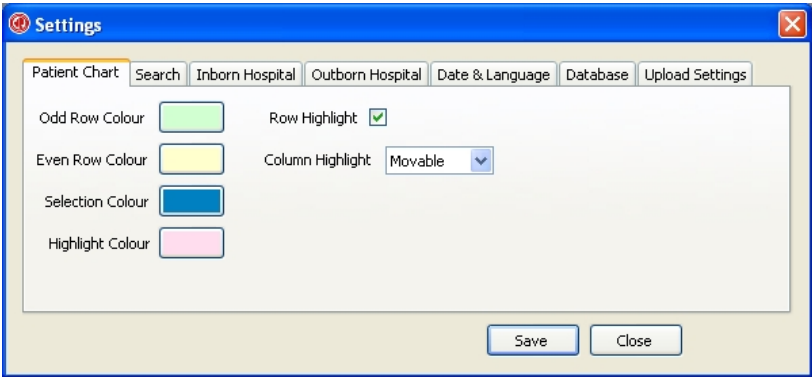
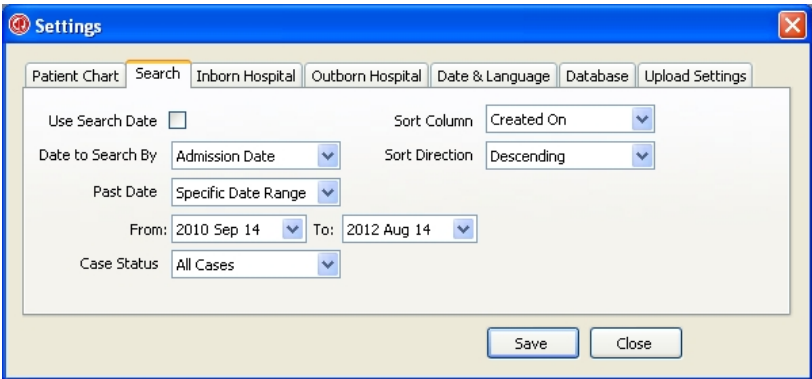
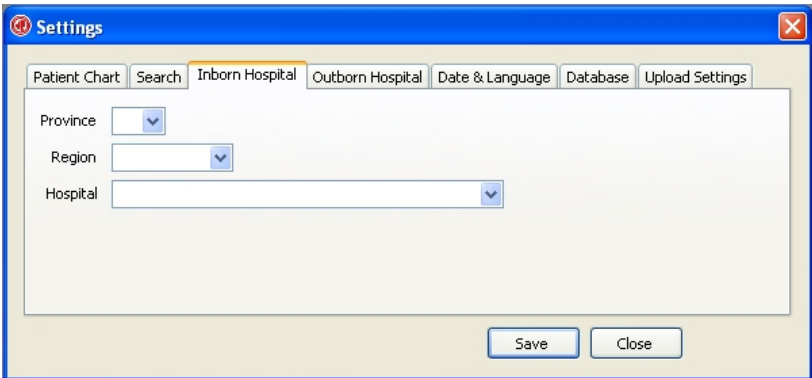
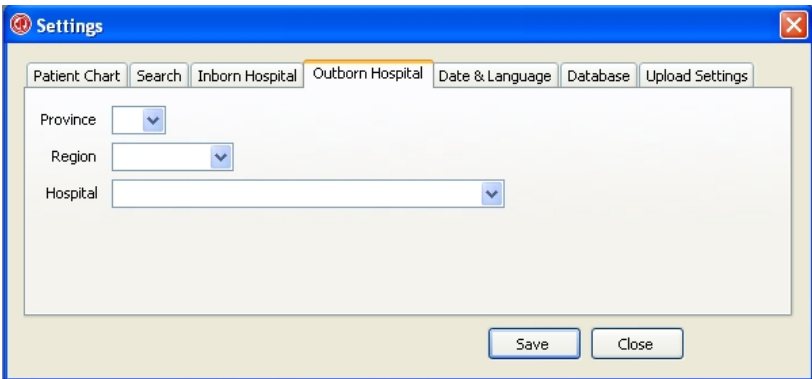
When you click on the “Open Website of Manual Database Upload”, the application will prepare the database file for upload in the application temporary folder and open the web page in Internet Explorer.

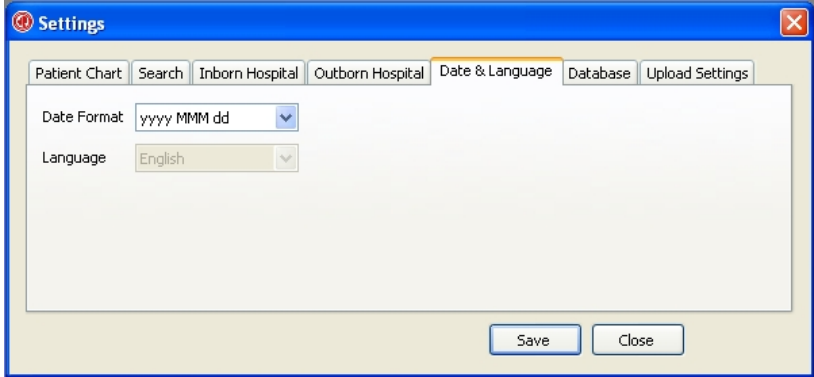
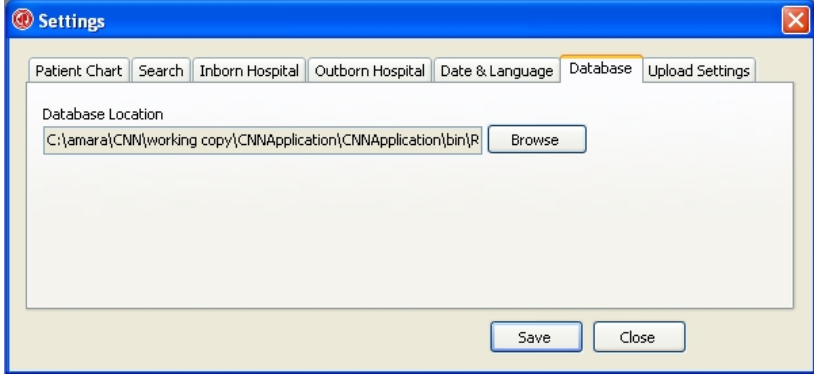
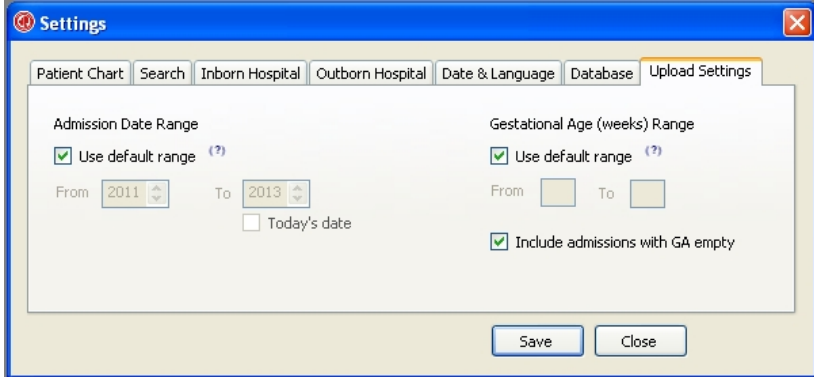
Note that the Temporary folder location where the database upload file will be created is shown on the screen for your easy reference.



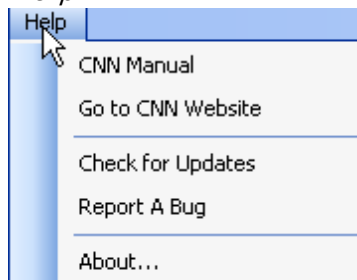
Browse to the Temporary Folder location to select the correct database file for the upload.

|                                 |                                                                                                                                                                          |                                                                                                                                                                                                                                                |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <br> | <p>You can make use of the “Location of Temp folder for Manual CNN Database Upload” shortcut that was automatically created during the CNN installation.</p><br><p>Select the created database file with the correct dates for the upload.</p> |
| <p>Create Database Shortcut</p> |                                                                                      | <p>Creates a shortcut to the CNN database at the desired folder location in case the original shortcut is accidentally deleted.</p>                                                                                                            |

|                 |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| View Error Logs |                                                                                                                                                                                                                                                                                                                                                  | Allows abstractors to access the error logs in the event of a system crash                                                                                                                                                                                                              |
| Settings        |     | <p>Chooses the color for the patient chart and whether vertical or horizontal highlighting bars are desired.</p> <p>Sets the default searching criteria for the search panel</p> <p>Sets the default hospital if case is inborn</p> <p>Sets the default hospital if case is outborn</p> |

|  |                                                                                      |                                                                                                                                                                                      |
|--|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |    | Sets the Date Format and the Language                                                                                                                                                |
|  |    | Sets the database location when the database file path is changed                                                                                                                    |
|  |  | Allows selection of data upload criteria based on time frame of admission and gestational age. This allows for a faster upload by not including data that has already been uploaded. |

## Help



|                   |                                                                |
|-------------------|----------------------------------------------------------------|
| CNN Manual        | Access the CNN Manual for reference (section anchors pending)  |
| Go To CNN Website | Access the Canadian Neonatal Network™ website for reference    |
| Check For Updates | Go to CNN Website Updates download page                        |
| Report A Bug      | Go to CNN Bug Reporting / Feedback website                     |
| About...          | Allows users to view information about the application version |

## SCREEN 1: ADMISSION SCREEN DEFINITIONS

### Admission ☐ Reviewed

#### Infant Identification

Infant First Name

Infant Last Name

Birth Weight (g)

Date / Time(24hr) of Birth [Enter Date]  :

Date / Time(24hr) of Admission 2014 Dec 19  :

CNN Case Id

Hospital Record Number

Patient UI

Case Type

Moribund On Admission ☐

#### Gestational Age

1) Date of Conception Via IVF [Enter Date]

2) Date of Last Menstrual Period [Enter Date]

2a) Menstrual Cycle Length  Days

2b) Early Ultra-Sound? ☐

GA when U-S was done  Weeks  Days

EDC based on U-S [Enter Date]

3) Neonatal Estimate of GA  Weeks  Days

4) Obstetric Estimate of GA  Weeks  Days

**Gestational Age**  Weeks  Days

Documented GA from chart  Weeks  Days

#### Apgar Score

Apgar @ 1 Minute

Apgar @ 5 Minutes

Apgar @ 10 Minutes

Births This Pregnancy

Order

Admission Status

☐ Inborn ☐ Outborn

#### Admission Details

Admission Head Circ. (cm)

Admission Temp (°C)

Admission Weight (g)

#### Infant Sex

☐ Male

☐ Female

☐ Ambiguous

☐ Unknown

#### Internal Transfer

Transferred From

Birth Place

#### Payor

☐ Provincial

☐ Insurance

☐ None

#### Comments

Abstractors are responsible for abstracting every eligible admission to the NICU. **Eligible babies are infants who stay in the NICU for at least 24 hours, who die/are transferred to another level 2 or 3 facility within 24 hours, and delivery room deaths of infants  $\geq 22$  weeks gestational age.** (Note: For purposes of this database, time of admission is defined as the time of the first set of recorded vital signs). Please include data occurring in the resuscitation room provided that the infant is afterwards ADMITTED TO THE NICU.

**Record only patient data relating to the specified admission to your NICU.** You are not to record treatments/resolved diagnosis provided at another hospital unless specific services that are not provided at your institute such as surfactant administration, PDA ligation, ROP Surgery for which infant was temporarily transferred to another facility and returns back in a reasonable period of time depending upon procedure (this should be individualized as to the procedure – PDA ligation baby if stays for <48 hours, ROP surgery <24 hours, Surfactant administration <24 hours etc.) Please use your discretion as to whether patient stayed longer than expected and how likely is that the other NICU will initiate data collection during the period infant was in other NICU.

### INFANT IDENTIFICATION

|                   |                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infant First Name | First name(s) of infant as recorded on the medical record. Do <b>not</b> type in “Baby” “Boy” or “Girl” or their abbreviations. If the infant is not given a first name upon admission to the NICU leave this field blank, you can come back to it and enter it later. If the infant has still not been given a first name upon discharge, simply leave this field blank. |
| Infant Last Name  | Family name of infant as recorded on the medical record. If hyphenated or double name, record both. <b>If the baby has a change of last name, do not record the change here or in the comments box. However, you may want to note the change for yourself elsewhere for future reference.</b>                                                                             |
| Birth weight      | Weight in <b>grams</b> at birth as recorded in birth hospital. If birth weight is unavailable, use the first weight taken up to 24 hours of life. If birth weight is only listed as an estimate, record the estimate. If weight was recorded after 24 hours and an estimate was used during first 24 hours, please record estimate (mandatory field)                      |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Birth / Time of Birth | Date of birth according to obstetric and/or admitting records. Enter by selecting from the calendar displayed or by typing in the date in the format YYYYMMDD. If date of birth is unknown leave the field blank. Enter time of birth in <b>military time</b> (24 hour clock). If infant is born at midnight, record as 00:00 (where midnight (00:00) is the first minute of a new day; for example: 23:59 on Jan 3 <sup>rd</sup> and 00:00 on Jan 4 <sup>th</sup> is 1 minute later).                                                                                  |
| Date of Admit / Time of Admit | Date of admission to the study NICU. This may be different than date of birth for late admissions or out-born babies. Auto-populated from initial screen and should not be changed carelessly as this will clear the patient chart. Time of admission is defined as the time of first vital signs (at least one vital sign) recorded in the NICU. Do not include time in transport for out-born infants, or time in the delivery room for inborn infants. Write time of admission in military time. If time of admission is midnight record as 00:00 (mandatory field). |
| CNN Case ID                   | This is an auto-generated Case Identification number. It uniquely identifies a baby admission record in CNN. You do not need to enter any data in this field. <b>All screens are linked via this number</b> (mandatory field).                                                                                                                                                                                                                                                                                                                                          |
| Hospital Record Number        | Medical record number of the infant at the study hospital. When a patient is <b>readmitted</b> simply use the same record number and indicate the readmission number in the field that is displayed on the right hand side. To change this number from the one previously entered, click the button on the right of the field and proceed as instructed (mandatory field).                                                                                                                                                                                              |
| Patient UI                    | Patient Unique identifier (UI) number is assigned automatically by the program. No data entry required. It is the unique identifier for a patient and is used when transferring patients between hospitals. To change this number from the one previously entered, click the button on the right of the field and proceed as instructed.                                                                                                                                                                                                                                |
| Case Type                     | There are four types of patients collected under this screen. (1a) CNN / NICU admission – which will be the commonest and default regular option (1b) delivery room death (2a) Non-CNN / NICU admission not meeting CNN criteria - Certain sites collect babies in the database who are not eligible for CNN, such as short stay babies; (2b) Non-CNN / non-NICU admission – admitted to other hospital unit; (2c) Non-CNN / non-NICU admission – not admitted to our hospital; (3) Readmission from 2009 (mandatory field)                                             |
| Moribund on admission         | A patient will be classified as moribund at admission if patient is receiving only comfort care, without intubation, mechanical ventilation, pressor treatment, or cardiac compressions (mandatory field).                                                                                                                                                                                                                                                                                                                                                              |

#### GESTATIONAL AGE (APPEAR IN ORDER OF ACCURACY)

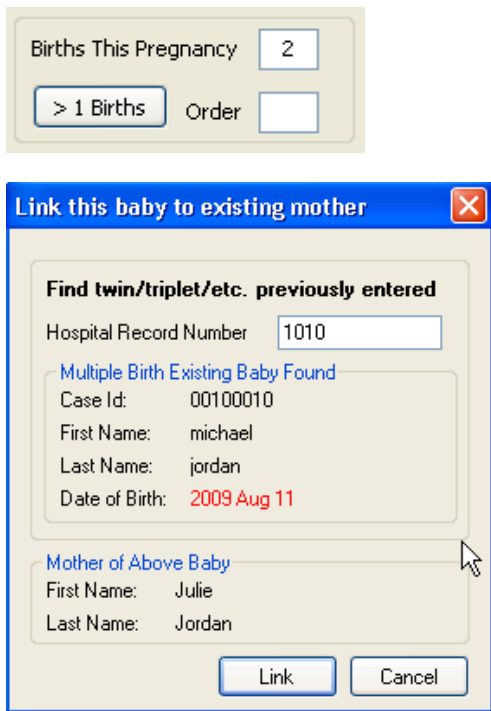
Note that this is a change from the previous CNN application. This program is set in such a way that it will calculate GA based on the best information that is available. Abstractor will complete as **much information available from charts as** they can, even if the dates or values in the chart are estimates. Please leave field blank if information is not available. If the Neonatal and Obstetrical estimated GA is reported as weeks + then just report weeks and leave days as zero. If Neonatal estimation spans more than one week enter earlier estimate (i.e. if GA is estimated as 30-31 weeks enter 30 weeks and zero days). GA refers to gestational age at BIRTH - and NOT the Corrected GA

|                               |                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of conception via IVF    | If the date of conception is available in cases of in-vitro fertilization (IVF) pregnancy, enter the date in this field.                                                                                                                                                                                                                      |
| Date of last menstrual period | Enter from maternal chart or history the date of last menstrual period.                                                                                                                                                                                                                                                                       |
| Menstrual cycle length        | Enter if this information is available. This field will contain the default entry of 28 days.                                                                                                                                                                                                                                                 |
| Early Ultrasound              | If mother had early ultrasound (between 8-24 weeks of gestational age) then click this field.                                                                                                                                                                                                                                                 |
| GA when US was done           | If there was an early ultrasound examination recorded, enter what was the estimated gestational age based on such an early ultrasound examination.                                                                                                                                                                                            |
| EDC based on US               | Enter estimated date of confinement (delivery) based on the early ultrasound mentioned above. Note that this field is <b>not</b> Estimated Date of Conception.                                                                                                                                                                                |
| Neonatal estimate of GA       | Enter the estimate based on neonatal assessment as to how many weeks gestational age infant appears, generally by the Ballard or Modified Ballard examination. If there is no Neonatal estimate listed in the chart but the baby is referred to as a 'term baby', enter 40 weeks. (In weeks only)                                             |
| Obstetric estimate of GA      | Enter obstetric estimate of GA here in weeks and days.                                                                                                                                                                                                                                                                                        |
| Gestational Age               | This field will be automatically populated based on input from the other fields. You do not need to enter any data here. Check that the value generated in this field is within a reasonable range of the best estimate of the infant's gestational age according to the patients chart. If there is a discrepancy, recheck data entry above. |
| Documented GA from chart      | Enter the gestational age as documented from chart.                                                                                                                                                                                                                                                                                           |



## APGAR SCORE

|                     |                                                                                                                                                                                                                                                                |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Apgar at 1 minute   | One minute Apgar score. If the value is missing, leave the field blank.                                                                                                                                                                                        |
| Apgar at 5 minutes  | Five minute Apgar score. If the value is missing, leave the field blank.                                                                                                                                                                                       |
| Apgar at 10 minutes | Ten minute Apgar score if recorded. The recording of such a score usually denotes a worrisome event in the delivery room (depressed infant) and is noted as a measure of recovery or prolonged depression. If missing or not available, leave the field blank. |

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Births this pregnancy | <p>Total number of births in this pregnancy. For example triplets=3, twins=2. If fetal death occurs at or before 20 weeks, this is <b>not</b> counted under births this pregnancy. If the chart does not specify date of fetal death, use the date the death was discovered. If fetal death of a twin occurs in utero, make a note in the comments box (mandatory field).</p> <p>When this field is more than 1, a new "&gt; 1 births" will appear. Upon clicking it, the following popup will appear for the user to choose the other existing baby admission record for that multiple birth case in order to find the existing mother record to link that baby to.</p>  |
| Birth Order           | Indicate the order in which the baby was born if it is part of a multiple birth. If fetal death has occurred at or before 20 weeks GA do not count in birth order. If the baby is a singleton, please leave this blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## ADMISSION DETAILS

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Status             | <p>Admission status at the study hospital. Score as inborn or out-born (transferred in). If out-born, specify the external transfer location in the "transferred from" field. If a patient is born at your hospital, discharged home a couple of days later (without admission to the NICU) then admitted to the NICU from home this is considered an <b>"inborn late admission"</b>. Score simply as inborn.</p> <p>If a patient is discharged to another hospital for 24 hours or less for surgery or other medical treatments not provided at your hospital, then this does <b>not</b> count as a readmission. For patients transferred out longer than 24 hours, you will need to begin a new data set and consider this now a readmission (mandatory field).</p> |
| Admission Head Circumference | The first Occipito-Frontal Circumference (OFC) (Head Circumference) measured after admission, as noted in the physician or nursing notes. Record in cm. If discrepancy between two measurements, select that measured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | by the nurse. If the first recorded head circumference is after the first 48 hours of admission, or if value is not available, leave the field blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Admission Temp.   | Body temperature in Celsius as recorded at admission to the study NICU. <b>Record the first temperature listed within five hours of admission.</b> If the first recorded temperature is after 5 hours of admission leave the field blank. For readmissions, record the temperature at the time of this second admission to the study NICU. Use axillary or rectal, but not skin probe temperatures (temperature of the baby taken by the incubator). If the temperature is recorded as “<36” score as 35.9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Admission Weight  | Weight in grams as recorded at admission to the study NICU. When no admission weight is recorded – take birth weight as admission weight if baby was admitted on the first day after birth AND if baby was admitted after the first day and not weighed on admission, take weight measured in the first 24 hours after admission. If no weight is taken in the 24 hours following admission enter estimated weight on which treatment is based (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Infant Sex        | Record sex of infant. If sex is listed as ambiguous, enter it as such; however, if later baby was identified as Male or Female, correct it before final submission. If not listed or unknown, select “unknown” (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Internal Transfer | <p>Indicate from which department within your hospital the baby was transferred, if applicable. This field is optional and should only be used by sites that wish to have this data. The list of selectable items are the following.</p> <ol style="list-style-type: none"> <li>1. PICU/PCCU (Pediatric Intensive Care Unit / Pediatric Critical Care Unit)</li> <li>2. L2N/SCN (Level 2 Nursery / Special Care Nursery)</li> <li>3. Operating Room</li> <li>4. Outpatient Clinic</li> <li>5. Emergency Department</li> <li>6. CCU/CCCU (Critical Care Unit / Comprehensive Cardiac Care Unit)</li> <li>7. Labor &amp; Delivery</li> <li>8. Mother/Baby Unit</li> <li>9. Pediatric Ward</li> <li>10. Others</li> <li>11. Unknown</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Transferred From  | <p>Record the name of the facility (<b>outside your hospital</b>) the infant was transferred from <b>most recently</b>. Do <b>not</b> complete this item for inborn late admissions from home or from any other area within your hospital. If an infant was admitted from home (because born at home), score as an out-born and enter OT &gt; Others &gt; “non-medical facility” here (this is NOT considered an inborn late admission from home).</p> <p>For non-hospital areas or non-Canadian hospitals, you will be able to choose from the following:</p> <ol style="list-style-type: none"> <li>1. Non-medical facility (home, school, mall, taxi, truck...etc)</li> <li>2. Non-hospital medical facility</li> <li>3. US Hospital</li> <li>4. Non-US Hospital Outside Canada</li> </ol> <p>If a baby is transferred from a community hospital (or home) to your hospital emergency department which then assesses the baby condition and decides to transfer the baby to your NICU, the transferred from field refers to the <b>external place</b> from which the baby comes from when it first reached the hospital.</p> <p>For those types of cases, DO NOT enter the transport data in the transport screen since there was no direct transfer and admission to your NICU.</p> <p>For inborn cases where baby is born and then directly transferred to the NICU in the same hospital stay, leave the field empty.</p> |
| Birth Place       | If baby was inborn, your hospital will automatically appear here if the Settings are set appropriately (refer to page 11, “Customizability of CNN Application”). The list of selectable items is the same as for the “Transferred From” field, and will include an Unknown option (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

PAYOR

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provincial Plan | Check if infant has provincial insurance coverage on admission. Provincial coverage is considered if mother has a personal health number (PHN), regardless of whether she has additional insurance coverage such as Blue Cross or Manulife. Only score insurance if mother has no PHN but some other form of insurance.                                                                                                                                                                                                                                                                                                                                                                      |
| Insurance       | Check if infant has insurance other than provincial coverage, e.g. foreign insurance. Only score insurance if mother has no PHN but some other form of insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| None            | Check if infant has no insurance on admission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Comments        | <p>Please enter comments for the CC here (maximum 255 characters). Do not record notes to yourself in this box. Use this item sparingly, it is not necessary to note additional maternal/obstetric information not required on the maternal screen. If you are unsure of the classification of a given congenital anomaly, diagnosis, or have a question regarding data collection please contact the CC for advice, <b>do <u>not</u> enter your question here.</b></p> <p><b>To indicate a record is invalid or erroneous, DO NOT enter “To Delete”, “To Filter”, “Please Ignore” or similar comments here. Use the new Deactivation feature available to deactivate invalid cases.</b></p> |

## SCREEN 2: MOTHER/OBSTETRIC SCREEN DEFINITIONS

### Mother / Obstetric

☐ Reviewed

#### Mother Identification

Mother First Name

Mother Last Name

Date of Birth

Maternal Age (If DOB Unknown)

Date of Admit

Chart Number

P.H.N.

Lone Parent ☐ Yes ☐ No ☐ Unknown

Ethnicity

Residential Postal Code

#### Risks

☐ Illicit Drugs ☐ Cigarettes

Was systemic antibiotics given to mother within 24 hours before birth?

☐ Yes ☐ No ☐ Unknown

#### Obstetric

Diabetes ☐ Yes ☐ No ☐ Unknown

☐ Gestational diabetes
☐ Type 1 or juvenile onset diabetes
☐ Type 2 or adult onset diabetes
☐ Unknown type

Insulin ☐ Yes ☐ No ☐ Unknown

Maternal Hypertension/Preeclampsia ☐ Yes ☐ No ☐ Unknown

☐ Pre-existing hypertension
☐ Gestational hypertension
☐ Hypertension but timing unknown.

Preeclampsia/eclampsia ☐ Yes ☐ No ☐ Unknown

#### Delivery Type

☐ Vaginal
☐ Cesarean
☐ Unknown

#### Presentation

☐ Vertex
☐ Breech
☐ Other
☐ Unknown

#### Clinical Chorioamnionitis

Maternal fever  $\geq 38.4^{\circ}\text{C}$  within 24 hours before birth

☐ Yes ☐ No ☒ Unknown

Uterine tenderness

☐ Yes ☐ No ☒ Unknown

Leukocytosis  $> 15000 / \text{mm}^3$ 

☐ Yes ☐ No ☒ Unknown

Suspected/Confirmed chorioamnionitis documented in the chart

☐ Yes ☐ No ☒ Unknown

#### Prenatal Care

☐ None ☐ Some ☐ Unknown

Antenatal Visit before 20 weeks

☐ Yes ☐ No ☐ Unknown

#### Antenatal

Gravida  Para  Total Abortions

#### Antenatal Corticosteroid TX

Did the mother receive antenatal corticosteroids?

☐ Yes ☐ No ☐ Unknown

If Yes

☐ Completed course within last week prior to birth
☐ Completed course prior to 1 week before birth
☐ Completed course but timing unknown
☐ Partial within last 24 hours
☐ Partial  $> 24$  hours ago
☐ Partial course but timing unknown

Did the mother receive more than one complete course of antenatal steroids?

☐ Yes ☐ No ☐ Unknown

If Yes, how many complete courses of antenatal steroids were given?

☐ Rescue dose of steroids

#### Birth Summary

ROM ☐  $< 24$  Hours ☐ 24 Hours to 1 Week ☐  $> 1$  Week ☐ Unknown

#### Labour Initiation

☐ No Labour
☐ Spontaneous
☐ Augmented
☐ Induced
☐ Unknown

#### Antenatal Intervention?

☐ Yes ☐ No ☐ Unknown

If Yes

☐ Fetal Transfusion
☐ Laser Ablation
☐ Amnioreduction
☐ Shunt Placement
☐ Fetal Reduction
☐ Other

Record information on this screen according to the birth mother's information. If an infant is placed in foster care, DO NOT record details regarding the foster family here.

### MOTHER IDENTIFICATION

|                   |                                                                                                             |
|-------------------|-------------------------------------------------------------------------------------------------------------|
| Mother First Name | First name of mother as recorded on medical records. Do not enter abbreviations. Leave blank if unknown.    |
| Mother Last Name  | Family name of mother as recorded on the medical records.                                                   |
| Date of Birth     | Mother's date of birth. If date of birth or age is unknown leave the field blank.                           |
| Maternal Age      | Enter maternal age if known.                                                                                |
| Date of Admit     | Mother's date of admission to <b>birth</b> hospital. If date of admission is unknown leave the field blank. |
| Chart Number      | Mother's hospital record number for all inborn infants. For out-born infants leave the field blank.         |

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|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P.H.N.                  | Mother's personal health number if mother has provincial coverage. If mother does not have provincial coverage or PHN is unknown leave the field blank (this information is kept locally, not transferred to CNN).                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Lone Parent             | Record whether the child is cared for by a lone parent (mandatory field).<br>If a spouse (irrespective of sex) is regularly (i.e. daily) involved in the social care of this child (not financial), score "no".<br>If no one other than the mother fits this description, score "yes".<br>If this is unclear, score "unknown".                                                                                                                                                                                                                                                                                                                                           |
| Ethnicity               | Choose from the dropdown list the ethnicity of the mother. If there are different ethnicities recorded and the infant's birth certificate is available, use the ethnicity listed on the birth certificate. If the mother's ethnicity is unknown, record as such.<br><b>Note:</b><br>East Asia : Mainland China, Hong Kong, Japan, Macau, Mongolia, North Korea, South Korea, Taiwan, Philippines, Vietnam<br>South Asia : Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, Sri Lanka, Afghanistan, Burma, Tibet, the British Indian Ocean Territories and Iran<br>Asia (region unknown): When Asian is mentioned, but East Asia or South Asia is not specified. |
| Residential Postal Code | Postal Code of mother's primary residence. Record the 6 digit number/letter code in the correct sequence (eg A1A 1A1). This should be completed for all babies, including out-born. If unknown, leave the field blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## RISKS

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Illicit Drugs | Check this box if illicit drug use applies for this pregnancy. Do not record for mothers who used illicit drugs prior to being pregnant, but <b>do</b> record for those mothers who used illicit drugs while unaware they were pregnant, although they may have stopped once they became aware of their pregnancy. The box does not define quantity so <b>do</b> record use of illicit drugs even if described as social use only. Illicit drugs include all recreational drugs (ie. marijuana, cocaine, heroin, etc.) as well as abused prescription drugs known to do damage to a developing fetus (ie. codeine, methadone). Do not count alcohol as an illicit drug and do not record its use here. If unknown or if no drugs were used during pregnancy leave the box unchecked. |
| Cigarettes    | Check the box if cigarettes were smoked during this pregnancy. If unknown or if no cigarettes were smoked during pregnancy, leave the box unchecked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## OBSTETRIC / ANTENATAL HISTORY

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Were systemic antibiotics given to mother? | Record whether systemic antibiotics were given to the mother <b>within 24 hours before birth</b> . This includes antibiotics given only enterally or parentally, not topical antibiotics. If unknown check the unknown box (mandatory field).                                                                                                                                                                                                                |
| Prenatal Care                              | If the mother had <b>at least one</b> prenatal care visit prior to hospital admission during which delivery occurred, score as 'some'. Otherwise, score as 'none'. If a pregnancy is dated by ultrasound (U/S) (other than on this admission) or if the notes indicate the mother had prenatal screens (rubella immune or hepatitis status) assume that there was some prenatal care. If there are no obstetric records, select "unknown" (mandatory field). |
| Antenatal Visits before 20 weeks           | Check the box if mother had prenatal visit before 20 weeks of gestational age. If mother had first trimester screen, nuchal translucency measured, anatomy scan performed, or screening for genetic anomaly performed (triple screen) then score "yes" (mandatory field).                                                                                                                                                                                    |
| Gravida                                    | The number of times a woman has been pregnant, including all abortions, live and still births. Note that this number includes the current pregnancy, therefore if this is the mother's first pregnancy enter '1'.                                                                                                                                                                                                                                            |
| Para                                       | The number of viable offspring in previous pregnancies. If a mother has had twins, her para is 2.                                                                                                                                                                                                                                                                                                                                                            |
| Total Abortions                            | The total number of both spontaneous (miscarriages) and therapeutic (planned) abortions of mother to date.                                                                                                                                                                                                                                                                                                                                                   |

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Antenatal Corticosteroid TX     | <p>Antenatal corticosteroid treatment given to mother prior to delivery (mandatory field). These include any of the following: betamethasone, beta celestone, dexamethasone, cortisone, dihydrocortisone, but <b>not</b> prednisone</p> <p><b>If Yes:</b> score as below</p> <ol style="list-style-type: none"> <li>Complete course within last week prior to birth [defined as receipt of at least two doses of corticosteroids 24 hours or more but within one week of birth]</li> <li>Complete course before 1 week of birth (defined as receipt of at least two doses of corticosteroids initiated more than one week prior to birth)</li> <li>Complete course but timing unknown (If no dates of administration are given, but the chart refers to “complete” or if chart specifies two doses were given)</li> <li>Partial course within last 24 hours (defined as any dose given less than 24 hours prior to birth)</li> <li>Partial course &gt;24 hours ago (defined as one dose given &gt;24 hours ago and was not repeated)</li> <li>Partial course but timing unknown (If no dates of administration are given, but the chart refers to “partial” or if chart specifies that only one dose was given)</li> </ol> <p><b>Long course of corticosteroid for mother:</b> For Mothers who received systemic (oral or parenteral) corticosteroids for indications other than for lung maturity (e.g. fetal heart block, suspected congenital adrenal hyperplasia or for maternal indication etc.) for a prolonged period of time (&gt;2 weeks), score the appropriate “Completed course” option and enter the Number of Courses as “10”. If steroid was continued until the date of delivery, enter "Completed course within last week prior to birth". If it was stopped 1 week prior to birth, then enter "Completed course before 1 week of birth". Please enter the detailed reason for multiple steroid administrations in the comment box on the Admission Screen.</p> |
| Number of Courses               | If mother has received multiple complete courses (at least one complete and more) mark yes and indicate the number of antenatal corticosteroid courses given to mother prior to delivery. If not mentioned or unknown select unknown. If mother has received complete and partial courses in the past only enter courses that were complete (as defined above) and ignore partial courses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Rescue dose of steroids         | <p>This field is enabled only if “complete course” is selected above.</p> <p>In some units the practice of giving a rescue dose of steroid is adopted. This means that mother has received a complete course of steroid &gt;1 week ago when she presented with threatened preterm birth. However, she settled and did not deliver at that time. She then presented with another episode of threatened preterm birth and rather than repeating a course of steroid, practitioner gave a single dose of steroid as rescue dose prior to current preterm birth. Usually this is a single dose within 12 hours of birth.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Antenatal Intervention          | Indicate if there were any interventions during this pregnancy to treat a fetal condition (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Types of antenatal intervention | If Yes was selected in the option above, indicate which intervention was performed. If the intervention is not listed, click “Other” and free text the intervention (maximum 50 characters). Shunt placement includes pleuroamniotic shunt, vesicoamniotic shunt or shunt anywhere in the body to drain fluid collection. If there was only tapping of fluid from cavity and no shunt was placed, mention it in the “other” category.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

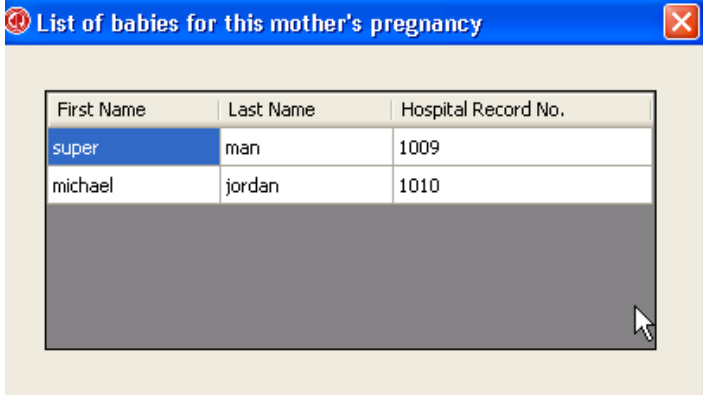
#### BIRTH SUMMARY (TOP RIGHT-HAND CORNER)

|                   |                                                                                                                                                                                                                                                                                                                      |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ROM               | Rupture of maternal membranes (ROM) (either artificial or natural) recorded with regards to onset of labour. When data are available, classify them in 3 groups: <24 hours, 24 hours to 1 week and >1 week between rupture of membranes and time of birth. If data are not available mark unknown (mandatory field). |
| Labour Initiation | Type of labour initiation, whether none, spontaneous, augmented (speeding up labour), or induced (getting labour started). If unknown record as such. Augmentation is defined as medications given to increase the strength and/or speed of contractions (mandatory field).                                          |

#### OBSTETRIC

|                   |                                                                                                                                                                                                                                             |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diabetes and Type | Answer yes, no or unknown regarding mother’s status as a diabetic. This includes both gestational diabetes as well as previous maternal diabetes (i.e. prior to conception). Impaired Glucose Tolerance is not included. (Mandatory field). |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | <p>If Yes, select the type:</p> <ol style="list-style-type: none"> <li>1. Gestational diabetes: Diabetes which was first time diagnosed during this pregnancy</li> <li>2. Type 1 diabetes or juvenile onset diabetes: Diabetes diagnosed at younger age</li> <li>3. Type 2 diabetes or adult onset: Diabetes diagnosed during adulthood</li> <li>4. Unknown type: Reported as diabetes but type is unknown.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Insulin                    | Answer yes, no or unknown regarding whether or not mom received insulin for the treatment of diabetes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Maternal Hypertension      | <p>Record whether maternal hypertension is present or not, or whether this information is unknown. If obstetric information is noted, but maternal hypertension is not mentioned, select “no.” If there is no obstetric data in the chart, select “unknown.” Common abbreviations for this include: HTN, PIH, <i>HELLP</i> and PET. “Questionable HTN,” “question of <i>HELLP</i> syndrome” or “rule out PET” without more information should be scored as unknown (mandatory field).</p> <p>If Yes, select type:</p> <ol style="list-style-type: none"> <li>1. Pre-existing hypertension: Hypertension that was preexisting before current pregnancy</li> <li>2. Gestational hypertension: Hypertension diagnosed first time during this pregnancy. It may have been reported in previous pregnancy but mother was not hypertensive in between pregnancies.</li> <li>3. Hypertension but timing unknown: Reported as hypertension but timing unknown</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Preeclampsia/<br>Eclampsia | Record whether preeclampsia or eclampsia is present or not, or whether this information is unknown.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Assisted Pregnancy         | Answer yes, no or unknown regarding whether or not the mother had an assisted pregnancy. This includes In-Vitro Fertilization, Intracytoplasmic sperm injection, IUI Intrauterine Insemination, embryo transfer or any other mechanical procedure to facilitate pregnancy or implantation. This <b>does not</b> include medication induced pregnancies such as clomiphene (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Maternal MgSO <sub>4</sub> | <p>Enter YES if MgSO<sub>4</sub> is given at any time during gestation when mom had threatened preterm labour. This includes previous MgSO<sub>4</sub> given weeks before actual birth when mother might have been admitted for threatened preterm labour but not given birth.</p> <p>If Yes, select the reason.</p> <p><b>Neuroprotection:</b> Administration of MgSO<sub>4</sub> for prevention of cerebral palsy in infants. This is given when mother is admitted in threatened preterm labour. MgSO<sub>4</sub> given for neuroprotection in all previous admissions for threatened preterm labour should be included. Check this if MgSO<sub>4</sub> is intended for neuroprotection, irrespective of maternal conditions. Under most circumstances this is given for up to 24 hours in the event of suspected or threatened preterm labour, and stopped if mother does not progress to labour.</p> <p><b>Pre-eclampsia/Eclampsia:</b> Administration of MgSO<sub>4</sub> for the treatment of maternal pre-eclampsia or eclampsia. This treatment can last for longer than 24 hours and should be mentioned as a reason in maternal charts.</p> <p><b>Tocolysis:</b> Administration of MgSO<sub>4</sub> for the purpose of relaxing the uterus when mother presents with contractions and threatened preterm birth.</p> <p><b>Unknown:</b> When reason cannot be determined, identified or not known.</p> |
| Presentation               | <p>Fetal presentation at birth (mandatory field). This should be recorded as:</p> <p><b>VERTEX:</b> Head first, includes OP (occiput posterior), hand presentation with head coming with hand, or <b>BREECH:</b> All types - footling, frank, etc.; or</p> <p><b>OTHER:</b> Includes shoulder, transverse, brow, face, oblique vertex, and compound (not vertex or breech but has other more than one parts as presenting parts) presentations.</p> <p>If there is no mention of presentation select “unknown.” If a baby was converted to vertex presentation for delivery by c-section, <b>score the initial position of the baby</b>. If vertex presentation can be inferred (e.g. “tried vacuum extraction”), score vertex.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Delivery Type              | Record whether the delivery was vaginal or by cesarean section (mandatory field). If obstetric information is noted, but delivery type is not mentioned, “vaginal” may be assumed. If vaginal can be inferred (e.g. “vacuum extraction”), score vaginal. If there are no obstetric records, select “unknown.”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Clinical<br/>Chorioamnionitis</p>                                              | <p><b>Chorioamnionitis</b> is defined as inflammation of the chorion and amnion. Please click responses to each individual component. <b>All boxes are checked as unknown by default</b> (mandatory fields).</p> <p>Maternal fever <math>\geq 38.4^{\circ}\text{C}</math> <b>within 24 hours before birth</b> (irrespective of whether she received epidural analgesia)<br/> Uterine tenderness if mentioned in the chart<br/> Leukocytosis of <math>&gt;15000/\text{mm}^3</math><br/> If there is mention in the chart of suspected or confirmed chorioamnionitis, code accordingly. Default will be unknown.<br/> If pathology report confirms chorioamnionitis, check yes in “Suspected /confirmed chorioamnionitis” box.</p> |
|  | <p>The following screen will pop up to display the list of babies for this mother’s current pregnancy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |



## SCREEN 3: RESUSCITATION / STABILIZATION / TRANSITION

### SCREEN DEFINITIONS

## Resuscitation / Stabilization / Transition

☐ Reviewed

Date of Birth: N/A
 Time of Birth: N/A
 Date/Time 30 Minutes After Birth: N/A

Please record if the following occurred in the first 30 minutes of birth

**Resuscitation Details**

☐ No active resuscitation needed  
☐ Unknown  
☐ Suction and/or mild stimulation and/or free flow  
☐ CPAP  
☐ PPV via bag and mask or T Piece  
☐ PPV via ET tube  
☐ Chest compression >=30 seconds  
☐ Epinephrine (ET or IV)  
☐ Palliative care or DNR order

**If Palliative Care or DNR Order**

☐ Extreme immaturity  
☐ Major malformation  
☐ Other

**If Resuscitation provided**

Initial gas provided for resuscitation

☐ Air/oxygen = 21%  
☐ Supplemental Oxygen > 21%  %  
☐ 100% Oxygen  
☐ Unknown

Maximum of oxygen in % provided during resuscitation

Discontinuation of all resuscitation measures due to no or poor response (time in minutes)

**Delayed Cord Clamping attempted?**

☐ Yes  seconds  
☐ No  
☐ Unknown

**Umbilical cord milking**

☐ Yes ☐ No ☐ Unknown

Record information on this screen according to the first 30 minutes of birth. At least one checkbox under Resuscitation Details must be selected for validation to be complete. You do not have to fill this information out for readmissions, but do for all outborns.

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resuscitation Details | <p>Provide resuscitation details that the infant received in the first 30 minutes after birth irrespective of location of resuscitation. Note all that apply i.e. if infant required suction, stimulation, bag and mask and intubation; mark all items for the infant (mandatory field).</p> <ol style="list-style-type: none"> <li><b>No active resuscitation needed:</b> Infant did not require any resuscitation. These are typically babies with Apgar scores higher than 8.</li> <li><b>Unknown:</b> If the details of resuscitation are completely unknown. If the infant is intubated at birth, then infer intubation rather than unknown even if details of resuscitation before intubation are unknown. "Unknown" categories are to be used for infants for whom no details are known and cannot be inferred from available information.</li> <li><b>Suction and/or mild stimulation and/or free flow:</b> If infant required oropharyngeal or nasal suction or free flow oxygen or stimulation then code here. Typically all infants who require</li> </ol> |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                | <p>resuscitation beyond this stage have this stage completed except babies with meconium stained liquor.</p> <ol style="list-style-type: none"> <li>4. <b>Only CPAP:</b> Check this box if the infant is given only CPAP without artificial inflations or positive pressure ventilation.</li> <li>5. <b>PPV via bag and mask or T piece:</b> Check this box if positive pressure ventilation is performed, including artificial inflations, using bag and mask or T piece.</li> <li>6. <b>PPV via ET tube:</b> Check this box if positive pressure ventilation is performed on an infant who received endotracheal intubation. Note that ETT insertion for the purpose of suction of meconium is excluded and should not be marked here. However, if the same infant after suction requires intubation and receives positive pressure ventilation, then such infants would classify as yes in this category.</li> <li>7. <b>Chest compression for <math>\geq 30</math> seconds:</b> For chest compressions provided for <math>&lt; 30</math> seconds, do not check box. If duration is unknown and can not be inferred from supplemental information such as need for multiple doses of epinephrine etc; leave this unchecked. Compressions for <math>&lt; 30</math> seconds are not collected.</li> <li>8. <b>Epinephrine (ET or IV):</b> If the baby received epinephrine via ETT or PIV or umbilical catheter, then check this box.</li> <li>9. <b>Palliative care or DNR order:</b> If the infant was planned to have palliative care after birth due to life limiting diagnoses and no active resuscitation was planned because of extreme prematurity or any other causes, check this box. Distinguish this clearly from first category where infant does not need resuscitation (maximum 50 characters in "Other" category).</li> </ol> |
| If resuscitation provided                                                                      | If the infant received any form of active resuscitation, you would indicate what was the initial gas used during resuscitation (air, supplemental oxygen or 100% oxygen). This would be the amount of oxygen the infant received at first attempt of resuscitation. Only enter value that was used during initiation irrespective whether it was increased within a few seconds or not. Usually your unit policy should clearly indicate this. For Supplemental Oxygen $> 21\%$ , enter a value between 22 – 99%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Maximum oxygen in % provided during resuscitation (note resuscitation may last $< 30$ minutes) | Indicate what was the maximum concentration of oxygen used during resuscitation (only during resuscitation). If initial gas provided during resuscitation is 100%, this field will be automatically populated indicating that maximum concentration was 100%. If any other concentration was used, you need to indicate maximum oxygen given during resuscitation. If it is unknown, leave the field blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Discontinuation of resuscitation due to no or poor response                                    | For some unfortunate infants, resuscitative measures are not successful and at times resuscitation is discontinued. Note after how many minutes of resuscitation these measures were discontinued (note that this may be longer than 30 minutes).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Delayed cord clamping                                                                          | Indicate whether delayed cord clamping was attempted.<br>If yes, enter the duration of the delay in seconds. Valid range from 5 to 300 seconds. Enter 300 if duration was longer than 300 seconds. Leave blank if timing is unknown. (Optional field)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Umbilical cord milking                                                                         | Umbilical cord milking is defined as milking of the cord 3-5 times from placenta towards the baby at a rate of 5-10cm/second. Record "yes" if it is documented as cord milking was performed irrespective of number of times and rate of milking.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## SCREEN 4: TRANSPORT SHEET SCREEN DEFINITIONS

### Transport

☐ Reviewed

**Transport Data Available**  
☐ Yes    ☐ No  

If Yes: Transport Details  
 Distance of transport (km)   
 Departure date and time from transferring NICU     
 Date and time upon arrival to referred NICU     
 Mode of transport    ☐ Air    ☐ Ground  
 Team personnel    ☐ MD    ☐ RT  
                          ☐ RN    ☐ EMT  
                          ☐ CNS/NNP    ☐ Other

**Pre-Transport**  
☐ Data Not Available  
 Temperature (°C)  
 ☐ Unknown  
 Systolic BP (mm Hg)  
 ☐ Unknown  
 Respiratory Status  
☐ Severe (apnoea, gasping, intubated)  
☐ Mod. (RR > 60/min and/or SpO2 < 85)  
☐ None (RR <= 60/min and/or SpO2 >= 85)  
☐ Unknown  
 Gestational age appropriate response to stimuli  
☐ None, seizure, muscle relaxant  
☐ GA appropriate response when handled  
☐ Withdraws vigorously, cries  
☐ Unknown  

**TRIPS Score =**    N/A

**Complete the Transport Sheet for all outborn or readmitted infants transported into the study NICU from another hospital.**

Do **not** complete, but select “**No**” for Transport Data Available and check “**Data not available**”, for:

- inborn late admissions (see definition under Admission Status, pg. 22)
- patients transported between wards within your hospital
- patients admitted for the first time from home
- those born at home and transported to the hospital by ambulance
- infants transported out of your hospital
- cases admitted via emergency department or other internal departments.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transport Data Available                              | Indicate whether or not any data to complete this screen is available for the infant. The rest of the fields will be activated only if the selection is “yes” (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Distance of transport                                 | Refers to the distance <b>between</b> the referring (departing) hospital and the destination (arriving) hospital, <b>one way, entered in km</b> . If distance is unavailable, approximate the distance for both ground and air transport.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Departure date /Departure time from transferring NICU | Date of transport from the transferring NICU. If transport occurred over midnight (i.e. two days) record the date that transport began. Also record the time at which the transport team left the departing hospital. Do <b>not</b> record the time at which the transport team first arrived at the departing hospital. <b>Note: the time at which the transport team first begins recording vitals is NOT necessarily the departure time</b> . If at midnight, record as 00:00 (where midnight (00:00) is the first minute of a new day; for example: 23:59 on Jan 3 <sup>rd</sup> and 00:00 on Jan 4 <sup>th</sup> is 1 minute later). If unknown leave blank. |
| Date of transport / Arrival time                      | Date of transport into the study NICU and the time at which the transport team arrives at the receiving hospital and vitals are being taken by your study hospital. This time is often analogous to the admission time.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Mode of transport                                     | Record mode of transport as air or ground. Indicate both methods of transport by checking both boxes if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                |                                                                                                                                                                                                                                                                                              |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | applicable. If unknown leave blank.                                                                                                                                                                                                                                                          |
| Team Personnel | Record personnel in attendance throughout transport. MD (Doctor), RN (Registered Nurse), RT (Respiratory Technician) EMT (Emergency Medical Technician; paramedic), CNS/NNP or other. Indicate multiple types of personnel in attendance by checking multiple boxes. If unknown leave blank. |

#### PRE-TRANSPORT

Refers to the outcomes on arrival of the transport team to the referring (departing) hospital (i.e. the condition in which the team finds the infant on arrival). If, for some reason, the transport team does not assess the patient for a particular item, use measurements taken from the referring hospital within two hours of the team's arrival. If no measurement within two hours is available for a particular item, check "unknown". A TRIPS score will be generated after all necessary information has been entered (i.e. no "unknown") and you click the Save button.

If baby was not transported, select "Data Not Available" (mandatory field) in the first box.

Select "unknown" for all fields if baby was transported but information is not found.

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Temperature                                                                                   | Body temperature in Celsius. Use axillary or rectal, but not skin probe (temperature of the baby taken by the incubator). If no appropriate recording select unknown (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                            |
| Systolic BP                                                                                   | Systolic blood pressure in mm Hg. Arterial line pressures and cuff pressures should be weighted equally. If more than one blood pressure is recorded, score the average blood pressure. If no appropriate recording is available select unknown (mandatory field).                                                                                                                                                                                                                                                                                                                 |
| <b>Respiratory Status:</b><br>Severe                                                          | Record if infant is intubated and receiving mechanical ventilation. Also record if the infant is not intubated, but suffers from apneic spells or gasping or if the infant is being bagged.                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Respiratory Status:</b><br>Moderate                                                        | Record if respiratory rate is <b>greater than</b> 60 resps per minute <b>OR</b> oxygen saturation recording (SPO2) is <b>less than</b> 85 regardless of mode of ventilation (i.e. CPAP or oxygen treatment). Therefore, a patient breathing less than or equal to 60 resps per minute but who is actually on CPAP will be scored as 'respiratory status-none'. This is because we are looking to capture changes in patient condition as opposed to severity of the condition itself. If both severe and moderate symptoms are displayed, score as severe (the higher of the two). |
| <b>Respiratory Status:</b><br>None                                                            | Record if respiratory rate is <b>less than</b> or equal to 60 breaths per minute <b>AND</b> oxygen saturation recording (SPO2) is <b>greater than</b> or equal to 85 regardless of mode of ventilation (i.e. CPAP or oxygen treatment). Therefore, a patient breathing less than 60 resps per minute but who is actually on CPAP will be scored as 'respiratory status-none'. This is because we are looking to capture changes in patient condition as opposed to severity of the condition itself.                                                                               |
| <b>Respiratory Status:</b><br>Unknown                                                         | Record if respiratory rate is missing. Selecting one field in Respiratory Status is mandatory.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Gestational age appropriate response to stimulus:</b> none                                 | Record if infant shows no gestationally appropriate response to stimulus. <b>Also record</b> if the infant has had <b>seizures</b> or been given <b>muscle relaxants</b> (i.e. pancuronium) within the last few hours of the scoring time.                                                                                                                                                                                                                                                                                                                                         |
| <b>Gestational age appropriate response to stimulus:</b> GA appropriate response when handled | Record if infant has a lethargic gestationally appropriate response (i.e. slow to respond, no crying, reduced activity, poor response to painful stimuli such as heel prick or venepuncture, etc.) when exposed to a stimulus.                                                                                                                                                                                                                                                                                                                                                     |
| <b>Gestational age appropriate response to stimulus:</b> withdraws vigorously                 | Record if infant shows a vigorous gestationally appropriate response when exposed to a stimulus. <b>A vigorous response</b> is characterized by behaviour such as crying or withdrawing. Score the most intense response demonstrated.                                                                                                                                                                                                                                                                                                                                             |
| <b>Gestational age appropriate response to stimulus:</b> Unknown                              | Record if a gestationally appropriate response to stimulus is missing. Selecting one field in Gestational age appropriate response to stimulus is mandatory.                                                                                                                                                                                                                                                                                                                                                                                                                       |

### SCREEN 5: TRIPS SCREEN

# TRIPS

☐ Reviewed

Day of Admission: 2014 Dec 19    Time of Admission: N/A    Date/Time 12 Hours After Admission: N/A

TRIPS on admission to NICU
☐ Data Not Available

Temperature (°C)
☐ Unknown

Systolic BP (mm Hg)
☐ Unknown

Respiratory Status
☐ Severe (apnoea, gasping, intubated)  
☐ Mod. (RR > 60/min and/or SpO2 < 85)  
☐ None (RR <= 60/min and/or SpO2 >= 85)  
☐ Unknown

Gestational age appropriate response to stimuli
☐ None, seizure, muscle relaxant  
☐ GA appropriate response when handled  
☐ Withdraws vigorously, cries  
☐ Unknown

TRIPS Score = N/A

TRIPS around 12 hours after admission
☐ Data Not Available

Temperature (°C)
☐ Unknown

Systolic BP (mm Hg)
☐ Unknown

Respiratory Status
☐ Severe (apnoea, gasping, intubated)  
☐ Mod. (RR > 60/min and/or SpO2 < 85)  
☐ None (RR <= 60/min and/or SpO2 >= 85)  
☐ Unknown

Gestational age appropriate response to stimuli
☐ None, seizure, muscle relaxant  
☐ GA appropriate response when handled  
☐ Withdraws vigorously, cries  
☐ Unknown

TRIPS Score = N/A

**TRIPS score data are mandatory collection for all inborn and outborn infants.**

**They are collected at two time points:**

- (a) Trips on admission to NICU:** This is collected upon arrival to your NICU for outborn infants and from first set of vitals collected after stabilization and admission to NICU for inborn infants.
- (b) Trips around 12 hours after admission:** This is collected after 12 hours ( $\pm$  4 hours) of first data collection for both inborn and outborn infants

The same four items are recorded here as in pre-transport on the transport sheet: temperature, systolic blood pressure, respiratory status and response to a gestational age appropriate stimulus.

Refer to the definitions listed above for these items, but remember to record them in the appropriate scoring time period. The TRIPS scores will be generated automatically after all necessary information has been entered (i.e. no “unknown” selections) and you click the Save button or go to another screen.

## SCREEN 6: SNAP SCREEN DEFINITIONS

**SNAP**
☐ Reviewed

Day of Admission: **2009 Nov 13**
Time of Admission: **N/A**
Date/Time 12 Hours After Admission: **N/A**

Transferred/Died within 12 hours ☐

In the first 12 hours of admission

|                | Highest              | Lowest               |
|----------------|----------------------|----------------------|
| Blood Pressure | <input type="text"/> | <input type="text"/> |
| Heart Rate     | <input type="text"/> | <input type="text"/> |

Blood Gases

|                   | FiO2                 | MAWP                 | pH                   | pO2                  | pCO2                 | If Low Flow<br>FiO2 Flow |
|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|
| With Lowest pO2   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| With Highest MAWP | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |
| With Highest FiO2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |

In the first 12 hours of admission

Highest Respiratory Rate

Lowest Temperature

Lowest Serum pH

First Lactate

Seizures

☐ None ☐ Multiple

☐ Single

In the first 12 hours of admission

Urine (cc)

**SNAP II Score =** N/A

**SNAP II PE Score =** N/A

**SNAP data on day one should be scored from the time of admission (defined as the time of first vitals in the NICU) for twelve (12) hours.** Values occurring during an operation should be included. If you are missing information from the scoring period either because a flow sheet is missing, because the baby was transferred out, or died during the scoring period, complete the following screen using the information that is available. The SNAP II and SNAP IPE scores are generated automatically once appropriate information is entered and the user clicks Save or moves to another screen. If the baby is transferred/died within the 12 hours, tick the checkbox at the top of the screen accordingly. If it is ticked, the SNAP score will not be calculated since it is based on twelve hours only.

### Vital Signs:

Vital signs recorded while a baby is in the most stable condition possible. Score only non-zero values recorded in the chart for babies who are dying (i.e. **do NOT score the low heart rate as zero for babies who die during a scoring period**).

Values listed as a range should be scored as the midpoint. Values listed as “< a certain value” should be scored as point one (0.1) less than the value listed (e.g. a low temp of <34 should be scored as 33.9). Similarly, values listed as “> a certain value” should be scored as point one (0.1) more than the value listed.

### Lab Values:

Lab values should be included in the scoring period if they are **drawn during the scoring period**. Time of draw should be taken from the flow sheet when this is explicitly recorded. If the time of the draw is not explicitly recorded on the flow sheet, assume the time the lab received the samples is within 15 minutes of the draw (in other words, include values listed as occurring within 15 minutes of the end of the scoring period).

Computer values should generally be considered more accurate than flow sheet/progress note values unless they are clearly being discounted by the clinicians. Lab values discounted by clinicians should not be recorded on SNAP. Hemolyzed values are acceptable. Pathology blood draws, cord specimens and other non-blood draws (CSF, urine) should **not** be scored on SNAP. Do not score “diluted” lab values or samples that are contaminated.

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transferred / Died within 12 hours | If this applies to the patient, check the box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Blood Pressure: High               | Highest mean arterial pressure (MAP), also called mean blood pressure (MBP), during the <b>time period</b> , as recorded in the nursing flow sheet. Arterial line pressures and cuff pressures should be weighted equally in choosing high/low values. However, if these values are very different, ask a staff member in the NICU or contact the CC for advice. If only systolic and diastolic pressures are recorded, assume <b>mean blood pressure = diastolic + 1/3 (systolic - diastolic)</b> . E.g. 55/43: MBP = 43 + 1/3 (55-43) = 47. If only one blood pressure is recorded during the scoring period, enter this value as both the high and low value.                |
| Blood Pressure: Low                | Lowest mean arterial pressure (MAP), also called mean blood pressure (MBP), during the <b>time period</b> , as recorded in the nursing flow sheet. Arterial line pressures and cuff pressures should be weighted equally. If these values are very different, ask a staff member in the NICU or contact the CC for advice. If only systolic and diastolic pressures are recorded, assume mean blood pressure = diastolic + 1/3 (systolic - diastolic). If only one blood pressure is recorded during the scoring period, enter this value as both the high and low value. <b>Do NOT score the low blood pressure as 0 for babies who die during a scoring period.</b>           |
| Heart Rate: High                   | Highest heart rate during the <b>time period</b> sustained for more than one minute continuously. Do not include transient heart rate values that reflect bradycardia associated with apnea/desats. If only one heart rate is recorded during the scoring period, enter this value as both the high and low value.                                                                                                                                                                                                                                                                                                                                                              |
| Heart Rate: Low                    | Lowest heart rate during the <b>time period</b> sustained for more than one minute continuously. Do not include transient heart rate values that reflect bradycardia associated with apnea/desats. If only one heart rate is taken during the scoring period, enter this value as both the high and low value. <b>Do NOT score the low heart rate as zero (0) for babies who die during a scoring period.</b>                                                                                                                                                                                                                                                                   |
| Respiratory Rate                   | Highest respiratory rate sustained for more than one minute during the <b>time period</b> . Count spontaneous respirations only. If on ventilator with no breaths above the vent, score as zero (0). <b>At some sites you may need to subtract the vent rate from the listed respiratory rate in order to find the number of spontaneous respirations.</b> If on HFO and no spontaneous breaths please score highest respiratory rate as zero (0).                                                                                                                                                                                                                              |
| Lowest Temperature                 | Lowest body temperature during the time period (axillary or rectal but not skin probe, which is the baby's temperature recorded through the isolette) recorded in Celsius.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Lowest Serum pH                    | Lowest pH during the <b>time period</b> . This may be obtained by arterial (ABG), capillary (CBG) or venous (VBG) blood gases.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| First Lactate                      | Record the first lactate or lactic acid value reported from baby's blood. It could be venous, capillary or arterial. Do not include cord blood values.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Urine CCs                          | Total CCs of urine output during the <b>time period</b> . Do <b>not</b> divide by birth weight. <b>If notes indicate that 20% or more of the total output for the time period was lost/unmeasured</b> (recorded as mixed with stool, "VOID", or overflow) <b>then leave the field blank</b> . To calculate whether 20% was lost, if all urine output values list specific numbers, determine whether the uncertain values (CCs recorded as mixed with stool or overflow) make up 20% of the total CCs. If some values are not recorded at all (recorded as "VOID") then determine whether the uncertain values (unmeasured diapers) make up 20% of the total number of diapers. |
| Seizures                           | If only one seizure was confirmed, score as "single." If more than one seizure was confirmed, score as "multiple." Otherwise, check "none." Confirmed is defined as witnessed by two (2) or more clinicians or diagnosed by EEG or amplitude integrated EEG. Use of antiepileptics (phenobarbital) ALONE is not enough evidence for diagnosis. However, if antiepileptics are ordered by one clinician, and seizure is observed by a DIFFERENT clinician, assume the seizure is confirmed.                                                                                                                                                                                      |



## BLOOD GASES

Record only **arterial** blood gases, if there are no arterial blood gases recorded during the scoring period then leave this entire section blank. If there is only one arterial blood gas, enter the information required in the first line of blood gas with lowest pO<sub>2</sub>, and leave the remaining lines blank. When two values are available for blood gases (original and corrected for body temperature), use the corrected values.

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Blood Gas with lowest pO<sub>2</sub></p> | <p>Select the <b>arterial</b> blood gas (ABG) with the lowest pO<sub>2</sub>. If there are several blood gases at the same lowest pO<sub>2</sub>, record the one occurring first. Record the FiO<sub>2</sub> (21% - 100%) and MAWP (in cm-water) at the time blood was drawn, and the pH, PO<sub>2</sub> and PCO<sub>2</sub> from this blood gas.</p> <p><b>FiO<sub>2</sub></b> should be left blank if the baby was on blow-by oxygen at the time of the draw or if the FiO<sub>2</sub> is unavailable. If the baby was on room air, record FiO<sub>2</sub> as 21. FiO<sub>2</sub>s listed while “bagging” should be recorded.</p> <p>If the baby is on low flow oxygen during SNAP scoring period, please enter the value of the flow of additional gas in ml/min in the last column. At the same time you will need to enter how much oxygen concentration is given to the baby in the flow mixture.</p> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. If baby is getting 20 cc of low flow air- enter 20 cc in the last column and 21% in the FiO<sub>2</sub> column.</li> <li>2. If baby is getting 20 cc of low flow oxygen - enter 20 cc in the last column and 100% in FiO<sub>2</sub> column.</li> <li>3. If baby is getting 20 cc of air and 50% oxygen mixture - enter 20 cc in the last column and 50% in FiO<sub>2</sub> column.</li> </ol> <p><b>MAWP</b>-If on CPAP only, you may use CPAP value as MAWP if there is no MAWP listed. No distinction is made between nasal (facial) and endotracheal CPAP. If MAWP recordings to do not correspond with blood gas times, assume constant MAWP between recordings.</p> <p>MAWP should be left blank if the baby was <b>not</b> receiving assisted ventilation (mechanical vent or CPAP) at the time of the draw (i.e. nasal cannula, blow-by oxygen or room air).</p> <p>MAWP should be left blank if the baby was receiving hand-bagging or if MAWP is unavailable.</p>                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Blood Gas with highest MAWP</p>          | <p>Select the <b>arterial</b> blood gas with the highest mean airway pressure. If this is the same gas recorded above in the lowest PO<sub>2</sub> row, select the gas with the next highest MAWP instead. If there are several blood gases at the same highest MAWP, record the one with the lowest PO<sub>2</sub>. If there are several gases with the same highest MAWP <b>and</b> the same lowest PO<sub>2</sub>, record the gas occurring first. If MAWP is ‘0’ for the entire scoring period because the baby was never on assisted ventilation or no MAWPs are available, leave this row blank.</p> <p>Record the FiO<sub>2</sub> (21% - 100%) and MAWP (in cm-water) at the time blood was drawn, and the pH, PO<sub>2</sub> and PCO<sub>2</sub> from this blood gas.</p> <p><b>FiO<sub>2</sub></b> should be left blank if the baby was on blow-by oxygen at the time of the draw or if the FiO<sub>2</sub> is unavailable. FiO<sub>2</sub>s listed while “bagging” should be recorded.</p> <p>If the baby is on low flow oxygen during SNAP scoring period, please enter the value of the flow of additional gas in ml/min in the last column. At the same time you will need to enter how much oxygen concentration is given to the baby in the flow mixture.</p> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. If baby is getting 20 cc of low flow air- enter 20 cc in the last column and 21% in the FiO<sub>2</sub> column.</li> <li>2. If baby is getting 20 cc of low flow oxygen - enter 20 cc in the last column and 100% in FiO<sub>2</sub> column.</li> <li>3. If baby is getting 20 cc of air and 50% oxygen mixture - enter 20 cc in the last column and 50% in FiO<sub>2</sub> column.</li> </ol> <p><b>MAWP</b>-If on CPAP only, you may use CPAP value as MAWP if there is no MAWP listed. No distinction is made between nasal (facial) and endotracheal CPAP. If MAWP recordings to do not correspond with blood gas times, assume constant MAWP between recordings.</p> <p>MAWP should be left blank if the baby was <b>not</b> receiving assisted ventilation (mechanical vent or CPAP) at the time of the draw (i.e. nasal cannula, blow-by oxygen or room air).</p> <p>MAWP should be left blank if the baby was receiving hand-bagging or if MAWP is unavailable.</p> |



|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Blood Gas with highest FiO2</p> | <p>Select the <b>arterial</b> blood gas with the highest FiO2. If this is the same gas recorded above in the lowest PO2 row OR in the highest MAWP row, select the gas with the next highest FiO2 instead. If there are several blood gases with the same highest FiO2, select the one with the lowest PO2. If there are several gases with the same highest FiO2 <b>AND</b> the same lowest PO2, select the gas occurring first.</p> <p>Record the FiO2 (21% - 100%) and MAWP (in cm-water) at the time blood was drawn, and the pH, PO2 and PCO2 from this blood gas.</p> <p><b>FiO2</b> should be left blank if the baby was on blow-by oxygen at the time of the draw or if the FiO2 is unavailable. FiO2s listed while “bagging” should be recorded.</p> <p>If the baby is on nasal canula or oxygen hood during SNAP scoring period, please enter the value of the flow of additional gas in ml/min in the last column. At the same time you will need to enter how much oxygen concentration is given to the baby in the flow mixture.</p> <p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. If baby is getting 20 cc of low flow air- enter 20 cc in the last column and 21% in the FiO2 column.</li> <li>2. If baby is getting 20 cc of low flow oxygen - enter 20 cc in the last column and 100% in FiO2 column.</li> <li>3. If baby is getting 20 cc of air and 50% oxygen mixture - enter 20 cc in the last column and 50% in FiO2 column.</li> </ol> <p><b>MAWP</b>-If on CPAP only, you may use CPAP value as MAWP if there is no MAWP listed. No distinction is made between nasal (facial) and endotracheal CPAP. If MAWP recordings do not correspond with blood gas times, assume constant MAWP between recordings.</p> <p>MAWP should be left blank if the baby was <b>not</b> receiving assisted ventilation (mechanical vent or CPAP) at the time of the draw (i.e. nasal cannula, blow-by oxygen or room air).</p> <p>MAWP should be left blank if the baby was receiving hand-bagging or if MAWP is unavailable.</p> |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SCREEN 7: PATIENT CHART SCREEN DEFINITIONS

< Jun-2014 >
Gestational Age: 28 Weeks 0 Days
☐ Reviewed

| Item              | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | Total |
|-------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| Other Facility    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| HFV               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| IPPV              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| NI Ventilation    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| CPAP              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| High Flow         |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Oxygen            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Low Flow Air      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| NO                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| TPN               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| UA                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| PAL               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| UV                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Surgical CVL      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| PICC              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| PIV               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Narcotic Infusion |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Transfusion       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Sedatives         |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Inotropes         |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Caffeine          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Antibiotics       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| NPO               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Breast Milk       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| HMF               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Donor Milk        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Formula           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |
| Item              | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | Total |

This chart describes daily resource utilization by individual patients (absolute calendar day value. Day is considered from 00:00 hours to 23:59 hours on that calendar date). Resuscitation details which occur in the first 30 minutes after birth should be recorded in the Resuscitation Screen.

You need to click only boxes that apply to your patient. The chart will start from the date of admission and can be moved forward or backward as needed in terms of time. Until you submit the data this chart is editable. You can easily correct mistakes made in data entry. A group of respiratory support variables are included. Please read the explanation carefully as we would like to collect only the highest support received to a patient on a particular day. The chart is customizable for colour of row and column highlight as well as day to start and complete database. Please note that you can select multiple consecutive days by clicking on the start date, pressing and holding down the "Shift" key, and clicking again on the end date to automatically select all in between. ***Therapies administered during an operation should be included.***

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item       | Standard list of treatment items to select if patient is on item on a given day.<br>Up to four additional items can be added for an individual site's own data collection upon request to CC.                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Day column | Day on which an item is administered.<br><br>If the selected month is the admission month, the first day column displayed will be the admission day.<br><br>If the selected month is the current month and baby is not discharged, the last day column shown will be today.<br><br>If the selected month is the current month and the baby is discharged already, the last day column shown will be the discharge day.<br><br>This is the absolute calendar day value. Day is considered from 00:00 hours to 23:59 hours on that calendar date.<br>The Day Of Admission and Day Name can be displayed if you hover over the header cell. |
| Total      | Total number of days <u>during the entire patient stay</u> that a certain item was administered.<br>This value is updated dynamically when cells are checked/unchecked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Below are details and explanation of what should be included in each grid of data collection. Note that for respiratory support, you will have to select the highest support received by infant on a particular day and not all types of support that the patient received.

| # | Item           | Description of Item and Selection Criteria                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Other facility | If patient has gone to other facility for >a majority of part of 24 hours and returned back to your facility click this box. Do not use this box if patient is discharged from your hospital and is not expected/not returned within 24 hours. This box is only for those patients who have left your unit temporarily and are likely to return or have returned to your institute within 24 hours.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2 | HFV            | High frequency ventilation which includes HFOV (oscillatory) and HFJV (Jet) ventilation.                                                                                                                                                                                                                                                                                                                 | <p>These five items are indicative of respiratory support. <b>Only one of these items should be checked for a particular day. The highest support received by an infant should be checked for each day.</b> Please do not include bagging for the treatment of apnea.</p> <p>The hierarchy would be HFV followed by IPPV, followed by NI Ventilation followed by CPAP and then High Flow. Enter the maximum support even if baby did not respond to the highest support.</p> |
| 3 | IPPV           | Intermittent positive pressure ventilation. This includes all forms of mechanical ventilation with endotracheal tube (except HFV), as well as NAVA (Neurally Adjusted Ventilatory Assist).                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4 | NI Ventilation | Non invasive ventilation: This includes all forms of non-invasive positive pressure support such as nIPPV, SNIPPV (synchronized nasal intermittent positive pressure ventilation), where on the ventilator machine the respiratory rate is set. NIHFOV (non-invasive high frequency oscillation ventilation) and non-invasive NAVA (Neurally Adjusted Ventilatory Assist) are included.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5 | CPAP           | Continuous positive airway pressure: Includes bubble CPAP, infant flow driver CPAP, BiPAP (Biphasic positive airway pressure), SiPAP (Sigh-positive airway pressure). Please note that in SiPAP mode of ventilation, the rate set is for cycling between two levels of CPAP and not rate of ventilation. CPAP is scored regardless of route administered. Eg. Endotracheal tube, tracheostomy or prongs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6 | High Flow      | Click this if the infant is receiving oxygen or air at a rate >1.5 litres/minute                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|    |                   |                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7  | Oxygen            | Click this if infant is receiving oxygen higher than 21% at any given time of day. This is irrespective of whether patient is receiving mechanical ventilatory support or not. This includes if patient is receiving oxygen only for suctioning or while bottle feeding etc. This will also capture low flow oxygen as only this box will be checked.                                                      |
| 8  | Low Flow Air      | Click this if infant is receiving low flow air via nasal cannula and not oxygen. Low flow air can be selected only if the patient is on low flow air without oxygen and is not receiving any of items 2-6 (HFV, IPPV, NI ventilation, CPAP, or High Flow) at any time during the 24 hour period.                                                                                                           |
| 9  | NO                | Use of nitric oxide on that day                                                                                                                                                                                                                                                                                                                                                                            |
| 10 | TPN               | Use of total parenteral nutrition (aminoacids with or without lipids) on that day                                                                                                                                                                                                                                                                                                                          |
| 11 | UA                | Umbilical arterial catheter on that day. Only report if it was being used in NICU.                                                                                                                                                                                                                                                                                                                         |
| 12 | PAL               | Peripheral arterial catheter on that day. Only report if it was being used on that day. Patients with two catheters on same day will be marked once only.                                                                                                                                                                                                                                                  |
| 13 | UV                | Umbilical venous catheter on that day. Only report if it was being used on that day. Mark even if it is only saline locked or heparin locked. Patients with two catheters on same day will be marked once only.                                                                                                                                                                                            |
| 14 | Surgical CVL      | Central venous catheter other than umbilical venous catheter inserted surgically or by cutdown. This includes surgically placed catheters, broviac lines, HICKMAN <sup>TM</sup> catheters, central portacath etc. Only report if it was being used on that day. Patients with two catheters on same day will be marked once only. This also includes PICC lines inserted via "cut down" in the NICU or OR. |
| 15 | PICC              | Peripherally inserted central catheter typically placed in the NICU. It may be placed by image guided therapy by a radiologist. Only report if it was being used on that day. Mark even if it is only saline locked or heparin locked. Patients with two catheters on same day will be marked once only.                                                                                                   |
| 16 | PIV               | Peripheral intravenous catheter (including intraosseous line) on that day. Only report if it was being used on that day. Mark even if it is only saline locked or heparin locked. Patients with two catheters on same day will be marked once only.                                                                                                                                                        |
| 17 | NPO               | Days when infant is not fed anything orally over entire 24 hour period. If infant is receiving any oral feeds, including sham feeds, do not score this item.                                                                                                                                                                                                                                               |
| 18 | Transfusions      | Days when infant had received blood or platelet transfusion. Do not include any other blood products.<br><i>Packed red blood cells – yes</i><br><i>Whole blood (regardless of reason) – yes</i><br><i>Platelets – yes</i><br><i>Fresh Frozen Plasma - no</i><br><i>Cryoprecipitate - no</i><br><i>Albumin - no</i><br><i>Immunoglobulin – no</i>                                                           |
| 19 | Narcotic Infusion | Days when infant is receiving narcotic infusion. This includes morphine, fentanyl, alfentanil and newer narcotics. Continuous infusion and not bolus infusion. Epidural given post-operatively is not included.                                                                                                                                                                                            |
| 20 | Sedatives         | Days when infant is receiving sedatives such as midazolam, chloral hydrate, etc. This could be oral or parenteral, and intermittent or infusion.                                                                                                                                                                                                                                                           |
| 21 | Inotropes         | Days when infant is receiving dopamine, dobutamine, epinephrine, norepinephrine, milrinone and phenylephrine. Use of epinephrine for resuscitation does not count in this field.                                                                                                                                                                                                                           |
| 22 | Caffeine          | Days when infant is receiving caffeine. Do not enter theophylline or aminophylline here.                                                                                                                                                                                                                                                                                                                   |
| 23 | Antibiotics       | Days when infant is receiving infection treatment doses of systemic antibiotics. This includes antibiotics used in pre- and post-surgery.<br><u>Excludes:</u> topical antibiotics, antibiotics used for other conditions (such as Trimethoprim for reflux, UTI prophylaxis)                                                                                                                                |
| 24 | Breast Milk       | Any use of biological mother's breast milk given enterally – (not oral immune therapy purposes) irrespective of volume or frequency during a given day.                                                                                                                                                                                                                                                    |
| 25 | HMF               | Any use of human milk fortifier given enterally irrespective of volume or frequency during a given day.                                                                                                                                                                                                                                                                                                    |
| 26 | Donor Milk        | Any use of donor human breast milk (including that from non-biological mother) given enterally irrespective of volume or frequency during a given day.                                                                                                                                                                                                                                                     |

|    |         |                                                                                            |
|----|---------|--------------------------------------------------------------------------------------------|
| 27 | Formula | Any use of formula given enterally irrespective of volume or frequency during a given day. |
|----|---------|--------------------------------------------------------------------------------------------|

***Note: For items 17-21, please indicate the days on which medication was actually administered.***

## SCREEN 8: NTISS SCREEN DEFINITIONS (OPTIONAL ENTRY)

### General:

Date of birth should be counted as DAY 1 for this screen.

NTISS should be scored from the time of admission (defined as the time of first vitals in the NICU) for twenty-four (24) hours and on **Day 3 from 0:00am to 23:59pm**. In the final calculation of scores for NTISS, points are assigned only for the most intense therapeutic intervention. For example, a patient who began a scoring period on nasal CPAP and was then placed on mechanical ventilation, would receive only final points for mechanical ventilation. In completing the scoring period data collection, however, both of these respiratory therapies should be selected, as this provides maximal information regarding the patient's hospital course. Review both the NICU flow sheet and the nursing/physician progress notes in order to obtain all valuable information regarding the performance of procedures. **Therapies administered during an operation should be included.** NTISS scores (Day I and III) will be generated once relevant information is entered and screens are saved.

### Medications:

The best strategy is to check the medication sheets to confirm that each medication was administered during the time period. Score medications (diuretics, aminophylline, narcotics, steroids) administered during the time period whether given po, pg, ng, IV, IM or aerosol. Score any medications classified as pressor, antibiotic, acidosis treatment, insulin drip, IVIG and "other" (unscheduled) only if the medication was administered via IV (parenterally), IM or via aerosol (inhaled, nebulized). **For categorizing medications into types refer to appendix I.**

### RESPIRATORY

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplemental O2     | Receipt of <b>continuous</b> enriched oxygen concentration (>.21 FiO2) by oxyhood, nasal cannula, nasal catheter, facemask <b>or other forms of respiratory support</b> . Continuous means that the patient is receiving oxygen throughout the time period and not just in brief episodes as needed, ie. during feeds. "Blow-by" oxygen does not count unless it is the mode of oxygen administration used in a transport situation. <b>Do not score oxygen given as part of a hyperoxia test.</b>                                           |
| CPAP                | Use of Continuous Positive Airway Pressure (or Continuous Negative Airway Pressure). This may be administered either by a nasal prong or nasopharyngeal CPAP apparatus, or via an endotracheal tube. Nasal cannula oxygen (occasionally labeled "prongs") does not count as CPAP, but should be counted as Supplemental O2. Do not assume that "prongs" means nasal cannula: score as CPAP if there is pressure recorded, otherwise score as Supplemental O2. <b>Do not score facial CPAP as CPAP, even if there is a pressure recorded.</b> |
| Mechanical vent.    | Use of conventional mechanical ventilation during the <b>scoring period</b> , regardless of IMV rate. If pavulon/pancuronium was used then score as mechanical ventilation with muscle relaxation.                                                                                                                                                                                                                                                                                                                                           |
| Vent. with relaxant | Mechanical Ventilation along with administration of muscle relaxants (pancuronium, pavulon, succinyl choline (sux), vecuronium (vec)). At least one dose of relaxant must be given during the <b>scoring period</b> . Residual effects of drug given before the beginning of the <b>scoring period</b> do not count. Score HIFI with relaxants as HIFI only. In this case, do not score Pavulon ( <b>or other muscle relaxants</b> ) under "other meds."                                                                                     |

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High freq. vent. | Use if HIFI (high frequency ventilation, by oscillator, jet or flow-interrupter) at any time during the SCORING PERIOD. Score HIFI with relaxants as HIFI only. In this case, do not score Pavulon ( <b>or other muscle relaxants</b> ) under “other meds.”                                                                                                                                                                                                                                                                                                                           |
| Surfactant       | Receipt of exogenous surfactant replacement therapy (Bles, Exosurf, Survanta, Curosurf, Infasurf) during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Intubation       | Undergoing an intubation procedure during the <b>scoring period</b> . This can be placement of new endotracheal tube (ETT), the exchange of an existing ETT for a new one (for example replacing of an oral tube with a nasal tube) or the reinsertion of an ETT which had become dislodged. Continuous presence of an ETT does NOT score points, nor does re-taping of an existing ETT. Do not count intubation occurring prior to the <b>scoring period</b> , such as intubation in the delivery room. <b>Nasal prong CPAP insertion does not count as endotracheal intubation.</b> |
| ECMO             | Infant was on Extra Corporeal Membrane Oxygenation (ECMO) at any time during the scoring period. ECMO starts when the patient is removed from pump/bypass, <b>not</b> at the time of decannulation.                                                                                                                                                                                                                                                                                                                                                                                   |
| Nitric Oxide     | Treatment with <b>nitric oxide</b> (NO) by inhalation. It is included on the NTISS checklist in order to identify treated infants and to track the frequency of use.                                                                                                                                                                                                                                                                                                                                                                                                                  |

#### TRACHEOSTOMY CARE

|             |                                                                                                                                                                             |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Routine     | Tracheostomy routine care on any patient with a tracheostomy in place for more than 48 hours.                                                                               |
| New, <24 hr | Presence of a tracheostomy placed surgically within the <b>scoring period or the 24 hours preceding the scoring period</b> . Do not double count this with Major Operation. |

#### VASCULAR ACCESS

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Peripheral IV  | <b>Presence</b> of one or more intravenous catheters (including heparin locks for drug administration) during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Central venous | <b>Presence</b> of a central line (CVL) during the <b>scoring period</b> , including: <b>umbilical venous lines (UVL), BROVIAC™ catheter lines (or other surgically placed, i.e. CVL lines) or percutaneous (“spaghetti”) lines</b> which are placed centrally. Score lines regardless of whether central placement is achieved. Do <b>not</b> score lines that are never successfully placed. Where it is unclear whether the line was successfully placed, score based on whether the line has begun infusing solutions or not. CVP monitoring is scored separately. |
| Arterial line  | <b>Presence</b> of any arterial line (umbilical (i.e. UAL) or peripheral (i.e. PAL) during the <b>scoring period</b> . If the arterial line is monitored for on-line blood pressure, score “Arterial Pressure Monitoring” as well.                                                                                                                                                                                                                                                                                                                                     |

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#### DRUG THERAPY

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antibiotics:</b> 1-2 agents or >2 agents | Receipt of <b>intravenous</b> antibiotics during the <b>scoring period</b> . Topical antibiotics <b>should not be scored</b> . If <b>one or two</b> antibiotics are administered <b>concurrently</b> , select “ <b>1-2 agents</b> .” If <b>three or more</b> antibiotics are administered <b>concurrently</b> , select “ <b>&gt;2 agents</b> .” <b>If three antibiotics are administered during the scoring period, but one is terminated before another is initiated (only two are administered concurrently), select “1-2 agents.”</b> Antibiotics include acyclovir, amphotericin, ampicillin, cefazolin, cefotaxime, clindamycin, fluconazole, gentamicin, keftol, penicillin and vancomycin. |
| <b>Diuretics:</b> Enteral or Parenteral     | Administration of any diuretics during the <b>scoring period</b> . If <b>any of</b> the diuretics are administered intravenously at any time during the scoring period, select “ <b>parenteral</b> .” If all diuretics are administered orally (po/pg), select “ <b>enteral</b> .” If no diuretics are given, do not score. Diuretics include: aldactone (spironolactone), diamox, diuril (chlorothiazide or CTZ), hydrochlorothiazide (HCTZ) and lasix (furosemide).                                                                                                                                                                                                                             |
| Caffeine                                    | Caffeine administration PO or IV during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Narcotic-bolus       | Any single or multiple dose (also known as “push”) administration of narcotics, IV or PO during the <b>scoring period</b> that is not a continuous infusion. Narcotics include fentanyl, meperidine, methadone, morphine, morphine sulphate (MSO4) and opium solutions (i.e. Dilute tincture of opium (DTO)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Narcotic-infusion    | Any <b>continuous infusion</b> of narcotics during the <b>scoring period</b> . Narcotics include fentanyl, meperidine, methadone, morphine, morphine sulphate (MSO4) and opium solutions (i.e. Dilute tincture of opium (DTO)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Indomethacin         | Receipt of <b>any</b> dose (complete or not) of indomethacin (Indocin) during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Acidosis Rx          | Use of IV bicarbonate (“neut”), <b>THAM</b> or <b>NaHCO3 (sodium bicarbonate)</b> during the <b>scoring period</b> . These drugs are usually used to treat serious acidosis, although this is <b>not</b> a requirement for scoring. Use of acetate in the IV fluid (i.e. Na acetate or K acetate) does <b>not</b> count for this variable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Steroid - post-natal | Steroid use (IV, po or nebulized <b>but not topical</b> ) during the <b>scoring period</b> , regardless of indication. Steroids include beclomethasone, beclvent puffs, cortisol (solucortef), dexamethasone (decadron), hydrocortisone, methylprednisolone (solumedrol) and prednisone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Anti-convulsant      | Anti-convulsants given regardless of reason for administration, during scoring <b>period</b> . Includes ativan, diazepam, dilantin, diphenyl hydantoin (DPH), lorazepam, phenobarbital, phenytoin and Valium.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| K+ binding resin     | Administration of potassium binding resin (Kay-exylate) either via gavage or rectal tube <b>during the scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Erythropoietin       | Administration of erythropoietin during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Insulin              | Use of insulin (IM or IV but usually by infusion) during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Potassium drip       | <b>Initiation</b> of a concentrated potassium (K+) infusion or bolus during the <b>scoring period</b> . Concentration must be at least 60 meq/L (6 meq/100 ml) or 450 mg/100ml or 60 mmol/L (6 mmol/100ml) (Conversion: 1 mEq/L of potassium = 75 mg/L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| IVIG                 | Intravenous Immune Globulin (IVIG) given for any reason during the <b>scoring period</b> . Usually documented in the nursing medication sheets as single dose medication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Other - unscheduled  | Any parental or inhaled drug beyond those already noted (antibiotics, diuretics, aminophylline, narcotics, indomethacin, acidosis treatment drugs, steroids, anticonvulsants, erythropoietin, insulin, potassium, surfactant, pressors). Such drugs might include sedatives, inhaled agents or clotting factors. In general, <b>drugs given by mouth are not scored</b> . However, if you are unsure contact the CC for advice. Do <b>not</b> count routine vitamin K injections, eye prophylaxes, routine IV fluids (including electrolyte (NaCl, KCl) and heparin additives) or glucose solutions (i.e. D10W). Do <b>not</b> count hepatitis vaccine. Do <b>not</b> score calcium given routinely in IV fluids, <b>but do</b> score calcium bolus/push ordered separately. Do <b>not</b> score any topical medications or vitamins. |

#### MONITORING

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Frequent vital   | 3 out of the 4 vital signs (heart rate, respiratory rate and either temperature or blood pressure) recorded in nursing notes/flow sheet <b>2 or more times</b> in any given hour, <b>OR 6 or more times</b> in any 8 hours. Ventilator rate may be substituted for respiratory rate where applicable. Score based on heart rate and either temperature or blood pressure only, for babies on HiFi ventilation when no respiratory rates are listed. <b>Skin probe temperatures</b> (the baby’s temperatures taken through the incubator) <b>do not</b> count as temperature for this item. |
| ECG monitoring   | Use of a cardiac and/or apnea monitor during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Warmer/incubator | Use of an infant warming device during the <b>scoring period</b> . This includes warming tables and incubators. Short term use in the delivery room does not qualify, nor do portable warming lights.                                                                                                                                                                                                                                                                                                                                                                                      |
| Non-invasive O2  | Use of any non-invasive blood gas monitoring devices during the <b>scoring period</b> . Such devices include: Transcutaneous O2 monitors (TcO2 or TCM), Transcutaneous CO2 monitors (TcCO2), Pulse oximeters (SaO2, SpO2, or Sat monitors), End-tidal CO2 (ETCO2), Mass Spectrometer.                                                                                                                                                                                                                                                                                                      |



|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Arterial pressure  | On-line arterial pressure monitoring during the <b>scoring period</b> . This may be umbilical or peripheral. <b>Score transducer (invasive), but not Doppler (non-invasive) monitoring.</b> Points for this variable are additive with those for arterial line.                                                                                                                                                                                                                             |
| CVP monitoring     | Monitoring of Central Venous Pressure (CVP) at any time during the <b>scoring period</b> . This is differentiated from CVL by the use of a pressure transducer. CVL presence should be scored separately.                                                                                                                                                                                                                                                                                   |
| Urinary catheter   | <b>Presence</b> of a urinary catheter <b>regardless of reason used</b> during the <b>scoring period</b> . This should be scored when present in addition to scoring strict monitoring of Input & Output.                                                                                                                                                                                                                                                                                    |
| Quantitative I-O's | Strict measurement of Input & Output for any portion of the <b>scoring period</b> . This would be marked by numeric measurement of urinary output, such as weighted diapers or measured output from a urinary catheter. Qualitative output (checks or plus signs for voids) do not score.                                                                                                                                                                                                   |
| Num Blood draws    | Number of <b>separate blood draws during the scoring period</b> , regardless of the number of tests obtained per blood draw, or the volume withdrawn for tests. A blood draw is indicated by a cluster of tests noted on the flow sheet as drawn at the same time. Glucose reagent strips (Dextrostix, others) <b>also count as a draw</b> if done by heel or finger prick. If no blood draws occurred during the scoring period enter 0, if number of draws unknown leave the field blank. |

#### CARDIOVASCULAR

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pressors:</b> 1 or >1             | Use of <b>intravenous blood pressure medications</b> (pressors or vasoactive drug infusions) given <b>concurrently during the scoring period</b> . If only a single infusion is administered at once, score as "1". If a second infusion was in use <b>at the same time</b> during the scoring period then ">1" should be scored instead. Blood pressure medications include dobutamine, dopamine, hydralazine, isoproterenol (isuprel), nitroglycerine (NTG), nitroprusside (nipride), phenylephrine, priscoline, prostaglandins and tolazoline. Epinephrine (epi drip) should be scored here <b>unless</b> given as part of CPR. If given as part of CPR, score as CPR only. Do <b>not</b> score inhaled nitric oxide here.                     |
| <b>Pacemaker:</b><br>Standby or Used | If cardiac pacemaker available on standby but never used during the <b>scoring period</b> , then select "standby". If the pacer is actually used during the <b>scoring period</b> select "used." Any form of external pacing qualifies including direct pacer wires, trans-esophageal pacing, trans-catheter.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Volume Exp CCs                       | Total CCs of volume support <b>initiated during the scoring period</b> , even if some of the volume is administered <b>after</b> the scoring period. This should be distinct from routine IV stock, and includes albumin (5%), albumin (25%), fresh frozen plasma (FFP), lactated ringers (LR), NaCl bolus, normal saline (NS, 0.9% Saline), plasmanate and thawed plasma. If different types of volume expansions are given during the <b>scoring period</b> , include the sum of all these. This should <b>not</b> include bolus volume administered of bicarbonate, THAM or RBCs. Do <b>not</b> score such things as D10W, .25NS, .5NS or routine HepNS. If no volume given for expansion support, or if volume unknown leave the field blank. |
| CPR                                  | Cardio-Pulmonary Resuscitation (CPR) <b>administered during the SCORING PERIOD</b> . There must be documentation of cardiac compressions for either bradycardia or electro-mechanical dissociation. The use of bicarbonate and/or epinephrine alone is insufficient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

#### METABOLIC / NUTRITION

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gavage feeding  | Feeding using tubes to deliver formula. Specific modes include: naso-gastric (NG) or oro-gastric (OG), naso duodenal (ND), or via gastrostomy. This should be scored if <b>any</b> feeding is delivered in this manner, including water. <b>Do NOT score gavage feeding if a gavage tube was not being used to deliver formula, but rather was in place only to deliver medications.</b> Gavage feeding is often marked in nursing flow sheets with numbers in the "feeding type" column (i.e. "#8" for use of an 8-french feeding tube) or with an abbreviation such as PG, NG, G or g. |
| IV amino acid   | Parenteral nutrition (PN) / hyperalimentation (HAL) <b>initiated or continued</b> during the <b>scoring period</b> . The IV stock must contain <b>amino acids (AA)</b> to be scored as parenteral nutrition; high glucose concentration alone is not sufficient.                                                                                                                                                                                                                                                                                                                         |
| IV fat emulsion | Use of IV fat emulsion (intra-lipids, lipids) <b>initiated or continued</b> during the <b>scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|              |                                                                               |
|--------------|-------------------------------------------------------------------------------|
| Phototherapy | Phototherapy <b>initiated or continued</b> during the <b>scoring period</b> . |
|--------------|-------------------------------------------------------------------------------|

#### TRANSFUSION

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Platelets                     | Transfusion of platelets <b>given at any time during the scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| White blood cells             | White Blood Cell (neutrophil) transfusion <b>initiated during the scoring period</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Partial or reduction exchange | Partial or reduced volume exchange transfusion <b>initiated during the scoring period</b> . This is done to treat polycythemia (high hematocrit). It does not matter whether volume is replaced with albumin or normal saline (but not PRBC's or Whole Blood). Fluid given as part of exchange should <b>not</b> count as part of volume for the variable <b>volume expansion</b> .                                                                                                                                               |
| Double Volume exchange        | Exchange transfusion <b>initiated during the scoring period</b> . The volume of blood (double volume, single volume, partial) does not make any difference. The blood volume used in the exchange transfusion should <b>not</b> be counted towards the transfusion or extensive transfusion variable.                                                                                                                                                                                                                             |
| PRBC CCs                      | Total CCs of blood given in transfusions <b>initiated during the scoring period</b> , even if some volume was administered <b>after</b> the scoring period. <b>Do not</b> include volume from transfusions initiated <b>before</b> the scoring period, even if some volume was administered during the scoring period. This can be either packed cells (PC, PRBC) or whole blood. Blood used for exchange transfusions does not count. If no blood was transfused during the scoring period, or if unknown leave the field blank. |

#### PROCEDURES

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transport of patient           | Transport of patient within the hospital or between hospitals if applicable (e.g. radiological procedure <b>such as fluoroscopy, CT scan or MRI</b> ). Do <b>not</b> score for outborn infants who arrive via ambulance. It is mutually exclusive with trips to the operating room or cath lab (Major Operation and Minor Operation). <b>Do not score if the infant is transported for non-medical reasons (e.g. baby transported to be with the mother) and do not score for circumcision.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Thoracentesis                  | Needle thoracentesis or paracentesis (diagnostic needle aspiration from chest) during the <b>scoring period</b> . If the needle aspiration occurs as part of chest tube insertion then it should <b>not</b> be counted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Dialysis                       | Dialysis initiated or continued during the <b>scoring period</b> . The presence of a dialysis catheter alone is not sufficient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Chest tube: 1 or &gt;1</b>  | <b>Presence</b> of a chest tube at any time during the <b>scoring period</b> . Needle or Angiocath aspiration alone should be scored as Thoracentesis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Operation or Procedures</b> | <p>Operations initiated or continued during the <b>scoring period</b>. Operations defined as all operations/procedures performed in the operating room and/or requiring anesthesia. If multiple operations were performed under the same anesthesia episode include them all.</p> <p><b>Four major operations/procedures</b> we would like to capture:</p> <p><b>Laparotomy:</b> Includes bowel resection, ileostomy, repair of abdominal omphalocele, NEC. This does not include laparoscopy.</p> <p><b>V-P shunt:</b> This does not include craniotomy for other reasons.</p> <p><b>Thoracotomy:</b> This includes ASD closure, BTS for tricuspid atresia, coarctation repair, vascular ring operation. This does not include thoracoscopy.</p> <p><b>ECMO</b></p> <p><b>Minor:</b> all other operations/procedures go under this category. This includes placement of a HICKMAN™ catheter, reservoir or shunt CNS, re-section of an occipital encephalocele, myelomeningocele or omphalocele, bronchoscopy, cytoscopy, cryo/laser treatment, balloon septostomy, cardiac catheterization, CVL placement (with anesthesia), examination under anesthesia, gastrostomy, herniorrhaphy, laryngoscopy, nephrotomy, rectal biopsy, skin grafting and surgically placed catheters.</p> |

|                                 |                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p>(continue on next page)</p> <p><b>PLEASE do not include:</b> Chest tube placement, cutdown venous access, ECMO, extra digit removal, peripheral arterial line placement, thora/paracentesis and UAL or UVL placement.</p> <p><b>For a complete list of major/minor and exclusion operations see appendix II.</b></p>               |
| <b>Pericardial:</b><br>Centesis | Pericardiocentesis performed at any time during the <b>scoring period</b> . This might be done to remove fluid or air. Centesis done as part of pericardial tube placement should score only as Pericardial Tube-not both. However, if a pericardiocentesis is followed several hours later by tube placement, both should be scored. |
| <b>Pericardial:</b> Tube        | <b>Presence or placement</b> of a pericardial tube during any part of the <b>scoring period</b> . Points can also be scored for a pericardiocentesis performed before pericardial tube placement, but not concurrent with it.                                                                                                         |

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## SCREEN 9: DIAGNOSIS/PROCEDURES SCREEN DEFINITIONS

### Diagnosis / Procedures ☐ Reviewed

#### Prophylactic Interventions

☐ Indomethacin  
☐ HFV  
☐ Probiotics  
☐ Phototherapy  
☐ Antifungal  
☐ Other

#### PDA

☐ Yes ☐ No ☐ Unknown  
 If Yes:  
☐ Treated ☐ Not Treated  
 If Treated:  
☐ Indomethacin  
☐ Ibuprofen  
☐ Ligation  
☐ Acetaminophen  
 Diagnosed By:  
☐ Clinical  
☐ Echo

#### Any Time Operations/Procedures

☐ Laparotomy ☐ Thoracotomy  
☐ VP Shunt ☐ ECMO  
☐ Others

#### CNS

##### Seizures

☐ None ☐ Suspected ☐ Definite  
 Treated:  
☐ Yes ☐ No

#### Gastro-Intestinal Perforation

☐ None  
☐ NEC Related  
☐ Spontaneous  
☐ Unknown  
 SIP Date and Treatment:  
 [Enter Date]   
☐ Surgical  
☐ Peritoneal Drainage

#### HIE

☐ None ☐ Stage I  
☐ Not Available ☐ Stage II  
☐ Unknown Stage ☐ Stage III

#### Thrombosis

☐ Yes ☐ No ☐ Unknown  
 If Yes:  
☐ Arterial ☐ Venous ☐ Location Unknown  
☐ Aortic ☐ Umbilical venous  
☐ Renal ☐ Portal  
☐ Cerebral ☐ Renal  
☐ Other ☐ Cerebral venous  
☐ Unknown ☐ Other  
☐ Unknown

#### Highest Total Bilirubin ≤14 days of age

 Highest Total Bilirubin (mmol/L)   
 Date [Enter Date]   
☐ Acute Bilirubin Encephalopathy  
☐ Exchange Transfusion

#### Lungs

##### Oxygen Reduction Test

☐ Yes ☐ No ☐ Unknown

#### RDS

☐ None ☐ Uncertain  
☐ Definite ☐ NA / Unknown

#### NEC Stage 2 or Higher

☐ Yes ☐ No  
 If Yes:  
 NEC Date (first episode) [Enter Date]   
 Stages:  
☐ II ☐ III ☐ Unknown  
 NEC Treatment:  
☐ Surgical  
☐ Peritoneal Drainage  
 Were there multiple episodes?  
☐ Yes ☐ No ☐ Unknown

#### Pneumothorax

☐ Pneumothorax  
 If Yes:  
 Pneumothorax Date [Enter Date]   
 Treatment:  
☐ Observation ☐ Chest Tube  
☐ Needle Paracentesis ☐ 100% O2

#### Treatment

☐ Conservative  
☐ Catheter (line) removal  
☐ Standard Heparin  
☐ Low molecular weight heparin  
☐ Other anticoagulants  
☐ Other treatment  
☐ Unknown

#### Method of diagnosis

☐ Clinical ☐ Imaging ☐ Unknown

#### Acquired Stricture

☐ Acquired Stricture

Congenital Anomalies
Other Diagnosis

|   | Congenital Anomaly Type | System |
|---|-------------------------|--------|
| * |                         |        |
|   |                         |        |

**Score all major diagnoses and procedures that that you are aware for the infant on this screen.** If a baby is transferred into your NICU, score only issues pertaining to the baby **at the time of transfer** into your NICU. If the initial diagnosis of a current issue occurred at the transferring hospital, use the admission date to your NICU as the diagnosis date.

Likewise for readmission records, you are not required to record diagnoses that have already been resolved in the initial admission. Note that only ongoing and new issues pertinent to this particular (readmission) visit need be recorded. Do **not** score questionable diagnoses except where the data item has an uncertain/suspected category (i.e. RDS, seizures). **If there are conflicting diagnoses, where available use autopsy findings as they are more reliable than diagnostic tests.**

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| Prophylactic Interventions                        | Check off any applicable interventions that have been given to the patient. These interventions have to be given for prophylactic purposes only. They have to be administered before a relevant diagnosis is ascertained. These interventions are usually given in the first 24-36 hours after birth. For interventions not listed, select "other" and write the intervention in the free text box (maximum 50 characters).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Indomethacin                                      | If indomethacin is used within first 24 hours and is not used for the purpose of treatment of PDA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HFV                                               | If high frequency ventilation is used from beginning of the resuscitation and not when it is used as a rescue therapy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Probiotics                                        | If infant was started on any form of probiotics within first 3 days after birth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Phototherapy                                      | If infant was commenced on prophylactic phototherapy without bilirubin levels were either measured or if measured it was started before infant meeting threshold for commencing phototherapy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Other                                             | If infant was commenced on any other intervention that were reported to be of prophylactic nature.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CNS: <b>Seizures</b>                              | <p>Occurrence of seizures at any time during the hospital stay.</p> <p><b>Score "None" if</b> there were no seizures or seizure-like movements mentioned during the hospital stay.</p> <p><b>Score "Suspected" if:</b></p> <ul style="list-style-type: none"> <li>➤ observed by only one clinician</li> <li>➤ there were movements of uncertain significance observed by more than one person. Descriptions of seizure like movements should be considered movements of uncertain significance when not accompanied by a diagnosis of seizures or administration of phenobarbital.</li> </ul> <p><b>Score "Definite" if:</b></p> <ul style="list-style-type: none"> <li>➤ witnessed by 2 or more clinicians</li> <li>➤ diagnosed by EEG or a-EEG</li> <li>➤ there is one clinical observation of seizure like movements coupled with administration of phenobarbital <b>or</b> with a diagnosis of seizures by a <b>different</b> clinician. The use of antiepileptics/ anticonvulsants (i.e. phenobarbital) is not alone evidence of definitive diagnosis, but can be considered as confirmation if prescribed by a second clinician.</li> </ul> <p>When an EEG is normal and contradicts a seizure diagnosis, score according to attending physician/neurologist diagnosis made <b>after</b> reviewing the EEG results.</p> <p>Indicate whether the seizure was treated by checking the appropriate box to the right.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CNS: <b>Hypoxic-Ischemic encephalopathy (HIE)</b> | <p>Score this section <b>only</b> if all of the following preliminary conditions are met</p> <ol style="list-style-type: none"> <li>1. Documented evidence of an acute perinatal event such as fetal distress, cord prolapse, uterine rupture, reduced fetal movements, abruption, antepartum hemorrhage or emergency cesarean section due to fetal distress</li> <li>2. Evidence of intrapartum hypoxia: at least one of: <ol style="list-style-type: none"> <li>a. Apgar score of <math>\leq 5</math> at 10 minutes;</li> <li>b. Mechanical ventilation or resuscitation within 10 minutes;</li> <li>c. Cord pH <math>&lt; 7.00</math> (venous or arterial), or an infant arterial pH <math>&lt; 7.00</math> or base deficit <math>\geq 12</math> within 60 minutes of birth</li> </ol> </li> </ol> <p><b>Record data for encephalopathy if the above criteria are met.</b></p> <ol style="list-style-type: none"> <li>1. <b>None:</b> either baby does not meet entry criteria, or baby meets <u>some</u> criteria but has <u>no</u> evidence of encephalopathy</li> <li>2. <b>Not available:</b> baby died before a diagnosis could be made or data is unavailable</li> <li>3. <b>Unknown Stage:</b> (either of) <ol style="list-style-type: none"> <li>a. baby meets entry criteria but data on staging could not be ascertained</li> <li>b. baby did not meet entry criteria but hypothermia treatment initiated</li> </ol> </li> <li>4. If the chart mentions staging of encephalopathy, use the highest grade at any time during the stay in NICU (Stage I = <b>Mild</b>; Stage II = <b>Moderate</b> and Stage III = <b>Severe</b>)</li> <li>5. If seizures are present, record as Stage II or Moderate encephalopathy</li> <li>6. If the chart is unclear about staging, check for data on neurological examination and record <ol style="list-style-type: none"> <li>a. Stage I or Mild: irritability, jitteriness, hyperalertness</li> <li>b. Stage II or Moderate: lethargy, hyper-reflexia, miosis, bradycardia, seizures, abnormal tone, weak suck and Moro reflex</li> <li>c. Stage III or Severe: stupor, flaccidity, small to mid-position pupils which react poorly to light, decreased stretch reflexes, hypothermia and absent Moro reflex</li> </ol> </li> </ol> <p>The Encephalopathy screen will activate only when Mild, Moderate, Severe, or Unknown Stage is selected.</p> |
| PDA                                               | <p>First question would be whether infant has PDA or not, or if it is unknown.</p> <p>If infant has no clinical suspicion of PDA – enter no.</p> <p>If infant received treatment for PDA – enter yes.</p> <p>If infant had clinical or echocardiographic suspicion of PDA – enter yes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|                       | <p><b><i>If PDA was detected, then was it treated? yes or no</i></b></p> <p>If it was treated – how?</p> <ol style="list-style-type: none"> <li>1. Indomethacin</li> <li>2. Ibuprofen</li> <li>3. Surgical ligation (<b><i>also score as Operations/Procedures “Others”</i></b>)</li> <li>4. Acetaminophen</li> </ol> <p>You can choose multiple options here.</p> <p>Indicate how PDA was diagnosed – clinical or via echocardiography. Do not score only for the fact that infant had an echocardiogram, but score if PDA was diagnosed by this route. You can select both options if applicable.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Oxygen Reduction Test | Many units have adopted conducting oxygen reduction test at 36 weeks of GA for neonates who are in <30% oxygen and not on either CPAP or other positive pressure support. Based on the results of this test, they identify baby as having BPD or not. Please record “yes” if the baby had this test irrespective of whether baby was classified as “pass” or “fail”.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| RDS                   | <p><b><i>Respiratory distress syndrome (RDS)</i></b>, sometimes called hyaline membrane disease (HMD), should be diagnosed within the first two days after birth (ie on day 1 or 2). The classical signs of RDS are less commonly seen today because of the use of exogenous surfactants for RDS prophylaxis and early rescue. RDS most commonly occurs in preterm babies but can occur in term babies.</p> <p>RDS is recorded by clinical certainty and not by severity.</p> <p>There is a hierarchy to the identification of a baby with RDS: firstly, the chest x-ray report from day 1 or 2; secondly according to physician diagnosis; and thirdly, if there is surfactant administration after 2 hours of age (on day 1 or 2). This hierarchy is to be used when there are conflicting diagnoses. However, if any one of the sources is definite, and the others are not, score RDS according to what definite information you have. If the evidence is conflicting, you may seek clarification from an involved physician.</p> <p>Score “<b><i>Definite</i></b>” if:</p> <ol style="list-style-type: none"> <li>(1) a chest x-ray report from day 1 or 2 reports definite RDS, Hyaline membrane disease (HMD) OR</li> <li>(2) clinicians specify definite RDS based on typical symptoms and signs (grunting and retractions and/or oxygen requirement), and/or a typical chest x-ray (diffuse granularity, “ground glass”), OR</li> <li>(3) exogenous surfactant is administered beyond 2 hours of age (on day 1 or 2) but not for meconium aspiration syndrome or pneumonia or pulmonary hemorrhage.</li> </ol> <p>If the CXR expresses doubt about the diagnosis, review the physician diagnosis with attention to dates of diagnoses as compared with x-ray dates, and find out if surfactant was given.</p> <p>Score “<b><i>None</i></b>” if:</p> <ol style="list-style-type: none"> <li>(1) the clinicians describe “respiratory distress” without a specific diagnosis of RDS, no X-ray confirmation, and no administration of surfactant, OR</li> <li>(2) there is a confirmed alternative pulmonary condition (for example “transient tachypnea of the newborn”, “meconium aspiration syndrome”, “congenital pneumonia”) and no RDS according to any of the three definitions, OR</li> <li>(3) if there is no respiratory distress and none of the three definitions are satisfied.</li> </ol> <p>Score “<b><i>Uncertain</i></b>” if:</p> <ol style="list-style-type: none"> <li>(1) there was respiratory distress in the first 2 days of age but the clinicians recorded doubt about the diagnosis of RDS, OR</li> <li>(2) surfactant was given in the first 2 hours after birth and there was no subsequent confirmation of diagnosis of RDS by CXR or clinically, and no further treatment with surfactant.</li> </ol> <p>Do not score uncertain if you are unsure about what the clinicians are saying. In this case, investigate further in the chart, or ask one of the clinicians in the NICU about RDS.</p> <p>Score “<b><i>Unknown/NA</i></b>” if the baby died shortly after birth and no diagnosis of RDS was made.</p> |
| Pneumothorax          | Occurrence of pneumothorax, as diagnosed by chest x-ray, thoracentesis with documented removal of air or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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|                                           | autopsy report. While placement of a chest tube is a common response, it is not necessary for diagnosis. This field does not include pulmonary interstitial emphysema (PIE).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Pneumothorax date and treatment           | <p>Date of occurrence of the <b>first definite</b> pneumothorax by chest x-ray, documented needle aspiration <b>or autopsy report</b>. <b>If the first time a pneumothorax is diagnosed is by autopsy report, score the date of death (not the date of autopsy) as the pneumothorax date.</b> If the baby is transferred in with a pneumothorax, record the pneumothorax date as the admission date and record the date <b>of the first pneumothorax diagnosed</b> at the transferring hospital in the comments box, if available. If date of first pneumothorax is unknown, leave the field blank. If no pneumothorax during this hospital visit, leave blank.</p> <p>Treatment of pneumothorax:</p> <ol style="list-style-type: none"> <li>1. Observation (No intervention was performed)</li> <li>2. Needle paracentesis or needle thoracentesis: This means draining air from pleural space with a needle and syringe and not leaving any permanent drainage.</li> <li>3. Chest tube placement: This means placing a tube in chest wall and draining air via negative pressure suction.</li> <li>4. 100% oxygen: Provision of 100% oxygen for treatment of pneumothorax.</li> </ol> |
| Neonatal Thrombosis - Location            | <p>Yes, no or unknown</p> <p>If Yes, select location (multiple selections are permissible):</p> <ol style="list-style-type: none"> <li>1. Arterial</li> <li>2. Venous</li> <li>3. Location unknown</li> </ol> <p>For Arterial, select from the following options where appropriate (multiple selections are permissible):</p> <ol style="list-style-type: none"> <li>1. Aortic</li> <li>2. Renal</li> <li>3. Cerebral (includes anterior, middle, posterior cerebral arteries etc.)</li> <li>4. Other: (includes carotid, brachial, femoral arteries etc.)</li> <li>5. Unknown</li> </ol> <p>For Venous, select from the following options where appropriate (multiple selections are permissible):</p> <ol style="list-style-type: none"> <li>1. Umbilical venous</li> <li>2. Portal</li> <li>3. Renal</li> <li>4. Cerebral Venous</li> <li>5. Other (includes brachiocephalic, axillary, femoral, common iliac veins etc.)</li> <li>6. Unknown</li> </ol>                                                                                                                                                                                                                             |
| Neonatal Thrombosis - Method of Diagnosis | <p>Select from (multiple selections are permissible):</p> <ol style="list-style-type: none"> <li>1. Clinical (signs and symptoms include loss of pulsation, change in color, palpation of clot in the vessel and other symptoms depending upon location of thrombus)</li> <li>2. Imaging (includes but not limited to ultrasonography, angiography, Doppler, CT scan or MRI etc.)</li> <li>3. Unknown</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Neonatal Thrombosis - Treatment           | <p>Select from (multiple selections are permissible):</p> <ol style="list-style-type: none"> <li>1. Conservative (includes elevation of limb, compresses and careful observation etc.)</li> <li>2. Catheter (line) removal (includes removal of catheter after diagnosis of clot)</li> <li>3. Standard Heparin (unfractionated heparin usually used as continuous infusion, DO NOT include prophylactic use of heparin to prevent thrombus)</li> <li>4. Low molecular weight heparin (This includes Enoxaparin, Dalteparin, Tinzaparin, Nadroparin, Bemiparin, Centoparin, Nadroparin, Parmaparin or Reviparin etc.)</li> <li>5. Other anticoagulants (This includes Warfarin or other thrombolytic therapy such as urokinase)</li> <li>6. Other treatment (This includes surgical removal of thrombus, or image guided therapy to snare thrombus and any other method specifically designed to remove or dissolve thrombus not specified above)</li> <li>7. Unknown</li> </ol>                                                                                                                                                                                                         |

## OPERATIONS / PROCEDURES

\*Record operations that occurred at any time during infant's stay. Some operations may not have been performed in your hospital (such as PDA ligation or ROP surgery). These should be documented in patient charts as for some of them an infant may go to another hospital for less than 24 hours and the data may not be captured. If relevant make a note of these instances in the comments box. If multiple operations were performed under the same anesthesia episode, include them all.

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Laparotomy                           | Laparotomy ( <b>abdominal exploration</b> ) for surgical resolution of a variety of problems, excluding laparoscopy. <i>For a complete list of procedures included under laparotomy, see appendix II.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| VP shunt                             | Placement of reservoir or shunt for drainage of cerebro-spinal fluid (CSF).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Thoracotomy                          | Thoracotomy ( <b>chest exploration</b> ) for surgical resolution of a variety of reasons, excluding thorascopy. <i>For a complete list of procedures included under thoracotomy, see appendix II.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ECMO                                 | On extra corporeal membrane oxygenation (ECMO) at any time during the hospital stay. ECMO given as part of an operation <b>should</b> be scored here, but a note should also be made in the comments box that ECMO was given as part of an operation and not as a procedure unto itself.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Others                               | Check box for any other operation. You can score operations such as BAS, surgically placed catheters, gastrostomy tube insertions, hernia repairs, rectal biopsies, PDA ligations and ROP therapies. <i>Refer to appendix II for a list of operations that can be included in Others.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Highest Total Bilirubin</b>       | Highest <b>total</b> bilirubin within first 14 days of birth (conjugated and unconjugated). If no bilirubin measurements were performed during first 14 days, leave this field blank. Consider Day 1 as the day of birth and include day 14 in your calculation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Highest Total Bilirubin: Date</b> | Date of highest <b>total</b> bilirubin within first 14 days of age (conjugated and unconjugated). . If several dates on which the same highest bili occurs, record the first date. Record as YYYYMMDD. If no bilirubin measurements were performed or date of highest bilirubin is unknown, leave the field blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Acute bilirubin encephalopathy       | In a severely hyperbilirubinemic infant presence of increasing hypertonia, especially of extensor muscles, with retrocollis and opisthotonos, in association with varying degrees of drowsiness, poor feeding, hypotonia, and alternating tone is classified as acute bilirubin encephalopathy. If chart mentions "possible kernicterus", "kernicterus" or "bilirubin induced neurological dysfunction (BIND)" then also click Acute bilirubin encephalopathy (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Exchange transfusion                 | Check if patient received single volume or double volume or partial <b>exchange transfusion</b> (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Gastro-Intestinal Perforation        | <p>Presence of free air under diaphragm or aspiration of intestinal contents from abdominal cavity suggest intestinal perforation . Possible causes are</p> <ol style="list-style-type: none"> <li>1. <b>NEC related:</b> Perforation in a patient who is also diagnosed as having NEC (see below)</li> <li>2. <b>Spontaneous:</b> In a patient who does not show evidence of NEC. Typically this occurs in the first week after birth.</li> <li>3. <b>Unknown:</b> If the type is not identified then select unknown.</li> </ol> <p>This also includes gastric perforation.</p> <p>SIP Date and Treatment is enabled when "Spontaneous" is checked above.</p> <p><b>Spontaneous Intestinal Perforation (SIP):</b> Approximately 50% of neonates who are diagnosed with intestinal perforation are now classified as SIP. This means that on further clinical, sonographic and operative assessment revealed no signs of ischemia or inflammation in baby diagnosed with perforation. This entity is termed as SIP. Treatment for this is similar to NEC related perforation with peritoneal drainage alone, surgery alone or peritoneal drainage followed by surgery (3 options available).</p> |
| NEC Stage 2 or Higher                | Necrotizing enterocolitis (NEC) according to Bell's criteria, stage 2 or higher (mandatory field). If there is <b>definite pneumatosis (air in the bowel wall) or portal/hepatic air (air in the liver)</b> diagnosed by x-ray, or if there is a surgical or autopsy diagnosis of NEC. If surgical/autopsy diagnosis conflicts with x-ray diagnosis, the surgical/autopsy diagnosis takes priority. <b>X-rays showing free air WITHOUT pneumatosis do NOT count as NEC diagnoses.</b> Bloody stools without pneumatosis may lead to a suspected diagnosis and treatment, but is <b>not</b> counted as NEC diagnosis. <b>Score "No" if:</b> there was no NEC diagnosed according to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



|                    |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <p>our definition during the hospital stay.</p> <p>If yes, mention stages:</p> <ol style="list-style-type: none"> <li>1. Stage II: medical suspicion confirmed by pneumatosis</li> <li>2. Stage III: Perforation</li> <li>3. Unknown: If it is not known whether to call stage II or III.</li> </ol>                                                                                                            |
| NEC Date           | Date of the first definitive diagnosis of NEC (by x-ray of pneumatosis, or by surgery). Record as YYYYMMDD. If pneumatosis is suspected on x-ray and then NEC is diagnosed definitively by surgery/autopsy, score the date of onset of NEC as the date of the first x-ray that showed a suspicion of pneumatosis. If unknown leave the field blank.                                                             |
| NEC Treatment      | Record if patient required surgical treatment or peritoneal drainage. Surgical treatment includes laparotomy. <b>Peritoneal drainage alone is not considered surgical treatment. However, if your unit practices “mini-laparaotomy” it should be included under surgical treatment and operations.</b> You will be able to select both if patient initially had peritoneal drainage and later went for surgery. |
| Multiple Episodes  | Indicate if more than one episode of NEC occurred prior to discharge.                                                                                                                                                                                                                                                                                                                                           |
| Acquired Stricture | If patient was later diagnosed as stricture possibly related to NEC, mention it here. Patients may or may not have stage 2 or stage 3 NEC diagnosis in the early period (mandatory field).                                                                                                                                                                                                                      |

#### CONGENITAL ANOMALIES / OTHER DIAGNOSIS

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Congenital Anomaly Type | Record all diagnosed congenital anomalies of a patient. Record only confirmed anomalies, anomalies that are “questionable” or “pending” should <b>not</b> be recorded. Anomalies are grouped under the systems they relate to and then listed alphabetically. Selecting the appropriate system from the system scroll down list will limit the anomalies that appear in the type scroll down list. If you cannot find a specific anomaly listed here check appendix IV for additional help in identifying how a given anomaly is recorded in the database. If you think a major anomaly is not listed, or if it requires specification, contact the CC for advice.                                                                                             |
| Other Diagnosis         | Record additional major diagnoses included in the scroll down list provided. Record only confirmed diagnoses, diagnoses that are “questionable” or “pending” should <b>not</b> be recorded. Note that some diagnoses may be worded differently at various hospitals. For example a diagnosis of “hypoglycemia” is listed on the scroll down list as “hypoglycaemia”. If you cannot find a given diagnosis in the list, check appendix III for additional help in identifying how a given diagnosis may be recorded in the database.<br><u>Optional:</u> For any diagnoses that are not listed in the “Diagnosis Type” scroll down menu, “Other” may be chosen and a free text field (maximum characters=100) for “Other Diagnosis Description” may be entered. |

## SCREEN 10: ENCEPHALOPATHY SCREEN DEFINITIONS

### Encephalopathy

☐ Reviewed

Did patient receive hypothermia treatment?

☐ Yes ☐ No ☐ Unknown

If yes

Method of hypothermia

☐ Selective Head  
☐ Body Cooling

Timing

Initiation of hypothermia [Enter Date] [Time]

When temperature reached below 34°C [Enter Date] [Time]

Initiation of re-warming [Enter Date] [Time]

Temperature returned to 36.8°C [Enter Date] [Time]

Temperature

Target temperature (°C) [Dropdown]

Lowest recorded temperature during hypothermia (°C) [Text]

Highest recorded temperature during hypothermia (°C) [Text]

Clinical Status

|                | At initiation of hypothermia | At completion of hypothermia |
|----------------|------------------------------|------------------------------|
| Encephalopathy |                              |                              |
| HIE Stage I    | <input type="checkbox"/>     | <input type="checkbox"/>     |
| HIE Stage II   | <input type="checkbox"/>     | <input type="checkbox"/>     |
| HIE Stage III  | <input type="checkbox"/>     | <input type="checkbox"/>     |
| Unknown        | <input type="checkbox"/>     | <input type="checkbox"/>     |
| Normal         | <input type="checkbox"/>     | <input type="checkbox"/>     |
| Seizures       | <input type="checkbox"/>     | <input type="checkbox"/>     |

Side effects during hypothermia

Hypotension requiring treatment ☐ Yes ☐ No

Thrombocytopenia requiring treatment ☐ Yes ☐ No

Coagulopathy requiring intervention ☐ Yes ☐ No

Persistent metabolic acidosis ☐ Yes ☐ No

Any other side effects [Text]

Was hypothermia discontinued before 72 hrs of treatment?

☐ Yes ☐ No

If Yes

☐ Death  
☐ Recovered  
☐ Palliative care  
☐ Unknown  
☐ Other

If No: Reasons

☐ Chromosomal anomaly  
☐ Major congenital anomalies  
☐ Weight < 2000g or GA < 35 weeks  
☐ Extreme condition  
☐ Head trauma or intracranial hemorrhage  
☐ Mild HIE  
☐ Unit policy  
☐ Health care team preference  
☐ Delayed transfer  
☐ Parental request  
☐ Unknown

Investigations

Was Full Channel EEG performed?

☐ Yes ☐ No ☐ Unknown

If yes

☐ Normal ☐ Burst suppression  
☐ Discontinuous ☐ Iso electric  
☐ Low amplitude ☐ Unknown  
☐ Status Epilepticus ☐ Other

Was CFM performed?

☐ Yes ☐ No ☐ Unknown

If yes

☐ Normal ☐ Severe abnormality  
☐ Mild abnormality ☐ Burst suppression  
☐ Moderate abnormality ☐ Seizures  
☐ Unknown ☐ Other

Was neuroimaging (MRI/MRS) performed?

☐ Yes ☐ No ☐ Unknown

If yes

Date of first imaging [Enter Date] [Time]

☐ Normal  
☐ Watershed injury / white matter  
☐ Basal ganglia / thalamic injury / grey matter  
☐ Porencephalic cyst  
☐ Diffusion changes  
☐ Spectroscopic changes  
☐ Hemorrhage  
☐ Unknown  
☐ Other

Other Complications of Asphyxia

☐ PPHN  
☐ Renal failure  
☐ DIC  
☐ Hepatic dysfunction  
☐ Cardiac dysfunction

This screen will be activated if in the “Diagnosis / Procedures” screen it was recorded that baby has any degree of encephalopathy except for none. You need to complete this screen if it is activated in order to complete the case.

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hypothermia treatment                                      | Mention here whether patient received hypothermia treatment or not. If patient has received hypothermia further screen detailing treatment will be activated. Hypothermia treatment is defined as active attempts to maintain temperature below 35.5 <sup>0</sup> C after HIE was diagnosed (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Method of Hypothermia                                      | If hypothermia was given mention method of hypothermia. This usually confines to standard method used in your unit and very rarely changes between patients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Timing                                                     | Enter timings for initiation of hypothermia, time when temperature reached target range, time when warming was initiated and time when temperature reached back to 36.8 <sup>0</sup> C. In the event of baby's death whilst receiving hypothermia, please enter time of death as the time of rewarming.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Temperature                                                | Select target temperature range that was planned. This will again conform to your unit policy and would be constant in your unit. From continuous monitoring of patient, enter the lowest and the highest recorded temperature during hypothermia treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Clinical Status                                            | From clinical records, enter HIE staging before (within 6 hours of initiation of hypothermia) and after hypothermia (6 hours after completion of hypothermia). Document if patient had seizures. If it is unknown, mention unknown or if it is normal, check normal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Side Effects                                               | <p>If patient developed any side effect during hypothermia record it here.</p> <ol style="list-style-type: none"> <li>1. Hypotension requiring treatment: Treatment could be in the form of fluid or inotropes.</li> <li>2. Thrombocytopenia requiring treatment: Treatment would be in the form of platelet transfusion.</li> <li>3. Coagulopathy requiring intervention: Intervention could be in the form of FFP, Plasma or blood transfusion.</li> <li>4. Persistent metabolic acidosis: Defined as pH &lt;7.0 on two consecutive samples obtained at least 6 hours apart after initiation of hypothermia</li> <li>5. Any other complication / side effect not mentioned above can be free-texted (maximum 50 characters). Bradycardia should not be included in this as it is a known effect.</li> </ol> |
| Was hypothermia discontinued before 72 hours of treatment? | Indicate whether hypothermia was discontinued before 72 hours by choosing "yes" or "no". If yes, please identify the reason for discontinuation of hypothermia from the list provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Reasons if No                                              | If hypothermia was not provided please identify reason.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Investigations: EEG                                        | Indicate if full channel EEG (12 or 16 channels/electrodes placed and full EEG tracing taken) was performed and classify findings of background activity as indicated. This refers to background activity only (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Investigations: CFM                                        | If Cerebral Function Monitoring or amplitude integrated EEG (limited channel mostly 2 channel/electrodes are placed to capture this form of EEG) was performed indicate that here. If it was performed, indicate what the results were. If seizures were detected during CFM record it as well (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Investigations: MRI                                        | If neuroimaging in the form of MRI or MRS was performed indicate the results and date of scan. Note that some of the results collected are broad (diffusion changes, restriction changes etc). In the initial period of data collection, this will be kept like this (mandatory field). The "Other" field can hold a maximum of 50 characters.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other complications of asphyxia                            | <p>Complications of asphyxia should be mentioned here. You can choose multiple options.</p> <ol style="list-style-type: none"> <li>1. PPHN: Diagnosis will ideally require echocardiographic evidence; however, it may not be practical at every site and we will take any definition used in the chart.</li> <li>2. Renal failure: Urine output &lt;0.5 ml/kg/hr OR rising creatinine &gt;100 mmol/l at any time within first 72 hours</li> <li>3. DIC: Evidence of Coagulopathy for which no explanation could be provided.</li> <li>4. Hepatic dysfunction: AST or ALT &gt;100 IU at any time in the first 7 days after birth</li> </ol> <p>Cardiac dysfunction: Need for inotrope to support BP or echocardiographic evidence of cardiac dysfunction.</p>                                                 |

## Screen 11: NEUROLOGICAL FINDINGS / ROP SCREEN DEFINITIONS

### Neurological Findings / ROP

☐ Reviewed

Neurological Findings

ROP

Brain Lesions (Ultrasound and/or MRI)

Are neuroimaging or autopsy results available? ☐ Yes ☐ No ☐ Unknown

If Yes

Left Brain

Were they reported normal? ☐ Yes ☐ No

If No

Blood in germinal matrix

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Blood in ventricles

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Intraparenchymal lesion

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Ventricular enlargement

- ☐ None (<7 mm)  
☐ Mild (7 to 10 mm)  
☐ Moderate (11 to 15 mm)  
☐ Severe (> 15 mm)  
☐ Not measured  
☐ Unknown

Periventricular leucomalacia (with cyst development or confirmed by MRI)

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Resolved before discharge

- ☐ Blood in germinal layer  
☐ Blood in ventricle  
☐ Intraparenchymal lesion  
☐ Ventricular enlargement

Other brain lesion (describe if present)

- ☐ Thalamic infarct  
☐ Cerebellum hemorrhage  
☐ Conatal cyst  
☐ Porencephaly  
☐ Choroid plexus cyst  
☐ Calcification  
☐ Other

Right Brain

Were they reported normal? ☐ Yes ☐ No

If No

Blood in germinal matrix

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Blood in ventricles

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Intraparenchymal lesion

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Ventricular enlargement

- ☐ None (<7 mm)  
☐ Mild (7 to 10 mm)  
☐ Moderate (11 to 15 mm)  
☐ Severe (> 15 mm)  
☐ Not measured  
☐ Unknown

Periventricular leucomalacia (with cyst development or confirmed by MRI)

- ☐ Present  
☐ Suspected  
☐ None  
☐ Unknown

Resolved before discharge

- ☐ Blood in germinal layer  
☐ Blood in ventricle  
☐ Intraparenchymal lesion  
☐ Ventricular enlargement

Other brain lesion (describe if present)

- ☐ Thalamic infarct  
☐ Cerebellum hemorrhage  
☐ Conatal cyst  
☐ Porencephaly  
☐ Choroid plexus cyst  
☐ Calcification  
☐ Other

# Neurological Findings / ROP

☐ Reviewed

Neurological Findings ROP

Retinopathy of Prematurity (Highest Stage)

Was ROP Screening Done? ☐ Yes ☐ No ☐ Unknown

☐ Transferred/Died before screening age

Left Eye

Stage

☐ None  
☐ I  
☐ II  
☐ III  
☐ IV  
☐ V  
☐ Imm  
☐ N/A

Zone

☐ 1  
☐ 2  
☐ 3  
☐ N/A

Plus

☐ None  
☐ Yes  
☐ N/A

ROP Treatment

☐ Cryo ☐ VEGF blockers  
☐ Laser ☐ Other Surgery  
☐ None ☐ N/A

Date of Cryo/Laser

VEGF blockers

Date

Drugs

☐ Avastin  
☐ Lucentis  
☐ Other

Dose (mg)

☐ Unknown

Complications

☐ None  
☐ Infection  
☐ Hemorrhage  
☐ Unknown  
☐ Other

Right Eye

Stage

☐ None  
☐ I  
☐ II  
☐ III  
☐ IV  
☐ V  
☐ Imm  
☐ N/A

Zone

☐ 1  
☐ 2  
☐ 3  
☐ N/A

Plus

☐ None  
☐ Yes  
☐ N/A

ROP Treatment

☐ Cryo ☐ VEGF blockers  
☐ Laser ☐ Other Surgery  
☐ None ☐ N/A

Date of Cryo/Laser

VEGF blockers

Date

Drugs

☐ Avastin  
☐ Lucentis  
☐ Other

Dose (mg)

☐ Unknown

Complications

☐ None  
☐ Infection  
☐ Hemorrhage  
☐ Unknown  
☐ Other

Score the Neurological Findings portion of the screen based on all head ultrasounds, CT scans and MRIs done during this NICU admission and taken during the appropriate time periods. If you come across any serious outcomes, which are not included on the Neurological Findings & ROP screen mention them in “other” section.

**The following should not be scored here:** “possible” or “questionable” diagnoses, subarachnoid hemorrhages, subdural hemorrhages, tentorial bleeds, fluid collections in the brain, arachnoid cysts, caudothalamic groove cysts, choroid plexus cysts, subependymal cysts or cysts other than those found in the brain parenchyma (the brain itself).

**If there are conflicting diagnoses, where available use autopsy findings as they are more reliable than diagnostic tests. Also note that MRI findings should be used over U/S findings.**

See appendix III to confirm hemorrhages that are to be included under ‘other diagnosis’ on the diagnosis/procedures screen. Record only “congenital cerebral cysts” (found in the brain parenchyma) under congenital anomalies (nervous cyst); other cysts not mentioned below need not be scored.

## INTRAVENTRICULAR HEMORRHAGE

- ❖ Score “questionable” and “possible” as None
- ❖ Score “suggestive of...” and “most likely...” as Suspected

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brain Lesions (Ultrasound and/or MRI) | Was any neuroimaging performed during infant’s stay in NICU? Mark yes, no or unknown. Mark yes if you have report from autopsy of brain (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| If Yes (both left and right brain)    | If it was performed, you will be asked to provide a report for both sides. If you report that it was abnormal, then the following explanation will help you to fulfill appropriate boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Findings on neuroimaging or autopsy   | <p>We are interested mainly in 5 types of cerebral ultrasound (or MRI) abnormalities, and any or all of these may be present at different times so you need to review all reports during the stay of an infant in the NICU and report any or all of these lesions if present at any time during the hospital stay.</p> <ol style="list-style-type: none"> <li>Evidence of blood in the germinal matrix or “germinal layer/matrix hemorrhage”, “subependymal hemorrhage”, “grade I intraventricular hemorrhage (IVH) (according to Papile)”. This is usually seen in the first 7 days of life. It is recorded as “present”, “suspected”, “none”, or “unknown”</li> </ol> |

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | <p>irrespective of the presence of other lesions.</p> <ol style="list-style-type: none"> <li>Evidence of blood in the ventricles or in the lining of the ventricles, also known as “intraventricular blood”, “intraventricular hemorrhage”, “grade II intraventricular hemorrhage (IVH) (according to Papile)”. This is usually seen in the first 7 days of life. It is recorded as “present”, “suspected”, “none”, or “unknown” irrespective of the presence of other lesions.</li> <li>Evidence of enlargement of the ventricular cavity (cavities) beyond the upper limits of normal (with or without intraventricular hemorrhage), also known as “hydrocephalus”, “ventriculomegaly”, “ventricular enlargement”, “post-hemorrhagic hydrocephalus/ventriculomegaly”, “grade III IVH (according to Papile)”. If “grade III IVH” is reported indicate that both blood in the ventricles <i>and</i> ventricular enlargement are present. This is usually seen in the first 14 days, but may arise later. Document the most severe of the following: <ol style="list-style-type: none"> <li><b>“None”</b>: Measurement of ventricles is &lt;7 mm at any level section of lateral ventricle.</li> <li><b>“Mild”</b>: Measurement is 7 to 10 mm at any level of the larger lateral ventricle. Use this if no mention is made of “ventricular enlargement”, “ventriculomegaly” or “hydrocephalus”, or if the most severe report is of “mild ventriculomegaly” or “mild ventricular enlargement”, or if described as “suspected”</li> <li><b>“Moderate”</b>: Measurement is 11 to 15 mm at any level of the larger lateral ventricle on sagittal scan. Use this if the terms “grade III IVH”, “ventricular enlargement”, “ventriculomegaly” or “hydrocephalus” are used with “moderate”, or with no descriptors.</li> <li><b>“Severe”</b>: Measurement &gt;15 mm at any level of the larger lateral ventricle on a sagittal scan, or requiring ventricular drainage/shunting. If no measurement is made, document if the terms “severe” or “significant” are used to describe “grade III IVH”, “ventricular enlargement”, “ventriculomegaly” or “hydrocephalus”.</li> <li><b>Not measured</b></li> <li><b>Unknown</b></li> </ol> </li> <li>Evidence of focal intraparenchymal lesions (echodense or echolucent) in the white or grey matter (with or without intraventricular hemorrhage) also known as “parenchymal lesion”, “parenchymal echodensity or echolucency”, “focal infarction”, “venous infarction”, “intraparenchymal hemorrhage”, “grade IV IVH (according to Papile)”. Remember to indicate whether there is blood in the ventricles or ventricular enlargement if you document a focal lesion. This is usually seen in the first 14 days. A single “porencephalic cyst”, or “cystic change” within a focal lesion also falls in this category – this should be distinguished from “cystic leukomalacia” which is more extensive, occurs later in age, is usually bilateral, and usually consists of multiple cysts.</li> <li>Evidence of diffuse brain lesions (usually echodense) in the white matter consistent with periventricular leukomalacia (PVL) or “white matter injury”. To be “present” these <i>may</i> be confirmed by noticing development of multiple cysts on MRI or ultrasound (“cystic periventricular leukomalacia”).</li> </ol> <p>Potentially all the boxes could be checked. When multiple ultrasounds have been taken, document all abnormalities noted. <b>Note the highest degree of hemorrhage or lesions.</b></p> |
| Other lesions             | Mention any other lesions that were identified in the imaging or autopsy. Co-natal cyst is a term used for cystic lesions in the front of the lateral ventricles (frontal horn). The “Other” field can hold a maximum of 25 characters.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Resolved before discharge | These fields only become activated when corresponding indications are checked in previous selections. If from last imaging it is determined that there was resolution of abnormalities detected before, indicate here. If it is not known, leave boxes unchecked.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

#### RETINOPATHY OF PREMATURITY (HIGHEST STAGE)

|                              |                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Was Screening Done</b>    | Mark yes, no or unknown . Patient may have been transferred to another facility before complete vascularization is noted. If one screen was performed in your hospital – mark it yes. If you select “no” or “unknown”, a question will appear whether the reason for no is because patient died or was transferred to another facility prior to discharge (mandatory field). |
| <b>Left/Right Eye: Stage</b> | Selecting N/A in any field generates a default N/A selection for the other two. These selections, however, can be changed if desired. Maximum stage of retinopathy of prematurity (ROP) in left/right eye as defined by the                                                                                                                                                  |

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            | <p>International Committee on Retinopathy of Prematurity (ICROP). Score according to the grade of ROP assigned on an eye exam done by an ophthalmologist. If there is no explicit grade listed, then score according to the descriptions given by the ICROP:</p> <ul style="list-style-type: none"> <li>-<b>None</b> denotes that there are no indications of an immature retina or ROP from the eye exam.</li> <li>-<b>Stage 1</b> is characterized by a demarcation line between the normal retina near the optic nerve and the non-vascularized retina more peripherally.</li> <li>-<b>Stage 2</b> ROP has a ridge of scar tissue and new vessels in place of the demarcation line. The white line now has width and height, and occupies some volume. It may take on a pink color as it becomes more vascularized. Small tufts of new vessels ("popcorn vessels") may appear posterior to the ridge.</li> <li>-<b>Stage 3</b> ROP shows an increased size of the vascular ridge, with growth of fibro-vascular tissue on the ridge and extending out into the vitreous. Fibrous scar tissue is beginning to form in this stage, with attachments between the vitreous gel and the ridge.</li> <li>-<b>Stage 4</b> refers to a partial retinal detachment. The scar tissue associated with the fibrovascular ridge contracts, pulling the retina away from the wall of the eye. There may also be an exudation of fluid under the retina, contributing to the detachment.</li> <li>-<b>Stage 5</b> ROP implies a complete retinal detachment, usually with the retina pulled into a funnel-shaped configuration by the fibrovascular scar tissue. Eyes with stage 5 ROP usually have no useful vision, even if surgery is performed to repair the detachment.</li> <li>-<b>Imm</b> is the abbreviation for 'immature' retina. If a patient's eye exam states "imm" or "immature" look to see if this progresses further into a stage of ROP. If not, then score as 'imm'.</li> <li>- Score "<b>N/A</b>" if there is no eye exam during this hospital stay.</li> </ul> |
| <b>Left/Right Eye: Zone</b>                                | Record location of ROP in left/right eye by zone. Score according to eye exam having the greatest degree of ROP severity. Disease severity is worst in Zone 1 (optic disk to macula), very serious in Zone 2, (macula to periphery) and worrisome in Zone 3 (peripheral vision). If there is no eye exam or if stage is scored as "none", score as "N/A".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Left/Right Eye: Plus</b>                                | Presence of plus disease at any stage of ROP in the left/right eyes. Plus disease is indicated by extreme tortuosity and redness of vessels, often accompanied by rapid progression of ROP disease. If an eye exam was completed, but there is no eye exam results available, score as "N/A".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Left/Right Eye: ROP Treatment</b>                       | Record if cryotherapy ( <b>Cryo</b> ) or laser photocoagulation ( <b>Laser</b> ) treatment was required for Retinopathy of Prematurity (ROP) in the left/right eye during this hospitalization. Enter ROP surgery even if it was not performed at your site. Note that many units have used a new therapy called "Vascular endothelial growth factor inhibitors", "VEGF BLOCKERS" or "Bevacizumab" or 'Avastin'. <b>This should also be scored as Operations/Procedures &gt; "Others" on the Diagnosis/Procedures screen.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Left/Right Eye: Date of Cryo/Laser or VEGF Blockers</b> | Only activated if cryo or laser therapy is selected. Selecting both options is not possible. Date of cryotherapy or laser photocoagulation treatment of ROP or "VEGF" blockers in left/right eye. Record as YYYYMMDD . from the pull-down calendar. If scored "None" or "N/A" for ROP treatment then date will not be activated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Left/Right Eye: VEGF Blockers Drugs</b>                 | Only activated if VEGF blockers is selected under ROP treatment.<br>Choose from Avastin, Lucentis and Other. Maximum 50 characters in free text box if Other is chosen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Left/Right Eye: VEGF Blockers Dose</b>                  | Only activated if VEGF blockers is selected under ROP treatment.<br>Enter dose in mg, or check unknown if information is not available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Left/Right Eye: VEGF Blockers Complications</b>         | <p>Record any complications associated with use of VEGF blockers.</p> <p><b>None:</b> Check this if no complication is recorded.</p> <p><b>Infection:</b> Record any ocular infection that occurred within 2 weeks of injection. e.g. conjunctivitis, choriooretinitis, ophthalmitis etc.</p> <p><b>Haemorrhage:</b> Record any intra-ocular haemorrhage that occurred within 2 weeks of injection. i.e. conjunctival, retinal, vitreal etc.</p> <p><b>Unknown:</b> Check this if data is not available or not known.</p> <p><b>Other:</b> Maximum 50 characters in free text box.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



## SCREEN 12: CULTURES/TRANSFUSIONS SCREEN DEFINITIONS

### Cultures / Transfusions

☐ Reviewed

**Positive Blood or CSF Cultures**

| Date | Organism | Code | Culture |
|------|----------|------|---------|
| **   |          |      |         |

**Transfusions**

Number of PRBC transfusions

Number of platelet transfusions

Number of FFP transfusions

Number of cryoprecipitate transfusions

Albumin? ☐ Yes ☐ No      Immunoglobulin? ☐ Yes ☐ No

**Diagnosis of Infection**

| Date | Diagnosis Type |
|------|----------------|
| *    |                |

Total number of blood cultures

Total number of CSF cultures

### POSITIVE BLOOD OR CSF CULTURES

- ❖ Record only positive cultures that occur at your study hospital. If a blood culture is drawn at another hospital prior to this admission visit it should **not** be recorded. However, if this culture is positive AND the baby is considered to have an infection at the time of arrival to your hospital, this should be recorded as an infection episode under diagnosis of infection (given that this is an ongoing concern of the patient). In this instance, record the infection type according to the definitions of infection diagnosis listed in appendix V, and make a note in the comments box regarding the details of the positive culture including the organism discovered.
- ❖ Enter positive blood cultures found on **autopsy** here, and enter date of death as date of the blood or CSF draw.
- ❖ **Admissions to NICU from your ER Department:** Include positive cultures drawn in the emergency department of your hospital immediately prior to admission to NICU. Record the appropriate date of the culture (this may be the day before your admission date for those who are admitted after midnight.) These should also be counted in the “Total # of blood cultures” and “Total # of CSF cultures”.

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date     | <p><b>For each positive blood or CSF culture</b>, record the date of the blood draw, NOT the date the culture was found to be positive. Only positive cultures are listed in detail. Negative cultures are to be included in counting the total number of blood/CSF cultures, but are not listed in detail. Enter the date using the pull-down calendar. If date unknown leave the field blank.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Organism | <p>Select the organisms found in all positive cultures from the scroll down list. <b>For a list of organism names listed in alphabetical order with their coded abbreviations see Appendix VI.</b> If an organism does not appear in the scroll down list, contact the CC to have it coded. Record all positive cultures even if noted or thought to be contaminants. If multiple organisms are found in the same culture, enter each organism separately on a new line in the table.</p> <p><b>Do not record repeat cultures that are considered part of the same infection.</b> Therefore, a second positive blood culture containing the same organism (repeat culture) is <b>NOT</b> included if the culture date is within 7 days of the initial positive blood culture. However, a positive CSF culture OR a positive blood culture containing a new organism <b>is</b> included, even if the culture date is within 7 days of the initial positive blood culture.</p> <p>Any positive culture drawn after 7 days is considered a new episode of infection and should be included (regardless of the type of organism).</p> <p>If patients are transferred in with a positive culture, do <b>not</b> record here, but make a note in the comments box. Do not record information about resistance to antibiotics.</p> |



|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Code    | An organism code is automatically entered once an organism has been selected. It has been included to easily identify contaminants. A <b>contaminant</b> is defined as 2 or more organisms identified in a single culture or more than 1 culture if the cultures are taken on the same day. Remember to include all positive cultures, even if noted to be contaminants. (This will become more useful in identifying valid infection diagnoses in the following section “Diagnosis of Infection”.) |
| Culture | Source of positive culture. Choose from <b>blood or CSF</b> (cerebrospinal fluid).                                                                                                                                                                                                                                                                                                                                                                                                                  |

#### TRANSFUSIONS

Include transfusions that took place in the Operating Room.

|                                        |                                                                                                                                                                                                                                                    |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of PRBC Transfusions            | Include total number of Packed Red Blood Cell transfusions during infant stay. Does NOT include whole blood transfusions. Enter zero if none occurred. Leave the field blank only if the answer is unknown.                                        |
| Number of platelet transfusions        | Include number of platelet transfusions during infant stay. Enter zero if none occurred. Leave the field blank only if the answer is unknown.                                                                                                      |
| Number of FFP transfusions             | Include number of Fresh Frozen Plasma transfusion during infant stay. Enter zero if none occurred. Leave the field blank only if the answer is unknown.                                                                                            |
| Number of cryoprecipitate transfusions | Include number of cryoprecipitate transfusion during infant stay. Enter zero if none occurred. Leave the field blank only if the answer is unknown.                                                                                                |
| Albumin                                | Score yes if 5% or 25% albumin is infused.                                                                                                                                                                                                         |
| Immunoglobulin                         | Did patient receive immunoglobulin during stay? Infant may have received generic hyperimmune immunoglobulin for hyperbilirubinemia, thrombocytopenia. Do not include specific immunoglobulin such as Hepatitis B immunoglobulin (mandatory field). |

#### DIAGNOSIS OF INFECTION

An “episode” of infection is defined as any event where infection is suspected and as a result begins with:

- (a) bacteriological or viral samples taken; OR
- (b) antibiotics are initiated; OR
- (c) a diagnosis of infection is made.

If samples are taken: an “episode” of infection includes all cultures drawn within 7 days of the initial positive culture, except in the following circumstances (which indicate then a new infection episode):

1. A new organism is drawn in a repeat culture within 7 days of the initial culture draw date.
2. The same (or new) organism is drawn in a *new type* of culture within 7 days of the initial culture draw date (provided neither the initial nor the new culture are blood cultures).

After 7 days any persistent infection should be considered a new infection episode. However, any repeat culture after 7 days that proves to be negative should be excluded entirely as it is neither the start of a new episode nor part of the previous episode (as it is beyond the 7 day limit).

**CENTRAL NERVOUS SYSTEM INFECTION:** Includes meningitis, ventriculitis, spinal abscess without meningitis and brain abscess (ie. epidural abscess).

***Meningitis or ventriculitis*** must meet the following criterion:

- a) A pathogen must be isolated from or detected in CSF.

**PRIMARY BLOODSTREAM INFECTION:** Includes laboratory-confirmed bloodstream infection and clinical sepsis.

***Laboratory-confirmed bloodstream infection*** must meet one of the following criteria:

1. Recognized pathogen isolated from a blood culture **where** pathogen is not related to infection at another site.<sup>1</sup>
2. One of the following: fever (>38°C), chills, or hypotension **and** any of the following:
  - a) Common skin contaminant<sup>2</sup> isolated from 2 blood cultures drawn on separate occasions and where the organism is not related to infection at another site<sup>1</sup>
  - b) Common skin contaminant isolated from patient's blood culture with intravascular access device and physician institutes appropriate antimicrobial therapy for at least 5 days
  - c) Common skin contaminant isolated from patient's blood culture and physician institutes appropriate antimicrobial therapy for at least 5 days
  - d) Positive antigen test on blood<sup>3</sup> and organism is not related to infection at another site
3. Patient is less than or equal to 12 months of age and has one of the following: fever (>38°C), hypothermia (<37°C), apnea, or bradycardia **and** any of the following:
  - a) Common skin contaminant<sup>2</sup> isolated from 2 blood cultures drawn on separate occasions and where the organism is not related to infection at another site<sup>1</sup>
  - b) Common skin contaminant isolated from patient's blood culture with intravascular access device and physician institutes appropriate antimicrobial therapy for at least 5 days
  - e) Common skin contaminant isolated from patient's blood culture and physician institutes appropriate antimicrobial therapy for at least 5 days

Positive antigen test on blood<sup>3</sup> and organism is not related to infection at another site

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date                      | Record the date of all diagnoses of infection. Enter the date using the pull-down calendar. If the date of infection is unknown record the date treatment began (i.e. day antibiotics initiated), otherwise leave the field blank. If the infection began at a previous hospital, but is still considered an ongoing concern at the time of arrival to your hospital, enter the date of admission as the infection date.                                                                         |
| Diagnosis Type            | Select the diagnosis type for each episode of infection from the scroll down list according to the descriptors of infection types given in appendix V.                                                                                                                                                                                                                                                                                                                                           |
| Total # of blood cultures | Total count of all blood culture draws (regardless of whether culture is positive or negative) received by the clinical laboratory during this NICU admission. Two blood cultures taken at the same time from different sites (2 blood draws) count as two blood cultures. Two bottle aerobic/anaerobic combination count as 1 culture (1 blood draw). Also include blood cultures drawn in the ER if the patient is then admitted to the NICU. Includes blood cultures drawn for serology only. |
| Total # of CSF cultures   | Total number of CSF culture draws (regardless of whether culture is positive or negative) received by the clinical laboratory during this NICU admission. If CSF is obtained without culture, do not include. Also include CSF cultures drawn in the ER if the patient is then admitted to the NICU.                                                                                                                                                                                             |

<sup>1</sup> When an organism isolated from a blood culture is compatible with a related nosocomial infection at another site, the bloodstream infection is classified as a secondary bloodstream infection. Exceptions to this are intravascular device-associated bloodstream infections, all of which are classified as primary even if localized signs of infection are present at the access site.

<sup>2</sup> Organisms that are normal skin flora (eg. *diphtheroids*, *Bacillus* sp., *Propionibacterium* sp., coagulase-negative staphylococci, or micrococci).

<sup>3</sup> Detection of bacterial, fungal, or viral antigen (eg. *Candida* sp., herpes simplex, varicella zoster, *Haemophilus influenzae*, *streptococcus pneumoniae*, *Neisseria meningitidis*, group B strptococci) by rapid diagnostic test (eg. counterimmunoelectrophoresis, coagulation, or latex agglutination)

## Screen 13: MEDICATIONS SCREEN DEFINITIONS

### Medications

☐ Reviewed

Post-Natal Steroids

| ▶* | Type                                                                        | Indication | Route                                                                       | Start Date | End Date |
|----|-----------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|------------|----------|
|    | <div style="background-color: #4a7ebb; color: white; padding: 2px;">▼</div> |            | <div style="background-color: #4a7ebb; color: white; padding: 2px;">▼</div> |            |          |
|    |                                                                             |            |                                                                             |            |          |

Surfactant

| * | Date | Time | Type                                                                        |
|---|------|------|-----------------------------------------------------------------------------|
|   |      |      | <div style="background-color: #4a7ebb; color: white; padding: 2px;">▼</div> |
|   |      |      |                                                                             |

**Refer to appendix I for a complete list of drugs** and the categories they are classified under. If you are unsure what category a medication should be classified under contact the CC for advice. Record each complete course of a particular medication as a single line. Therefore if Dexamethasone is given for 11 days but only given every other day, this would be scored as 1 ‘course’, and each day need **not** be scored separately on a new line. Generally if a medication is stopped for more than 48 hours and restarted, this is considered the start of a new ‘course’..

**If a patient is transferred in** on a particular medication, record the date of admission to your unit as the start date.

**If a patient is transferred out** while still receiving a particular medication, record the discharge date as the end date.

### POST-NATAL STEROIDS

|            |                                                                                                                                                                                                                                                                                                   |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type       | Select from the scroll down list the type of post-natal steroid administered. Common steroids include: <b>dexamethasone, budesonide, hydrocortisone and beclamethasone</b> . If a steroid is not included in the list, select “Other”                                                             |
| Indication | Select indication from the list. Select “other” when an indication is not in the list and “unknown” when not specified. The list of relevant items will be displayed for the given selected steroid type.                                                                                         |
| Route      | Select route of administration from the pull-down list. If the route is IM, select "parenteral".                                                                                                                                                                                                  |
| Start Date | First date of administration of all post-natal steroids given during this hospital admission. Record regardless of method of administration (i.e. bolus or infusion). <b>Do NOT score steroids given to the mother prior to the infant’s birth</b> . Enter the date using the pull-down calendar. |
| End Date   | Last date of administration of the listed steroid. Enter the date using the pull-down calendar. <b>If a medication</b>                                                                                                                                                                            |

|                                                                               |
|-------------------------------------------------------------------------------|
| <i>is only given for 1 day score that day as both the start and end date.</i> |
|-------------------------------------------------------------------------------|

#### SURFACTANT

Here you will enter date, time and type of surfactant administration.

Once you enter details of first dose a second row will be populated which will allow you to enter subsequent doses if patient has received. Note that date of second dose could not be prior to first dose.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of administration | Enter the calendar date in which the dose of surfactant was given (regardless of whether the dose was given <b>while the infant was admitted to your NICU or not</b> ). The default date of the calendar will be set to the birth date, however if this is not correct, you will need to edit this date. If the date on which surfactant is given is unavailable, leave the field blank.       |
| Time of Dose           | Record the time in <i>military time</i> (24 hr clock) at which the dose of the particular surfactant was given (should correspond to the date listed above). Record midnight as 00:00 (and the first minute of a new day; for example: 23:59 on Jan 3 <sup>rd</sup> and 00:00 on Jan 4 <sup>th</sup> is 1 minute later). If the time at which surfactant is given is unavailable, leave blank. |
| Type                   | Score all surfactants (i.e. BLES, Survanta, Exosurf, etc.) given to a patient using the pull-down menu. <i>Score regardless of whether given at your hospital or at a different transferring/birth hospital.</i> If surfactant was given at a previous hospital record all the information below if available.                                                                                 |

## SCREEN 14: DISCHARGE SCREEN DEFINITIONS

### Discharge

☐ Reviewed

**Discharge Destination**

Community Hospital

Tertiary Hospital

☐ Home  
☐ Died  
☐ Palliative Care (home/other institute)  
☐ Out of country discharge  
☐ Another inpatient area in hospital

**At Discharge**

☐ Oxygen  
☐ Monitor  
☐ Ostomy  
☐ Gavage  
☐ Tracheostomy  
☐ Gastrostomy  
☐ Ventilation  
☐ CPAP  
☐ Breast Milk  
☐ Formula

**Hearing Test Done?**

☐ Yes  
☐ No  
☐ Unknown

**If yes**

Right ☐ Passed ☐ Referred ☐ Unknown

Left ☐ Passed ☐ Referred ☐ Unknown

**Day 28**

Day 28 After Birth: N/A

Weight (g)

Oxygen %

Head Circumference (cm)

Nasal Canula (cc)

Level of Respiratory Support

☐ None  
☐ Nasal Canula  
☐ CPAP/SIPAP  
☐ Mechanical Ventilation  
☐ Unknown

MAP

**Week 36**

Week 36 Post Menstrual: N/A

Weight (g)

Oxygen %

Head Circumference (cm)

Nasal Canula (cc)

Level of Respiratory Support

☐ None  
☐ Nasal Canula  
☐ CPAP/SIPAP  
☐ Mechanical Ventilation  
☐ Unknown

MAP

**Discharge**

Discharge Date

Weight (g)

Head Circumference (cm)

Oxygen %

Nasal Canula (cc)

MAP

**Neurodevelopmental follow-up referral**

☐ Yes  
☐ No  
☐ Unknown

**If Yes**

☐ Tertiary

☐ Community Pediatrics

☐ Unknown

Please, select follow-up hospital

**Autopsy**

☐ Yes  
☐ No  
☐ Unknown

**Cause of Death**

Complete this screen for all patients that are discharged from your NICU, regardless of whether or not they are transferred out of your hospital or to another ward/nursery within your hospital. If a patient is transferred within your hospital enter your hospital name and the nursery name under the appropriate level of care received there. If a patient is **discharged to another hospital for less than 24 hours for either surgical or medical care** that can not be given at your hospital, you need **not** count them as a discharged patient. Mention “other facility” in Patient Chart screen and continue data collection for the rest of the patient’s hospital stay in the current data set. If however the patient is discharged for more than 24 hours, complete the discharge information and record their return as a readmission, entering the remainder of the hospital stay in the new ‘readmission’ data set.

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discharge Destination | <p>Indicate the destination on discharge from your NICU.</p> <p><b>Select “Community Hospital” if:</b> the baby was transferred to any term (level 1/level II/regular/healthy baby) nursery/ community hospital. Select from drop-down list (in which case you should follow up on this baby with the post-transfer screen, if possible).</p> <p><b>Score “Tertiary Hospital” if:</b> the baby was transferred to one of the other study sites (in which case you should follow up on this baby with the post-transfer screen) or to another tertiary care centre. Enter the destination hospital in the space provided.</p> <p><b>Score “Home” if:</b> the baby was discharged home (or into home foster care) from your NICU. If the baby is</p> |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <p>discharged into foster care it is <b>not</b> necessary to make a note in the comments box. We are only interested in the type of care the baby is to receive, i.e. home care versus hospital care. However, if the infant is discharged home on palliative care, record this as palliative care.</p> <p><b>Score “Died” if:</b> the baby died during this hospital stay.</p> <p><b>Score “Palliative Care” if:</b> Patient was discharged to home or other institution for palliative care.</p> <p><b>Score “Out of Country discharge” if:</b> Patient was discharged to a facility outside of Canada or home outside of Canada</p> <p><b>Score “Another inpatient area in hospital” if:</b> Patient was discharged to an inpatient area within your hospital. Selection of this field will activate the Post Transfer screen. The list of places are as follows:</p> <ol style="list-style-type: none"> <li>1. PICU/PCCU</li> <li>2. L2N/SCN</li> <li>3. Operation Room</li> <li>4. CCU/CCCU</li> <li>5. Labor &amp; Delivery</li> <li>6. Mother/Baby unit</li> <li>7. Pediatric Ward</li> <li>8. Others</li> <li>9. Unknown</li> </ol> <p><b>If the baby was transferred to the OR,</b> and does not return to the NICU (i.e. discharged from the NICU on the way to the OR), enter as OR (at your hospital), but do not score this operation on the diagnosis and procedures screen.</p> |
| Hearing Test Done | Mention the results of hearing test if it was done in your hospital (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

#### SUPPORT AT DISCHARGE

If the infant was not on any of the supports listed below at the time of discharge or transfer, leave this section blank.  
**Do NOT mark anything in this column if the baby died.**

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Oxygen       | Score this if the patient is on <b>continuous oxygen</b> /supplemental oxygen (FiO <sub>2</sub> >21%) <b>at the time of discharge/transfer. Do not score</b> blow-by oxygen or nasal cannula oxygen given for feeds only as this is not a form of continuous oxygen.                                                                                                                                                                       |
| Monitor      | Score this if the patient is receiving continuous cardiac or apnea monitoring <b>at the time of discharge/transfer</b> . If the chart does not specify and discharge is to a level 2 or 3 community hospital, score monitor at discharge. If the chart does not specify and discharge is to the routine (level 1) nursery, do not score. If discharged home, there must be clear evidence of plans for home monitoring to score this item. |
| Ostomy       | Score this if the patient has any ostomy (ileostomy or colostomy, <b>but not</b> tracheostomy or gastrostomy) <b>at the time of discharge/transfer</b> .                                                                                                                                                                                                                                                                                   |
| Gavage       | Score this if the patient received gavage feeding (any PG or NG feeds) <b>at any time in the 24 hours prior to discharge/transfer</b> . If you are already scoring gastrostomy at discharge, <b>do not</b> score gavage at discharge as well.                                                                                                                                                                                              |
| Tracheostomy | Score this if the patient has a tracheostomy in place <b>at the time of discharge/transfer</b> .                                                                                                                                                                                                                                                                                                                                           |
| Gastrostomy  | Score this if the patient has a gastrostomy in place <b>at the time of discharge/transfer</b> .                                                                                                                                                                                                                                                                                                                                            |
| Ventilation  | Score this if patient is receiving artificial or mechanical ventilation at the time of discharge. Do not score this if patient died while on ventilator. Note that only one of “ventilation” and “CPAP” can be scored.                                                                                                                                                                                                                     |
| CPAP         | Score this if the patient is on CPAP (nasal, facial or endotracheal) <b>at the time of discharge/transfer</b> . Do <b>not</b> score if the patient died while on CPAP.<br>Score this if patient is on High Flow <b>at the time of discharge/transfer</b> .                                                                                                                                                                                 |

|             |                                                                                                                                                                                                                                                                                                          |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Breast Milk | Record if patient was receiving any breast milk in the previous 24 hours of discharge. If only powder supplements are being added to breast milk and there are no liquid supplements (other than those who use the Similac version of HMF which is liquid), then it should be classified as breast milk. |
| Formula     | Record if patient was receiving any formula in the previous 24 hours of discharge                                                                                                                                                                                                                        |

#### DAY 28 / WEEK 36 / DISCHARGE

**The scoring period for “day 28” data should be from 00:00 hr on day 28 of life to 23:59 hr (24 hours).** For your convenience the calendar date of day 28 has been calculated and is listed in red. If you are missing part of the day 28 flow sheet and you can get accurate information from other sources (i.e. progress notes), then score based on these other sources. Otherwise, you should use the closest complete 24 hour scoring period (it is okay to adjust times of day), but it should not be more than 48 hours off from day 28.

The scoring period for “week 36” data should be from 00:00 hr on day one of **week 36** to 23:59 hr (24 hours). Otherwise, you should use the closest complete 24 hour scoring period (it is okay to adjust times of the day). For your convenience, the calendar date of the first day of week 36 has been calculated where appropriate and is displayed in red on the right upper corner of this screen.

**Week 36 data need never be collected if the gestational age (see above for which gestational age to use) is 32 weeks or more. Week 36 also need not be collected if the baby is discharged home, to a level 1 nursery, or if the patient dies before 36 weeks.** In these instances, the Week 36 weight and head circumference will be grayed out and you will not need to enter anything under this section. If a baby is transferred to another **level 2 or level 3** hospital before week 36 where available, score according to the receiving hospital’s records.

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date                         | These dates will be automatically calculated from the admission screen (mandatory field).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Discharge Date               | Record the infant’s date of discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Weight                       | Record infant’s weight nearest day 28, week 36 and discharge (within 2 days). If not weighed or data not available, leave the field blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Head circumference           | Record infant’s head circumference nearest day 28, week 36 and at discharge (within 7 days). If the information is unavailable, or if head circumference is not measured within 7 days, leave the field blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Level of Respiratory Support | <b>Score “None”</b> if no respiratory support was being used or if the baby was only receiving humidity for tracheostomy patients at day 28 or week 36 as appropriate.<br><b>Score “Nasal cannula”</b> if the baby is receiving air and /or oxygen via nasal cannula. This also includes “low flow air” (item #8) as defined on the Patient Chart screen.<br><b>Score “CPAP/SiPAP”</b> if the baby is on CPAP/ SiPAP as defined on the Patient Chart Screen as “NI Ventilation” (item #4) or “CPAP” (item #5). This includes high flow.<br><b>Score “Mechanical Ventilation”</b> if baby was receiving mechanical ventilation as defined on the Patient Chart Screen as “HFV (item #2) or “IPPV” (item #3). Route must be endotracheal tube or tracheostomy tube. |
| Oxygen %                     | Record the level of oxygen percentage on day 28 or week 36 as appropriate and at discharge. Please enter maximum oxygen percentage given on that day between 21 and 100. Enter 1.00 if patient is on oxygen via nasal cannula.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Nasal Cannula (cc)           | Record the flow of gas in cc per minute given via the nasal cannula on day 28 or week 36 as appropriate and at discharge. (maximum value 10,000 cc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MAP                          | Record the highest mean airway pressure given on day 28 or week 36 as appropriate and at discharge. If baby is on CPAP record the CPAP level as MAP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                        |                                                                                                                                                                                                                                                                                              |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Neuro-developmental follow-up referral | Record whether the infant was referred to a follow-up clinic for neurodevelopmental assessment. Select yes, no or unknown.<br>If yes, select whether it was a tertiary hospital, community pediatrics or location unknown.<br>If tertiary was selected, choose from the list of CNFUN sites. |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the death is selected as disposition of the infant during this admission, then the following screen will be activated and require completion.

|         |                                                                                                             |
|---------|-------------------------------------------------------------------------------------------------------------|
| Autopsy | Record whether autopsy consent was obtained. This information will be used to recall charts later to verify |
|---------|-------------------------------------------------------------------------------------------------------------|

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | causes of death.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Cause of death | <b><i>Record the principle cause of death as stated by the attending physician or autopsy findings</i></b> (maximum 255 characters). Where there is a discrepancy, ask the physician to verify the cause of death. <b><i>Use underlying diagnoses, NOT terminal events</i></b> like “cardiac arrest.” Field is only activated if “Died” was selected from the Discharge Destination field and it becomes mandatory in this case. |

## SCREEN 15: POST TRANSFER SCREEN DEFINITIONS



## Post Transfer

☐ Reviewed

|    | Destination from next hospital | Date of next discharge | If transferred/other (specify) | Last day on oxygen |
|----|--------------------------------|------------------------|--------------------------------|--------------------|
| ►* | <div></div>                    |                        |                                |                    |

**Complete this screen only for patients that are discharged to another level 2 or level 3 nursery from your NICU.**

**If patients are discharged home or to a level 1 nursery from your NICU leave this screen blank.** Once a patient has been classified as being included under ‘post-transfer’ then you should continue to complete this screen for each time there is a transfer, until the patient is finally discharged home or to a level 1 nursery. If the information for certain items will never be available (e.g. the baby has been discharged from the next hospital and they do not have the oxygen information anymore), score these items as “unknown” or leave the field blank where appropriate.

|                                |                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Destination from next hospital | Record destination on discharge from second hospital here. If second discharge is to another hospital or the baby died at the subsequent location <b>score “other”</b> and <b>record the destination/death in the “if transferred/other (specify)” box</b> . If second discharge is unknown score as “unknown or N/A”. If baby has died, select “Death”.                    |
| Date of next discharge         | Record the date of discharge from the subsequent location. If that discharge was to a destination other than home, record the next discharge information again in the box that pops up below.                                                                                                                                                                               |
| If transferred/other, specify  | If discharge destination is other than home, record destination from second hospital here.                                                                                                                                                                                                                                                                                  |
| Last day on oxygen at hospital | If the infant was still on oxygen at the time of the primary discharge, attempt to ascertain from the receiving hospital what day supplemental oxygen was finally discontinued. If the baby did not receive O2 at the receiving hospital, leave blank. If the baby went home or to another hospital/nursery on O2 and last day on O2 is unknown, use the date of discharge. |

## SCREEN 16: VALIDATE CASE SCREEN DEFINITIONS

**Validate Case**

Please enter any extra notes for this case that did not fit in the Comments box in the Admission page.

[Notes](#)

[Validation Status](#)

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**Validate Case**

Here you can enter any notes that you did not have enough room previously to enter (maximum characters=255). Press “Validate Case” for an error report that will highlight missing, inaccurate or conflicting data and dates, or an acknowledgement of a correctly entered case.

You can print off a status report if you so desire by selecting the “Print Status” link to the upper right of the “Validate Case” button.

**APPENDIX I****CNN / EPIQ DRUG CLASSIFICATION LIST**

CNN medications include only those drugs classified as: nitric oxide, narcotics, sedatives, muscle relaxants, inotropes, caffeine, antibiotics, post-natal steroids, surfactant.

| <b>DRUG NAME</b>                      | <b>CLASSIFICATION</b>           | <b>Description</b>                                                                                               |
|---------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------|
| ACETAMINOPHEN (Tylenol)               | ANALGESIC                       | NOT SCORED                                                                                                       |
| ACETAZOLAMIDE                         | DIURETIC                        | Score as Diuretic on NTISS screen only                                                                           |
| ACYCLOVIR                             | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| ADENOSINE                             | NOT SCORED                      | this is not inotrope                                                                                             |
| ALBUTEROL                             | BRONCHODILATOR                  | NOT SCORED (bronchodilator)                                                                                      |
| ALDACTAZIDE                           | DIURETIC                        | Score as Diuretic on NTISS screen only                                                                           |
| ALDACTONE                             | DIURETIC                        | Score as Diuretic on NTISS screen only                                                                           |
| ALFENTANYL                            | NARCOTIC                        | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen |
| ALLOPURINOL                           | NOT SCORED                      |                                                                                                                  |
| AMICAR                                | NOT SCORED                      |                                                                                                                  |
| AMIKACIN                              | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| AMINOPHYLLINE                         | RESPIRATORY STIMULANT           | Score as Caffeine on Patient Chart Screen and NTISS Screen                                                       |
| AMIODARONE                            | ANTIARRHYTHMIC, CARDIOTROPIC    | NOT SCORED                                                                                                       |
| AMOXICILLIN (same as Amoxil)          | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| AMPHOTEROICIN B                       | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| AMPICILLIN                            | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| ANCEF                                 | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| ANECTINE (same as Succinylcholine)    | PARALYTIC                       | Score as Musc. Relaxant on Patient Chart Screen                                                                  |
| ANESTHESIAS                           | NOT SCORED                      |                                                                                                                  |
| ASPIRIN                               | NOT SCORED                      |                                                                                                                  |
| ATIVAN (same as Lorazepam)            | SEDATIVE, ANTICONVULSANT        | SEDATIVE, Score as sedative on patient chart screen                                                              |
| ATRACURIUM                            | PARALYTIC                       | Score as Musc. Relaxant on Patient Chart Screen                                                                  |
| ATROPINE                              | NOT SCORED                      |                                                                                                                  |
| ATROVENT                              | BRONCHODILATOR                  | NOT SCORED (bronchodilator)                                                                                      |
| AZT (same as Retrovir and Zidovudine) | HIV medication                  | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| BACITRACIN                            | NOT SCORED                      |                                                                                                                  |
| BACTIGRAS                             | NOT SCORED (topical dressing)   |                                                                                                                  |
| BACTRIM (same as Septra)              | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| BACTROBAN (same as Mupirocin)         | NOT SCORED (topical antibiotic) |                                                                                                                  |
| BECLOMETHASONE                        | STEROID                         | Score as Post-Natal Steroid on Medications Screen                                                                |
| BECLOVENT PUFFS                       | STEROID                         | Score as Post-Natal Steroid on Medications Screen                                                                |
| BENADRYL (same as Diphenhydramine)    | NOT SCORED                      |                                                                                                                  |

|                                 |                                        |                                                                                                                  |
|---------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------|
| BETAMETHASONE                   | STEROID                                | Score as Post-Natal Steroid on Medications Screen                                                                |
| BIAXIN (same as Clarithromycin) | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| BICARBONATE                     | NOT SCORED<br>(acidosis treatment)     |                                                                                                                  |
| BICITRA                         | NOT SCORED                             |                                                                                                                  |
| BLES                            | SURFACTANT                             | Score as Surfactant on Medications Screen                                                                        |
| BUDESONIDE                      | STEROID (inhaled)                      | Score as Post-Natal Steroid on Medications Screen                                                                |
| CA GLUCONATE (bolus or IV drip) | NOT SCORED                             |                                                                                                                  |
| CAFFEINE                        | RESPIRATORY STIMULANT                  | Score as Caffeine on Patient Chart Screen and NTISS Screen                                                       |
| CALCIUM BOLUS                   | NOT SCORED                             |                                                                                                                  |
| CAPTOPRIL                       | NOT SCORED<br>(antihypertensive agent) |                                                                                                                  |
| CARNITINE                       | NOT SCORED                             |                                                                                                                  |
| CEFAZOLIN                       | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEFIXIME                        | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEFOTAXIME (same as Claforan)   | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEFOXITIN                       | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEFTAZIDIME                     | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEFTRIAZONE                     | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEFUROXIME                      | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CEPHALEXIN                      | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CHLORAL HYDRATE                 | SEDATIVE                               | Score as Sedative on Patient Chart Screen                                                                        |
| CHLORAMPHENICOL                 | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CHLORPROMAXINE                  | NOT SCORED                             |                                                                                                                  |
| CHOLORTHIAZIDE (CTZ)            | DIURETIC                               | Score as Diuretic on NTISS screen only                                                                           |
| CIMETIDINE                      | NOT SCORED (anti-ulcer medication)     |                                                                                                                  |
| CIPROFLOXACIN (CIPRO)           | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CISAPRIDE                       | NOT SCORED                             |                                                                                                                  |
| CLAFORAN (same as Cefotaxime)   | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CLARITHROMYCIN (same as Biaxin) | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CLINDAMYCIN                     | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CLOXACILLIN                     | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CODEINE                         | NARCOTIC                               | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen |
| COSYNTROPIN                     | STEROID                                | Score as Post-Natal Steroid on Medications Screen                                                                |
| CO-TRIMOXAZOLE (same as Septra) | ANTIBIOTIC                             | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                     |
| CREON 8                         | NOT SCORED                             |                                                                                                                  |

|                                        |                                     |                                                                                                                                      |
|----------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| CROMOLYN (same as Intal)               | NOT SCORED (antihistamine)          |                                                                                                                                      |
| CTZ (CHLORTHIAZIDE)                    | DIURETIC                            | Score as Diuretic on NTISS screen only                                                                                               |
| CUROSURF                               | SURFACTANT                          | Score as Surfactant - Other on Medications Screen                                                                                    |
| CYCLOPENTOLATE                         | NOT SCORED                          |                                                                                                                                      |
| D10W BOLUS                             | NOT SCORED                          |                                                                                                                                      |
| DECADRON                               | STEROID                             | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| DEXAMETHASONE                          | STEROID                             | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| DIAMOX                                 | DIURETIC                            | Score as Diuretic on NTISS screen only                                                                                               |
| DIAZEPAM (same as Valium)              | SEDATIVE, ANTICONVULSANT            | Score as Sedative on Patient Chart Screen if used as sedative and not as anticonvulsant, If uncertain as to reason score as sedative |
| DIAZOXIDE                              | NOT SCORED (antihypertensive agent) |                                                                                                                                      |
| DIGOXIN                                | NOT SCORED (anti-arrhythmia agent)  |                                                                                                                                      |
| DILANTIN (same as Phenytoin)           | NOT SCORED (anticonvulsant)         |                                                                                                                                      |
| DIPHENHYDRAMINE (same as Benadryl)     | NOT SCORED                          |                                                                                                                                      |
| DITROPAN                               | NOT SCORED                          |                                                                                                                                      |
| DIURIL                                 | DIURETIC                            | Score as Diuretic on NTISS screen only                                                                                               |
| DOBUTAMINE                             | PRESSOR                             | Score as Inotropes on Patient Chart Screen                                                                                           |
| DOMPERIDONE                            | NOT SCORED (acid reflux med.)       |                                                                                                                                      |
| DOPAMINE                               | PRESSOR                             | Score as Inotropes on Patient Chart Screen                                                                                           |
| DOXAPRAM                               | NOT SCORED                          |                                                                                                                                      |
| DPH (DIPHENYL HYDANTOIN)               | NOT SCORED (anticonvulsant)         |                                                                                                                                      |
| DTO (DILUTE TINCTURE OF OPIUM)         | NARCOTIC                            | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| EDECIN                                 | DIURETIC                            | Score as Diuretic on NTISS screen only                                                                                               |
| ENERGIX                                | NOT SCORED                          |                                                                                                                                      |
| ENOXAPARIN                             | NOT SCORED (anti-coagulant agent)   |                                                                                                                                      |
| EPINEPHRINE (EPI DRIP)                 | PRESSOR                             | Score as Inotropes on Patient Chart Screen                                                                                           |
| ERYTHROMYCIN                           | ANTIBIOTIC                          | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| ERYTHROMYCIN EYE OINTMENT              | NOT SCORED                          |                                                                                                                                      |
| ETHACRYNIC ACID                        | DIURETIC                            | Score as Diuretic on NTISS screen only                                                                                               |
| EXOSURF                                | SURFACTANT                          | Score as Surfactant - Other on Medications Screen                                                                                    |
| FENTANYL                               | NARCOTIC                            | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| FERRINSOL                              | NOT SCORED                          |                                                                                                                                      |
| FILGRASTIM                             | NOT SCORED                          |                                                                                                                                      |
| FLAGYL (same as Metronidazole)         | ANTIBIOTIC                          | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| FLAMAZINE                              | NOT SCORED (topical antibiotic)     |                                                                                                                                      |
| FLORANE                                | NOT SCORED                          |                                                                                                                                      |
| FLORINEF                               | STEROID                             | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| FLOVENT (same as flonase, fluticasone) | STEROID (inhaled)                   | Score as Post-Natal Steroid on Medications Screen                                                                                    |

|                                                 |                                                      |                                                                                       |
|-------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------|
| FLUCONAZOLE                                     | ANTIBIOTIC                                           | Score as Antibiotic on Patient Chart Screen and NTISS Screen                          |
| FLUCYTOSINE                                     | ANTIBIOTIC                                           | Score as Antibiotic on Patient Chart Screen and NTISS Screen                          |
| FLUDROCORTISONE                                 | STEROID                                              | Score as Post-Natal Steroid on Medications Screen                                     |
| FLUTICASONE                                     | STEROID                                              | Score as Post-Natal Steroid on Medications Screen                                     |
| FOLIC ACID                                      | NOT SCORED                                           |                                                                                       |
| FORANE (Anaesthetic)                            | NOT SCORED                                           |                                                                                       |
| FUROSEMIDE                                      | DIURETIC                                             | Score as Diuretic on NTISS screen only                                                |
| GANCYCLOVIR                                     | ANTIVIRAL                                            | Score as Antibiotic on Patient Chart Screen and NTISS Screen                          |
| GARAMYCIN                                       | NOT SCORED (topical)                                 |                                                                                       |
| GARAMYCIN OPHTHALMIC OINTMENT                   | NOT SCORED (topical)                                 |                                                                                       |
| GARASONE OPHTHALMIC OINTMENT                    | NOT SCORED (topical)                                 |                                                                                       |
| GENTAMYCIN                                      | ANTIBIOTIC                                           | Score as Antibiotic on Patient Chart Screen and NTISS Screen                          |
| GENTAMYCIN EYE DROPS                            | NOT SCORED                                           |                                                                                       |
| GLUCAGON                                        | NOT SCORED                                           |                                                                                       |
| GLYCERINE SUPPOSITORY                           | NOT SCORED                                           |                                                                                       |
| HALOTHANE (Anaesthetic)                         | NOT SCORED                                           |                                                                                       |
| HCTZ (HYDROCHOLORTHAZIDE)                       | DIURETIC                                             | Score as Diuretic on NTISS screen only                                                |
| HEPARIN                                         | NOT SCORED                                           |                                                                                       |
| HEPATITIS VACCINE                               | NOT SCORED                                           |                                                                                       |
| HOMOTROPINE                                     | NOT SCORED                                           |                                                                                       |
| HYDRALAZINE                                     | NOT SCORED                                           |                                                                                       |
| HYDROCHOLORTHAZIDE (HCTZ) (same as hydrodiuril) | DIURETIC                                             | Score as Diuretic on NTISS screen only                                                |
| HYDROCORTISONE                                  | STEROID                                              | Score as Post-Natal Steroid on Medications Screen                                     |
| HYDROCORTISONE CREAM                            | NOT SCORED                                           |                                                                                       |
| HYDRODIURIL (same as hydrochlorothiazide)       | DIURETIC                                             | Score as Diuretic on NTISS screen only                                                |
| IBUPROFEN                                       | COX INHIBITOR                                        | If Prophylactic, score on Diagnosis / Procedures Screen                               |
| IMIPENEM                                        | ANTIBIOTIC                                           | Score as Antibiotic on Patient Chart Screen and NTISS Screen                          |
| INDERAL (same as Propanolol)                    | NOT SCORED (anti-arrhythmia agent)                   |                                                                                       |
| INDOCIN (same as Indocid)                       | INDOMETHACIN (for PDA treatment-score on D&P screen) | Score on NTISS screen<br>If Prophylactic, also score on Diagnosis / Procedures Screen |
| INDOMETHACIN                                    | INDOMETHACIN                                         | Score on NTISS screen<br>If Prophylactic, also score on Diagnosis / Procedures Screen |
| INFASURF                                        | SURFACTANT                                           | Score as Surfactant - Other on Medications Screen                                     |
| INHALED STEROIDS                                | STEROID                                              | Score as Post-Natal Steroid on Medications Screen                                     |
| INSUFLON                                        | NOT SCORED                                           |                                                                                       |
| INSULIN                                         | NOT SCORED                                           |                                                                                       |
| INTAL ( same as Cromolyn)                       | NOT SCORED (antihistamine)                           |                                                                                       |
| IRON, ELEMENTAL                                 | NOT SCORED (given for anemia)                        |                                                                                       |

|                                             |                                 |                                                                                                                                      |
|---------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| ISO (ISOFLUORINE) inhalation (Aneasthetic)  | NOT SCORED                      |                                                                                                                                      |
| ISOFERAN                                    | NOT SCORED                      |                                                                                                                                      |
| ISONIAZID                                   | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| ISOPROTERENOL                               | BRONCHODILATOR                  | NOT SCORED (bronchodilator)                                                                                                          |
| ISUPREL                                     | NOT SCORED                      |                                                                                                                                      |
| IV BICARBONATE (NEUT OR THAM)               | NOT SCORED (acidosis treatment) |                                                                                                                                      |
| KEFLEX                                      | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| KEFZOL                                      | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| KETAMINE (Anesthetic)                       | SEDATIVE                        | Score as sedative on Patient Chart Screen                                                                                            |
| KETOCONAZOLE                                | NOT SCORED (anti-fungal agent)  | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| L-ARGININE                                  | Prophlactic for NEC             | If Prophylactic, Score on Diagnosis / Procedures Screen                                                                              |
| LASIX                                       | DIURETIC                        | Score as Diuretic on NTISS screen only                                                                                               |
| LEBETALOL                                   | NOT SCORED (vasodilator)        |                                                                                                                                      |
| LIDOCAINE (Anesthetic)                      | NOT SCORED                      |                                                                                                                                      |
| LINEZOLID                                   | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| LORAZEPAM (same as Ativan)                  | SEDATIVE, ANTICONVULSANT        | Score as Sedative on Patient Chart Screen if used as sedative and not as anticonvulsant, If uncertain as to reason score as sedative |
| LUGOL'S SOLUTION (same as Potassium Iodine) | NOT SCORED (anticonvulsant)     |                                                                                                                                      |
| MAGNESIUM SULFATE                           | DIURETIC                        |                                                                                                                                      |
| MEPERIDINE                                  | NARCOTIC                        | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| MEROPENEM                                   | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| METHADONE                                   | NARCOTIC                        | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| METHYLPREDNISOLONE                          | STEROID                         | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| METHYLPREDNISONE                            | DIURETIC                        | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| METICILLIN                                  | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen                                                                                          |
| METRONIDAZOLE (same as Flagyl)              | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| MEZLOCILLIN                                 | SEDATIVE                        | Score as Sedative on Patient Chart Screen                                                                                            |
| MIDAZOLAM                                   | SEDATIVE                        | Score as Sedative on Patient Chart Screen                                                                                            |
| MILRINONE                                   | PRESSOR                         | Score as Inotropes on Patient Chart Screen                                                                                           |
| MIVACURIUM                                  | PARALYTIC                       | Score as Musc. Relaxant on Patient Chart Screen                                                                                      |
| MOGADON (same as Nitrazepam)                | NOT SCORED (anticonvulsant)     |                                                                                                                                      |
| MORPHINE                                    | NARCOTIC                        | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| MORPHINE SULFATE (same as MSO4)             | NARCOTIC                        | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| MUPIROCIN (same as Bactroban)               | NOT SCORED (topical antibiotic) |                                                                                                                                      |
| MYCOSTATIN (same as Nystatin)               | See Nystatin (oral vs. topical) |                                                                                                                                      |
| NAFCILLIN                                   | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS                                                                                |

|                                            |                                 |                                                                                                                                      |
|--------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
|                                            |                                 | Screen                                                                                                                               |
| NaHCO <sub>3</sub> (same as Sodium Bicarb) | NOT SCORED (acidosis treatment) |                                                                                                                                      |
| NARCAN (same as Naloxone)                  | NOT SCORED                      |                                                                                                                                      |
| NEOSTIGME                                  | NOT SCORED                      |                                                                                                                                      |
| NEOSYNEPHRINE                              | NOT SCORED                      |                                                                                                                                      |
| NETILMICIN                                 | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| NEVIRAPINE                                 | HIV medication                  | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| NIFEDIPINE                                 | NOT SCORED (vasodilator)        |                                                                                                                                      |
| NIPRIDE                                    | NOT SCORED                      |                                                                                                                                      |
| NITRAZEPAM (same as Mogadon)               | NOT SCORED (anticonvulsant)     |                                                                                                                                      |
| NITRIC OXIDE (iNO)                         | NITRIC OXIDE (vasorelaxant)     | Score as NO on Patient Chart Screen                                                                                                  |
| NITRIC OXIDE GAS (Anaesthetic)             | NOT SCORED                      |                                                                                                                                      |
| NITROGLYCERINE (NTG)                       | NOT SCORED                      |                                                                                                                                      |
| NITROPRUSSIDE                              | NOT SCORED                      |                                                                                                                                      |
| NYSTATIN ORAL SUSPENSION                   | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| NYSTATIN POWDER/OINTMENT/CREAM             | NOT SCORED (topical antibiotic) |                                                                                                                                      |
| OMEPRAZOLE                                 | NOT SCORED (ulcer treatment)    |                                                                                                                                      |
| ONDANSETRONE (same as Zofron)              | NOT SCORED                      |                                                                                                                                      |
| OPIUM SOLUTION                             | NARCOTIC                        | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| OPTIMYXIN EYE DROPS                        | NOT SCORED                      |                                                                                                                                      |
| OXACILLIN                                  | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| PALIVIZUMAB                                | RSV IMMUNIZATION                | NOT SCORED                                                                                                                           |
| PANCURONIUM (PAVULON)                      | PARALYTIC                       | Score as Musc. Relaxant on Patient Chart Screen                                                                                      |
| PARALDEHYDE (given rectally)               | NOT SCORED (anticonvulsant)     |                                                                                                                                      |
| PAVULON                                    | PARALYTIC                       | Score as Musc. Relaxant on Patient Chart Screen                                                                                      |
| PEDIAPRED                                  | STEROID                         | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| PENICILLIN G                               | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| PENTOBARBITAL                              | SEDATIVE                        | Score as Sedative on Patient Chart Screen                                                                                            |
| PHENOBARBITAL                              | SEDATIVE, ANTICONVULSANT        | Score as Sedative on Patient Chart Screen if used as sedative and not as anticonvulsant, If uncertain as to reason score as sedative |
| PHENOXYBENZAMINE                           | NOT SCORED (vasodilator)        |                                                                                                                                      |
| PHENTOLAMINE (same as Regitine)            | NOT SCORED                      |                                                                                                                                      |
| PHENYLEPHRINE                              | PRESSOR                         | Score as Inotropes on Patient Chart Screen                                                                                           |
| PHENYLEPHRINE EYE DROPS                    | NOT SCORED                      |                                                                                                                                      |
| PHENYTOIN (same as Dilantin)               | NOT SCORED (anticonvulsant)     |                                                                                                                                      |
| PIPERACILLIN                               | ANTIBIOTIC                      | Score as Antibiotic on Patient Chart Screen and NTISS                                                                                |



|                                             |                                    |                                                             |
|---------------------------------------------|------------------------------------|-------------------------------------------------------------|
|                                             |                                    | Screen                                                      |
| POLYSPORIN                                  | NOT SCORED (topical)               |                                                             |
| POLYSPORIN OPHTHALMIC OINTMENT              | NOT SCORED                         |                                                             |
| POLYTRIM EYE DROPS                          | NOT SCORED                         |                                                             |
| POTASSIUM IODINE (same as Lugol's Solution) | NOT SCORED                         |                                                             |
| PREDFORTE                                   | NOT SCORED                         |                                                             |
| PREDNISOLONE                                | STEROID                            | Score as Post-Natal Steroid on Medications Screen           |
| PREDNISONE                                  | STEROID (post-natal only)          | Score as Post-Natal Steroid on Medications Screen           |
| PRESSORS                                    | NOT SCORED                         |                                                             |
| PRISCOLINE (same as Tolazoline)             | NOT SCORED                         |                                                             |
| PROBIOTICS                                  | PROBIOTICS                         | If Prophylactic, Score on Diagnosis / Procedures Screen     |
| PROCAINAMIDE                                | NOT SCORED (anti-arrhythmia agent) |                                                             |
| PROLASTIN                                   | NOT SCORED                         |                                                             |
| PROPAFENONE HCL                             | NOT SCORED (anti-arrhythmia agent) |                                                             |
| PROPANOLOL (same as Inderal)                | NOT SCORED (anti-arrhythmia agent) |                                                             |
| PROPOFOL                                    | SEDATIVE                           | Score as Sedative on Patient Chart Screen                   |
| PROPYLTHIOURACIL (PROPYL-THYRACIL)          | NOT SCORED                         |                                                             |
| PROSTAGLANDINS (PGE) IV (PROSTIN)           | NOT SCORED                         |                                                             |
| PROVENTIL                                   | BRONCHODILATOR                     | NOT SCORED (bronchodilator)                                 |
| PULMICORT                                   | STEROID                            | Score as Post-Natal Steroid on Medications Screen           |
| PULMOZYME AEROSOL                           | NOT SCORED                         |                                                             |
| PYRID OXIME                                 | NOT SCORED                         |                                                             |
| PYRIMETHAMINE (oral)                        | NOT SCORED                         |                                                             |
| RACEMIC EPINEPHRINE (same as vaponefrin)    | BRONCHODILATOR                     | NOT SCORED (bronchodilator)                                 |
| RANITIDINE (same as Zantac)                 | NOT SCORED                         |                                                             |
| RECOMBIVAX                                  | NOT SCORED (hepatitis vaccine)     |                                                             |
| REGITINE (same as Phentolamine)             | NOT SCORED                         |                                                             |
| REGLAN                                      | NOT SCORED                         |                                                             |
| RETROVIR (same as Zidovudine and AZT)       | HIV medication                     | Score as Antibiotic on Patient Chart Screen and NISS Screen |
| RIFAMPIN                                    | ANTIBIOTIC                         | Score as Antibiotic on Patient Chart Screen and NISS Screen |
| RIVOTRIL                                    | NOT SCORED (anticonvulsant)        |                                                             |
| ROCURONIUM BROMIDE (same as Zemuron)        | PARALYTIC                          | Score as Musc. Relaxant on Patient Chart Screen             |
| SALBUTAMOL                                  | BRONCHODILATOR                     | NOT SCORED (bronchodilator)                                 |
| SANDOSTATIN                                 | NOT SCORED                         |                                                             |
| SEPTRA (same as Bactrim or Co-Trimoxazole)  | ANTIBIOTIC                         | Score as Antibiotic on Patient Chart Screen and NISS Screen |
| SEROFLURANE (anaesthetic)                   | NOT SCORED                         |                                                             |

|                                          |                                   |                                                                                                                                      |
|------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| SILDENAFIL (same as Viagra)              | NOT SCORED                        |                                                                                                                                      |
| SIMETHICONE                              | NOT SCORED (anti-flatulent agent) |                                                                                                                                      |
| SOLUCORTEF                               | STEROID                           | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| SOLUMEDROL                               | STEROID                           | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| SOLU-MEDROL                              | STEROID                           | Score as Post-Natal Steroid on Medications Screen                                                                                    |
| SPIRONOLACTONE                           | DIURETIC                          | Score as Diuretic on NTISS screen only                                                                                               |
| STREPTOMYCIN                             | ANTIBIOTIC                        | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| SUCCYNYLCHOLINE (SUX)                    | PARALYTIC                         | Score as Musc. Relaxant on Patient Chart Screen                                                                                      |
| SUFENTA                                  | NARCOTIC                          | Score as either Infusion or Bolus on NTISS Screen<br>If Infusion, also Score as Narcotic on Patient Chart Screen                     |
| SULFADIAZINE                             | NOT SCORED (topical)              |                                                                                                                                      |
| SURVANTA                                 | SURFACTANT                        | Score as Surfactant on Medications Screen                                                                                            |
| TAZOCIN                                  | ANTIBIOTIC                        | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| TEMPRA (same as acetaminophen)           | ANALGESIC                         | NOT SCORED                                                                                                                           |
| THEOPHYLLINE                             | RESPIRATORY STIMULANT             | Score as Caffeine on Patient Chart Screen and NTISS Screen                                                                           |
| TOBRADEX EYE OINTMENT                    | NOT SCORED                        |                                                                                                                                      |
| TOBRAMYCIN                               | ANTIBIOTIC                        | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| TOLAZOLINE (same as Priscoline)          | NOT SCORED                        |                                                                                                                                      |
| TRIMETHOPRIM                             | ANTIBIOTIC                        | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| TRI-VI-SOL                               | NOT SCORED                        |                                                                                                                                      |
| TYLENOL (Acetaminophen)                  | ANALGESIC                         | NOT SCORED                                                                                                                           |
| UROKINASE                                | NOT SCORED                        |                                                                                                                                      |
| URSODIOL                                 | NOT SCORED                        |                                                                                                                                      |
| VALIUM (same as Diazepam)                | SEDATIVE, ANTICONVULSANT          | Score as Sedative on Patient Chart Screen if used as sedative and not as anticonvulsant, If uncertain as to reason score as sedative |
| VALPROIC ACID                            | NOT SCORED (anticonvulsant)       |                                                                                                                                      |
| VANCOMYCIN                               | ANTIBIOTIC                        | Score as Antibiotic on Patient Chart Screen and NTISS Screen                                                                         |
| VAPONEFRIN (same as Racemic Epinephrine) | BRONCHODILATOR                    | NOT SCORED (bronchodilator)                                                                                                          |
| VECURONIUM (VEC)                         | PARALYTIC                         | Score as Musc. Relaxant on Patient Chart Screen                                                                                      |
| VENTOLIN (inhalation)                    | BRONCHODILATOR                    | NOT SCORED (bronchodilator)                                                                                                          |
| VIGABATRIN                               | NOT SCORED (anticonvulsant)       |                                                                                                                                      |
| VIGILON                                  | NOT SCORED                        |                                                                                                                                      |
| VITAMIN A                                | EPITHELIAL GROWTH PROMOTER        | If Prophylactic, Score on Diagnosis / Procedures Screen                                                                              |
| VITAMIN D                                | NOT SCORED                        |                                                                                                                                      |
| VITAMIN K                                | NOT SCORED                        |                                                                                                                                      |
| VZIG (Varicella Zoster Immuno-globulin)  | NOT SCORED                        |                                                                                                                                      |
| XYLOCAINE                                | LOCAL ANAESTHETIC                 | NOT SCORED                                                                                                                           |

|                                       |                |                                                              |
|---------------------------------------|----------------|--------------------------------------------------------------|
| ZANTAC (same as Ranitidine)           | NOT SCORED     |                                                              |
| ZEMURON (same as Rocuronium Bromide)  | PARALYTIC      | Score as Musc. Relaxant on Patient Chart Screen              |
| ZIDOVUDINE (same as Retrovir and AZT) | HIV medication | Score as Antibiotic on Patient Chart Screen and NTISS Screen |
| ZINC GLUCONATE                        | NOT SCORED     |                                                              |
| ZOFRON (same as Ondansetrone)         | NOT SCORED     |                                                              |

## **APPENDIX II**

### **CLASSIFICATION OF OPERATIONS**

Score all operations/procedures performed in the operating room and/or requiring anaesthesia.  
If multiple operations were performed under the same anesthesia episode, include them all.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>LAPAROTOMY (MAJOR)</u></b><br><br>Abdominal omphalocele, repair of<br>Aneurysm in right internal iliac artery, removal of<br>Bladder rupture, closure of<br>Bowel, re-section of<br>correction of atresia<br>Colostomy<br>revision of prolapsing colostomy<br>Corkscrew duodenum, release of<br>Dermoid Cyst, removal of<br>(laparo- or thora- depending on site)<br>Diaphragmatic hernia repair (from under the diaphragm)<br>Duodenojejunoscopy<br>Fundoplication<br>Enterotomy (for removal of meconium)<br>Epispadias repair<br>Gastroschisis defect, closure of<br>Ileostomy<br>closure/reversal of ileostomy<br>resection ileum & formation ileostomy/mucus-fistula<br>closure of ileostomy & mucus fistula<br>NEC<br>Nephrectomy<br>Omphalocele, closure or re-section of<br>Omphalomesenteric duct fistula, repair of<br>Orchidectomy<br>Pyloromyotomy (for pyloric stenosis)<br>Pyloroplasty<br>Urinary ascites w/ bladder rupture, repair<br>Vesicostomy, closure/revision of<br>Volvulus correction | <b><u>THORACOTOMY (MAJOR)</u></b><br><br>ASD closure<br>BTS for tricuspid atresia<br>Coarctation repair<br>Cystic adenomatoid malformation, correction of<br>Cystic hygroma<br>Diaphragmatic hernia repair (from above the diaphragm)<br>Esophageal atresia (laparo- or thoro- as per location)<br>Lobectomy<br>Lung biopsy (open chest)<br>Pacemaker, insertion of (permanent)<br>Pneumonectomy<br>Pulmonary artery banding<br>Pulmonary artery plasty (Blalock-Tassug shunt placed)<br>Tracheoesophageal fistula (TEF), repair<br>Vascular ring operation |
| <b><u>VP SHUNT (MAJOR)</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b><u>ECMO (MAJOR)</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| <b><u>OTHER / MINOR</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b><u>OTHER / MINOR</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amputation, below the knee<br>Angiogram<br>Anoplasty<br>Ballon dilations of the esophagus (also of pulm. valve)<br>Ballon Septostomy<br>Bone marrow biopsy<br>Bronchoscopy<br>Catheters, surgically placed<br>arterial (cardiac) catheterization<br>CVL placement (in OR or w/anaesthesia)<br>Elecath pacing catheter placement<br>IVC catheter<br>peritoneal drainage catheter<br>Choanal atresia repair<br>Circumcision<br>Craniotomy to drain subdural hematoma<br>closure/re-section of<br>Cryo/Laser treatment (for ROP)<br>Cytoscopy<br>Embolization<br>Esophagoscopy<br>Examination under anaesthesia (i.e.)<br>Eye surgery to re-attach cornea (with or without banding)<br>Gastrosocopy<br>Gastrostomy<br>G-tube insertion under general anaesthesia<br>G-tube replacement (with general anaesthesia)<br>Hepatic cyst drainage (in radiology under U/S guidance)<br>Hernia repair<br>Herniorrhaphy<br>HICKMAN™ catheter line, placement of (if to superior vena cava)<br>Iridectomy<br>Laryngoscopy<br>Laryngo-bronchoscopy<br>Lensectomy<br>Lung biopsy (if by puncture)<br>Myeloschisis, closure of<br>Myringotomy tubes | Nephrostomy (tube placement)<br>Nerve biopsy (under general anaesthesia)<br>Occipital encephalocele, re-section of<br>Orchiopexy<br>Osteomyelitis, drainage of left tibial<br>Pacemaker insertion of (if put in intracardiac)<br>PDA ligation/closure (even if a thoracotomy is required)<br>PDA closed during cardiac catheterization with a coil<br>Penrose drain insertion<br>for spontaneous intestinal perforation<br>for NEC (with or without general anaesthesia)<br>Posterior laryngeal cleft, repair of through a laryngeal fissure approach<br>Rectal biopsy<br>Right femoral artery, resection of w/ proximal thrombectomy & w/ a 4-compartment fasciotomy of lower leg<br>Right forearm fasciotomy, both dorsal & volar compartments<br>Right groin wound, debridement & repair of<br>ROP therapy<br>Scalp wound debridement (with formation of multiple flaps & skin grafts)<br>Septum pellucidum fenestration for hydrocephalus<br>Silo placement for gastroschisis<br>Skin grafting<br>Stint Placement (even if only lidocaine applied)<br>Subperiosteal release for mouth<br>Tethered cord, release of with operating microscope<br>Tongue adhesion to palate, release of<br>Tongue lip adhesion<br>Tracheostomy (on Diagnosis/Procedures screen only)<br>cricoid split<br>Tracheotomy<br>Ventricular taps, multiple frontal<br>ventricular drain insertion (if w/ general anaesthesia)<br>Vitreotomy |

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| <b><u>NO SCORE</u></b>                                                                                                                                                                                                                                                                                                                                                      | <b><u>NO SCORE</u></b>                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ballon catheter in lung<br>(with fentanyl & pavulon but not anaesthesia)<br>Chest tube placement<br>Cutdown venous access<br>CVL removal (or any line, unless sent to OR specifically for removal)<br>Extra digit removal<br>10 French thoracotomy tube placement<br>G-Tube replacement (without anaesthesia)<br>Lumbar puncture<br>Pacemaker insertion via esophageal lead | Peripheral arterial line (PAL) placement<br>Skin biopsy<br>Thora/paracentesis<br>Tooth extraction under local anaesthetic<br>Tracheostomy (only counts on Diagnosis/Procedures screen)<br>UAL or UVL placement<br>Ventricular drain insertion<br>(with fentanyl but not general anaesthesia)<br>Ventriculopuncture (through a previously implanted catheter) |

**APPENDIX III****CLASSIFICATION OF OTHER DIAGNOSIS LIST**

| Name                                                       | Number | Description                                                                            |
|------------------------------------------------------------|--------|----------------------------------------------------------------------------------------|
| Anemia of prematurity                                      | P61.2  | Anaemia due to no identified cause or other causes in preterm infant                   |
| Apnea of prematurity                                       | P28.4  | Apnoea due to no other reason in a preterm infant                                      |
| Arrhythmia                                                 | P29.1  | Cardiac rhythm disturbances                                                            |
| Aspiration of amniotic fluid and mucus                     | P24.1  | Amniotic fluid aspiration                                                              |
| Aspiration of meconium                                     | P24.0  | Meconium aspiration syndrome                                                           |
| Aspiration of milk and regurgitated food                   | P24.3  | Milk aspiration                                                                        |
| Birth injury, intracranial hemorrhage                      | P10.1  | Intracranial hemorrhage due to birth injury                                            |
| Birth injury, subarachnoid hemorrhage                      | P10.3  | Subarachnoid haemorrhage due to birth injury                                           |
| Birth injury, subdural hemorrhage                          | P10.0  | Subdural haemorrhage due to birth injury                                               |
| Birth injury, unspecified and other                        | P15.9  | Trauma during birth                                                                    |
| Cardiomyopathy                                             | I42    | Cardiomyopathy                                                                         |
| Coagulopathy but not DIC                                   | P61.6  | Coagulation abnormalities not meeting diagnosis of DIC, Transient coagulation disorder |
| Coagulopathy due to Disseminated intravascular coagulation | P60    | DIC                                                                                    |
| Congenital cytomegalovirus infection                       | P35.1  | Congenital CMV infection                                                               |
| Congenital herpes viral [herpes simplex] infection         | P35.2  | Congenital herpes viral [herpes simplex] infection                                     |
| Congenital rubella syndrome                                | P35.0  | Congenital rubella infection                                                           |
| Congenital toxoplasmosis                                   | P37.1  | Congenital toxoplasmosis                                                               |
| Dehydration                                                | P74.1  | Dehydration                                                                            |
| Fetal blood loss, other                                    | P50.8  | Other foetal blood loss                                                                |
| Fever                                                      | P81.9  | Pyrexia                                                                                |
| Gastroesophageal reflux disease                            | K21    | GERD                                                                                   |
| Hemolytic disease due to ABO incompatibility               | P55.1  | ABO incompatibility                                                                    |
| Hemolytic disease due to Rh incompatibility                | P55.0  | Blood group Rh incompatibility                                                         |
| Hemolytic diseases of fetus and newborn, other             | P55.8  | Other haemolytic diseases of foetus and newborn                                        |
| Hemorrhage into co-twin                                    | P50.3  | Feto-fetal hemorrhage                                                                  |
| Hemorrhage into maternal circulation                       | P50.4  | Feto-maternal hemorrhage                                                               |
| Hemorrhagic disease due                                    | P54    | Neonatal hemorrhage                                                                    |

|                                                                                |        |                                                                 |
|--------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| to cause other than Vitamin K Deficiency                                       |        |                                                                 |
| Hemorrhagic disease due to Vitamin K deficiency                                | P53    | HDNB                                                            |
| Hydrocele                                                                      | P83.5  | Scrotal swelling                                                |
| Hydrops fetalis due to isoimmunization                                         | P56.0  | Hydrops fetalis due to isoimmunization                          |
| Hydrops fetalis due to other and unspecified haemolytic disease                | P56.9  | Hydrops fetalis due to other and unspecified haemolytic disease |
| Hyperglycemia                                                                  | R73.9  | Hyperglycemia                                                   |
| Hyperkalemia                                                                   | P74.31 | Hyperkalaemia                                                   |
| Hypernatremia                                                                  | P74.21 | Hypernatraemia                                                  |
| Hypertension                                                                   | P29.2  | High blood pressure                                             |
| Hypertonia                                                                     | P94.1  | Increasead tone                                                 |
| Hypoglycaemia                                                                  | P70.4  | Neonatal hypoglycaemia                                          |
| Hypokalemia                                                                    | P74.30 | Hypokalaemia                                                    |
| Hyponatremia                                                                   | P74.20 | Hyponatraemia                                                   |
| Hypotension                                                                    | R03.1  | Low blood pressure, refractory hypotension                      |
| Hypothermia                                                                    | P81    | Hypothermia not as part of therapy                              |
| Hypotonia                                                                      | P94.2  | Congenital hypotonia                                            |
| Inguinal hernia                                                                | K40.9  | Hernia, inguinal                                                |
| Intestinal obstruction                                                         | P76.9  | Bowel obstruction , unspecified includes atresia                |
| Meconium ileus                                                                 | P75    | Meconium ileus, meconium plug                                   |
| Neonatal abstinence syndrome (NAS) due to maternal use of addictive substances | P96.1  | Withdrawal symptoms from maternal use of drugs in newborn       |
| Neonatal abstinence syndrome (NAS) due to neonatal use of addictive substances | P96.2  | Withdrawal symptoms from therapeutic use of drugs in newborn    |
| Osteopenia of prematurity                                                      | M85.9  | Metabolic bone disease of prematurity                           |
| Persistent fetal circulation                                                   | P29.3  | PFC                                                             |
| Persistent pulmonary hypertension (PPHN)                                       | P99.9  | Persistent pulmonary hypertension or PPHT                       |
| Pneumomediastinum                                                              | P25.2  | Pneumomediastinum                                               |
| Pneumopericardium                                                              | P25.3  | Pneumopericardium                                               |
| Portal vein thrombosis                                                         | I81    | Portal vein thrombosis                                          |
| Pulmonary edema                                                                | J81    | Pulmonary edema                                                 |
| Pulmonary haemorrhage                                                          | P26.8  | Pulmonary haemorrhage                                           |

|                                             |       |                                                                                                                                                                                                       |
|---------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Renal failure                               | P96.0 | Renal failure                                                                                                                                                                                         |
| Respiratory distress, unspecified (not RDS) | P22.9 | Respiratory distress (excluding RDS)                                                                                                                                                                  |
| Transient myocardial ischemia               | P29.4 | Transient myocardial ischemia                                                                                                                                                                         |
| Transient tachypnea of newborn              | P22.1 | TTN                                                                                                                                                                                                   |
| Umbilical hernia                            | K42.9 | Hernia, Umbilical but not omphalocele                                                                                                                                                                 |
| Urinary tract infection                     | P39.3 | UTI                                                                                                                                                                                                   |
| Vocal cord palsy                            | J38.0 | Paralysis of vocal cords and larynx                                                                                                                                                                   |
| Wilson-Mikity syndrome                      | P27.0 | Wilson-Mikity syndrome                                                                                                                                                                                |
| Other                                       | O00.0 | <u>Optional:</u> "Other" may be chosen to enter any diagnoses that are not listed in the scroll down menu. A free text field (maximum characters=100) for "Other Diagnosis Description" will display. |



**APPENDIX IV****CLASSIFICATION OF CONGENITAL ANOMALIES**

| System                           | Name                                                                                | ICD10 | Comments                                                                                       |
|----------------------------------|-------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------|
| Cardiac Chambers And Circulation | Atrial Septal Defect                                                                | Q21.1 |                                                                                                |
| Cardiac Chambers And Circulation | Atrioventricular Septal Defect                                                      | Q21.2 |                                                                                                |
| Cardiac Chambers And Circulation | Coarctation Of The Aorta                                                            | Q25.1 |                                                                                                |
| Cardiac Chambers And Circulation | Congenital Absence And Hypoplasia Of The Umbilical Artery (Single Umbilical Artery) | Q27.0 |                                                                                                |
| Cardiac Chambers And Circulation | Congenital Heart Block                                                              | Q24.6 |                                                                                                |
| Cardiac Chambers And Circulation | Double Outlet Right Ventricle                                                       | Q20.1 |                                                                                                |
| Cardiac Chambers And Circulation | Hypoplastic Left Heart Syndrome                                                     | Q23.4 |                                                                                                |
| Cardiac Chambers And Circulation | Other Congenital Malformations Of The Circulatory System                            | Q28   |                                                                                                |
| Cardiac Chambers And Circulation | Other Congenital Malformations Of The Heart                                         | Q24   | This includes dextrocardia, cor triatrium, pulmonary infundibular stenosis, subaortic stenosis |
| Cardiac Chambers And Circulation | Pulmonary Valve Stenosis                                                            | Q22.1 |                                                                                                |
| Cardiac Chambers And Circulation | Tetralogy Of Fallot                                                                 | Q21.3 |                                                                                                |
| Cardiac Chambers And Circulation | Total Anomalous Pulmonary Venous Connection                                         | Q26.2 |                                                                                                |
| Cardiac Chambers And Circulation | Transposition Of The Great Vessels (Tgv)                                            | Q20.3 |                                                                                                |
| Cardiac Chambers And Circulation | Ventricular Septal Defect                                                           | Q21   |                                                                                                |
| Chromosomal Abnormalities        | Balanced Rearrangements And Structural Markers Not Elsewhere Classified             | Q95   |                                                                                                |
| Chromosomal Abnormalities        | Down's Syndrome                                                                     | Q90   |                                                                                                |
| Chromosomal Abnormalities        | Edwards' Syndrome Or Trisomy 18                                                     | Q91.3 |                                                                                                |
| Chromosomal Abnormalities        | Monosomies And Deletions From The Autosomes Not Elsewhereclassified                 | Q93   |                                                                                                |
| Chromosomal Abnormalities        | Other Sex Chromosome Abnormalities, Female Phenotype Not Elsewhere Classified       | Q97   |                                                                                                |
| Chromosomal Abnormalities        | Other Sex Chromosome Abnormalities, Male Phenotype Not Elsewhere Classified         | Q98   |                                                                                                |
| Chromosomal Abnormalities        | Other Trisomies And Parial Trisomies Of The Autosomes Not Elsewhere Classified      | Q92   |                                                                                                |
| Chromosomal Abnormalities        | Patau Syndrome Or Trisomy 13                                                        | Q91.7 |                                                                                                |
| Chromosomal                      | Turner'S Syndrome                                                                   | Q96   |                                                                                                |

|               |                                                                          |       |                                                                                           |
|---------------|--------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------|
| Abnormalities |                                                                          |       |                                                                                           |
| Digestive     | Atresia Of Oesophagus With Tracheo-Oesophageal Fistula                   | Q39.1 |                                                                                           |
| Digestive     | Atresia Of Oesophagus Without Fistula                                    | Q39.0 |                                                                                           |
| Digestive     | Atresis Of The Bile Ducts                                                | Q44.2 |                                                                                           |
| Digestive     | Congenital Absence, Atresia And Stenosis Of The Anus (Imperforate Anus)  | Q42.3 |                                                                                           |
| Digestive     | Congenital Absence, Atresia And Stenosis Of The Duodenum                 | Q41.0 |                                                                                           |
| Digestive     | Congenital Absence, Atresia And Stenosis Of The Jejunum                  | Q41.1 |                                                                                           |
| Digestive     | Congenital Absence, Atresia And Stenosis Of The Small Intestine          | Q41   |                                                                                           |
| Digestive     | Congenital Hypertrophic Pyloric Stenosis                                 | Q40.0 |                                                                                           |
| Digestive     | Congenital Malformations Of The Esophagus                                | Q39   |                                                                                           |
| Digestive     | Congenital Malformations Of The Gallbladder, Bile Ducts And Liver        | Q44   |                                                                                           |
| Digestive     | Congenital Malformations Of The Tongue, Mouth, Pharynx                   | Q38   |                                                                                           |
| Digestive     | Other Congenital Malformations Of The Digestive System                   | Q45   |                                                                                           |
| Digestive     | Other Congenital Malformations Of The Intestine                          | Q43   | This includes meckel's diverticulum, Hirschprung's disease, ECTOPIC ANUS, COLACAL ANOMALY |
| Ear           | Congenital Malformations Of The Ear Causing Impairment Of Hearing        | Q16   | This includes anomalies of auditory canal, eustachian tube, ossicles                      |
| Ear           | Other Congenital Malformations Of The Ear                                | Q17   | This includes small ear, large ear, misplaced ear, accessory auricle                      |
| Eye           | Anophthalmos, Microphthalmos And Macrophthalmos                          | Q11   |                                                                                           |
| Eye           | Congenital Lens Malformations                                            | Q12   | This included congenital cataract, lens abnormalities                                     |
| Eye           | Congenital Malformations Of Eyelid, Lacrimal Apparatus And Orbit         | Q10   |                                                                                           |
| Eye           | Congenital Malformations Of The Anterior Segment Of The Eye              | Q13   | This includes abnormalities of iris, cornea                                               |
| Eye           | Congenital Malformations Of The Posterior Segment Of The Eye             | Q14   | This includes abnormalities of vitreous, retina, optic disc, chroid                       |
| Eye           | Other Congenital Malformations Of The Eye                                | Q15   |                                                                                           |
| Face And Neck | Congenital Anomalies Of Neck Region                                      | Q18   | This includes sinus, cycst, fistula, webbing of neck region                               |
| Genital       | Congenital Malformations Of Ovaries, Fallopian Tubes And Broad Ligaments | Q50   |                                                                                           |
| Genital       | Congenital Malformations Of                                              | Q51   |                                                                                           |

|                 |                                                                                  |       |                                                                                                                  |
|-----------------|----------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------|
|                 | The Uterus And Cervix                                                            |       |                                                                                                                  |
| Genital         | Hypospadias                                                                      | Q54.0 |                                                                                                                  |
| Genital         | Indeterminate Sex And Pseudohermaphroditism                                      | Q56   |                                                                                                                  |
| Genital         | Other Congenital Malformations Of The Female Genitals                            | Q52   |                                                                                                                  |
| Genital         | Other Congenital Malformations Of The Male Organs                                | Q55   |                                                                                                                  |
| Genital         | Undescended Testicle, Bilateral                                                  | Q53.2 |                                                                                                                  |
| Genital         | Undescended Testicle, Unilateral                                                 | Q53.1 |                                                                                                                  |
| Musculoskeletal | Congenital Deformities Of The Feet                                               | Q66   | This includes talipes, varus and valgus deformities                                                              |
| Musculoskeletal | Congenital Deformities Of The Hip                                                | Q65   |                                                                                                                  |
| Musculoskeletal | Congenital Diaphragmatic Hernia                                                  | Q79.0 |                                                                                                                  |
| Musculoskeletal | Congenital Malformations Of The Musculoskeletal System, Not Elsewhere Classified | Q79   |                                                                                                                  |
| Musculoskeletal | Congenital Malformations Of The Spine And Bony Thorax                            | Q76   |                                                                                                                  |
| Musculoskeletal | Congenital Musculoskeletal Deformities Of Arm, Leg, Long Bones                   | Q68   |                                                                                                                  |
| Musculoskeletal | Congenital Musculoskeletal Deformities Of Head, Face, Spine And Chest            | Q67   |                                                                                                                  |
| Musculoskeletal | Craniosynostosis                                                                 | Q75.0 |                                                                                                                  |
| Musculoskeletal | Exomphalos                                                                       | Q79.2 |                                                                                                                  |
| Musculoskeletal | Gastroschisis                                                                    | Q79.3 |                                                                                                                  |
| Musculoskeletal | Other Congenital Malformations Of Limbs (Shoulder Girdle, Knee, Arthrogryposis)  | Q74   |                                                                                                                  |
| Musculoskeletal | Other Congenital Malformations Of The Skull And Face Bones                       | Q75   |                                                                                                                  |
| Musculoskeletal | Polydactyly                                                                      | Q69   |                                                                                                                  |
| Musculoskeletal | Reduction Defects Of The Lower Limb                                              | Q72   |                                                                                                                  |
| Musculoskeletal | Reduction Defects Of The Upper Limb                                              | Q71   |                                                                                                                  |
| Musculoskeletal | Reduction Defects Of Unspecified Limb                                            | Q73   |                                                                                                                  |
| Musculoskeletal | Syndactyly                                                                       | Q70   |                                                                                                                  |
| Nervous         | Anencephaly                                                                      | Q00   |                                                                                                                  |
| Nervous         | Congenital Hydrocephalus                                                         | Q03   |                                                                                                                  |
| Nervous         | Encephalocele                                                                    | Q01   |                                                                                                                  |
| Nervous         | Microcephaly                                                                     | Q02   |                                                                                                                  |
| Nervous         | Other Congenital Malformations Of The Brain                                      | Q04   | This includes malformation of corpus callosum, holoprosencephaly, reduction anomaly of brain, cerebellar anomaly |
| Nervous         | Other Congenital Malformations Of The Nervous System                             | Q07   | This includes any other malformations of central nervous system not mentioned above                              |

|                                |                                                                                           |       |                                                                                        |
|--------------------------------|-------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------|
| Nervous                        | Spina Bifida                                                                              | Q05   |                                                                                        |
| Nervous                        | Spinal Cord Anomaly Other Than Spina Bifida                                               | Q06   |                                                                                        |
| Other Congenital Malformations | Congenital Ichthyosis                                                                     | Q80   |                                                                                        |
| Other Congenital Malformations | Congenital Malformations Of The Breast                                                    | Q83   |                                                                                        |
| Other Congenital Malformations | Congenital Malformations Syndromes Due To Known Exogenous Causes Not Elsewhere Classified | Q86   | This includes fetal alcohol syndrome, fetal hydantoin                                  |
| Other Congenital Malformations | Epidermolysis Bullosa                                                                     | Q81   |                                                                                        |
| Other Congenital Malformations | Fetal Alcohol Syndrome (Dysmorphic)                                                       | Q86.0 |                                                                                        |
| Other Congenital Malformations | Neurocutaneous Syndromes                                                                  | Q85   | This includes neurofibromatosis, tuberous sclerosis)                                   |
| Other Congenital Malformations | Other Congenital Malformations Of Skin Appendages Such As Nail, Hair                      | Q84   | This includes hair and nail abnormalities                                              |
| Other Congenital Malformations | Other Congenital Malformations Of The Skin                                                | Q82   | This includes incontinentia pigmenti, mastocytosis, xeroderma, hereditary lymphoedema) |
| Other Congenital Malformations | Other Congenital Malformations, Not Elsewhere Classified                                  | Q89   | This includes malformations of spleen, adrenal, endocrine glands, conjoint twins       |
| Other Congenital Malformations | Other Specified Congenital Malformation Syndromes Affecting Multiple Systems              | Q87   |                                                                                        |
| Other Congenital Malformations | Situs Inversus                                                                            | Q89.3 |                                                                                        |
| Respiratory                    | Cleft Lip                                                                                 | Q36   |                                                                                        |
| Respiratory                    | Cleft Palate                                                                              | Q35   |                                                                                        |
| Respiratory                    | Cleft Palate With Lip                                                                     | Q37   |                                                                                        |
| Respiratory                    | Congenital Cystic Lung                                                                    | Q33.0 |                                                                                        |
| Respiratory                    | Congenital Malformations Of The Larynx                                                    | Q31   |                                                                                        |
| Respiratory                    | Congenital Malformations Of The Lung                                                      | Q33   | This includes agenesis, ectopic, hypoplastic and dysplastic lung                       |
| Respiratory                    | Congenital Malformations Of The Nose                                                      | Q30   |                                                                                        |
| Respiratory                    | Congenital Malformations Of The Trachea And Bronchus                                      | Q32   |                                                                                        |
| Respiratory                    | Sequestration Of The Lung                                                                 | Q33.2 |                                                                                        |
| Urinary                        | Congenital Hydronephrosis                                                                 | Q62.0 |                                                                                        |
| Urinary                        | Congenital Posterior Urethral Valves                                                      | Q64.2 |                                                                                        |
| Urinary                        | Congenital Renal Cystic Diseases                                                          | Q61   |                                                                                        |
| Urinary                        | Other Congenital Malformations Of The Urinary System                                      | Q64   | This includes epispadias, exstrophy of bladder, stricture of meatus                    |
| Urinary                        | Renal Agenesis And Other Defects Of The Kidney                                            | Q60   | This includes renal agenesis, hypoplasia, Potter's syndrome                            |

**DEFINITIONS OF DIAGNOSIS OF INFECTION**

When confirming a diagnosis for a given infection episode, look first for a positive culture, then for the administration of appropriate antibiotic therapy and finally look for the clinical signs listed below to infer the appropriate diagnosis type for a particular infection.

***Lower respiratory tract*** (pneumonia) must meet the following criterion:

1. Patient is less than or equal to 12 months of age and has chest x-ray changes consistent with 'pneumonia', 'consolidation' or 'infiltrates' **and**
2. Worsening respiratory signs (increased respiratory distress or oxygen or ventilation requirements in the previous 24 hours (ie. temp. instability, apnea, bradycardia, etc.) and
3. Isolation of pathogenic organism from ETT culture or bronchoalveolar lavage and
4. Treatment with antimicrobial for at least 5 days

***Clinical sepsis*** must meet either of the following criterion:

1. Patient is less than or equal to 12 months of age and has one of the following clinical signs or symptoms with no other recognized cause: fever ( $>38^{\circ}\text{C}$ ), hypothermia ( $<37^{\circ}\text{C}$ ), apnea, or bradycardia **and all** of the following:
  - a) Blood culture not done or no organism or antigen detected in blood
  - b) No apparent infection at another site
  - c) Physician institutes (or intends) appropriate antimicrobial therapy for sepsis for at least 5 days

**RESPIRATORY SYNCYTIAL VIRUS (RSV):** A viral infection of the nose and throat and a major cause of bronchiolitis and pneumonia in young children.

Must meet the following criteria

- a) Symptomatic infant with cough, runny nose, respiratory distress or worsening respiratory status or fever and
- b) Nasopharyngeal swab positive for RSV virus or antigen

**SKIN AND SOFT TISSUE INFECTION:** Includes skin infection (other than an incisional wound infection), soft tissue infection, decubitus ulcer infection, burn infection, breast abscess or mastitis, omphalitis, infant pustulosis, and newborn circumcision infection.

***Skin 'soft tissue infection'*** must meet either of the following criteria:

1. Purulent drainage, pustules, vesicles, or boils, necrotizing fasciitis, infectious gangrene, necrotizing cellulitis, infectious myositis, lymphadenitis, or lymphangitis
2. Two of the following at affected site: localized pain or tenderness, swelling, redness, or heat **and** any of the following:
  - a) Organism isolated from culture of aspirate or drainage from affected site; if organism is normal skin flora, must be a pure culture of a single organism
3. Physician institutes (or intends) appropriate antimicrobial therapy for at least 5 days

**URINARY TRACT INFECTION:** Includes symptomatic urinary tract infection, asymptomatic bacteriuria, as well as other infections of the urinary tract.

***Symptomatic urinary tract infection*** must meet either of the following criteria:

1. Patient is less than or equal to 12 months of age and has one of the following: fever ( $>38^{\circ}\text{C}$ ), hypothermia ( $<37^{\circ}\text{C}$ ), apnea, bradycardia, dysuria, lethargy, or vomiting **and** a urine culture of  $\geq 10^2$  colonies/ml of urine with no more than 2 species of organisms in a catheter specimen or bladder tap.
2. Physician institutes (or intends) appropriate antimicrobial therapy for at least 5 days

**APPENDIX VI****POSITIVE CULTURES - ORGANISM LIST**

| <b>orgcode</b> | <b>orgtype</b>                                 | <b>org#</b> |
|----------------|------------------------------------------------|-------------|
| ABA            | Acinetobacter Bauannii                         | 2.2         |
| ACINE          | Acinetobacter species (not specified)          | 2.2         |
| ACVA           | Acinetobacter calcoaceticus Var Anitratus      | 2.2         |
| ADS            | Adenovirus                                     | 7           |
| ALW            | Acinetobacter Lwoffii                          | 2.2         |
| ANR0           | Anaerobic Gram Negative Rod(s)                 | 2           |
| ASP            | Actinomyces Acremonium Species                 | 3.2         |
| AST            | Alpha Strep                                    | 1.4         |
| AUR            | Staph Aureus Coga +                            | 1.1         |
| BHSB           | Beta-Hemolytic Staph B                         | 1           |
| BSB            | Beta Streptococcus Group B                     | 1.2         |
| BSP            | Bifidobacterium Species                        | 3.2         |
| CAL            | Candida Albicans                               | 4.1         |
| CAND           | Candida Glabrata                               | 4.2         |
| CANDIDA        | Candida Parapsilosis                           | 4.2         |
| CDI            | Citrobacter Diversus                           | 2.2         |
| CFR            | Citrobacter Freundii                           | 2.2         |
| CFU            | Candida Fugis                                  | 4.2         |
| CGUI           | Candida Guilliermondii                         | 4.2         |
| CJE            | Campylobacter Jejuni                           | 3.1         |
| CLU            | Cand                                           | 4.2         |
| CMV            | Cytomegalovirus                                | 5.1         |
| CONS           | Staph Coagulase Negative                       | 1.3         |
| COS            | Corynebacterium Species                        | 3           |
| CPA            | Candida Species ( <i>unspecified</i> )         | 4.2         |
| CSP            | Candida Lusitaniae                             | 4.2         |
| CTR            | Candida Tropicalis                             | 4.2         |
| CTRA           | Chlamydia Trachomatis                          | 3           |
| DPTH           | Diphtheroids                                   | 3.2         |
| EAE            | Eubacterium Aerofaciens                        | 2.2         |
| EAG            | Enterobacter Agglomerans                       | 2.2         |
| EAV            | Enterococcus Avium                             | 1.6         |
| ECL            | Enterobacter Cloacae                           | 2.2         |
| ECOLI          | Escherichia Coli                               | 2.1         |
| EFA            | Enterococcus Faecalis, Beta-Lactamase Negative | 1.6         |
| EGE            | Enterococcus Gallinarum                        | 1.6         |
| ENC            | Enterococcus Species                           | 1.6         |
| ENT            | Enterovirus                                    | 5.4         |
| ENTERIC        | Enteric Strep                                  | 1.4         |
| ESA            | Enterobacter Sakazakii                         | 2.2         |
| GBS            | Group B Strep                                  | 1.2         |
| HIP            | Haemophilus Influenza, Beta-Lactamase Positive | 2.3         |
| HSV2           | Herpes Simplex Virus Type 2                    | 5.3         |
| IBV            | Influenza B Virus                              | 5.3         |

| orgcode | orgtype                                  | org# |
|---------|------------------------------------------|------|
| INF     | Influenza                                | 5    |
| KLEBS   | Klebsiella                               | 2.2  |
| KOX     | Klebsiella Oxytoca                       | 2.2  |
| KPN     | Klebsiella Pneumoniae                    | 2.2  |
| LLA     | Lactococcus Lactis                       | 3.2  |
| LSP     | Lactobacillus Species                    | 3.2  |
| LTM     | Listeriosis monocytogenes                | 1.7  |
| MFU     | Malassezia Furfur                        | 4.3  |
| MSP     | Moraxella Species                        | 2.2  |
| MYP     | Mycoplasma                               | 1.7  |
| NBA     | Gram Negative Bacteria                   | 2    |
| NRO     | Gram Negative Rod(s) (includes coliform) | 2    |
| NSP     | Neisseria Species                        | 3.2  |
| PAE     | Pseudomonas Aeruginosa                   | 2.2  |
| PAL     | Pseudomonas Alcaligenes                  | 2.2  |
| PAS     | Pasteurella Aerogenes                    | 2.2  |
| PBA     | Gram Positive Bacteria                   | 3    |
| PC0     | Gram positive Coccus (Cocci)             | 1    |
| PFL     | Pseudomonas Fluorescens Group            | 2.2  |
| PINF    | Parainfluenza                            | 6    |
| PR0     | Gram Positive Rods                       | 3    |
| PSP     | Proteus Species                          | 2.2  |
| RRU     | Rhodotorula Rubra                        | 4.3  |
| RSV     | Respiratory Syncytial Virus              | 5.2  |
| SAG     | Salmonella Agona                         | 2.2  |
| SAN     | Strep Anginosus                          | 1.4  |
| SAU     | Staph Aureus Coag +                      | 1.1  |
| SBOV    | Strep Bovis                              | 1.6  |
| SCN     | Staph Coagulase Negative                 | 1.3  |
| SCU     | Staph Capitus Ureolyticus                | 1.3  |
| SEP     | Staph Epidermis                          | 1.3  |
| SHM     | Staph Hemolyticus                        | 1.3  |
| SHO     | Staph Hominis                            | 1.3  |
| SLU     | Staph Lugdunensis                        | 1.3  |
| SMA     | Serratia Marcescens                      | 2.2  |
| SMI     | Strep Milleri                            | 1.4  |
| SPN     | Strep Pneumoniae                         | 1.5  |
| SSM     | Strep Anginosus                          | 1.4  |
| SSP     | Staph Species                            | 1.3  |
| STY     | Salmonella Typhimurium                   | 2.2  |
| SVIR    | Strep Veridans Group                     | 1.4  |
| SWA     | Staph Warneri                            | 1.3  |
| URP     | Ureaplasma                               | 1.7  |
| Y       | Yeast                                    | 4    |
| OTHER   | Other organism                           | 8    |

## **APPENDIX VII**

### **CANADIAN NEONATAL NETWORK SITES AND CONTACT INFORMATION**

| <b>HOSPITAL</b>                                         | <b>SITE INVESTIGATOR</b>              |
|---------------------------------------------------------|---------------------------------------|
| BC Children's Hospital                                  | Dr. Anne Synnes                       |
| Children's Hospital of Eastern Ontario                  | Dr. Nicole Rouvinez-Bouali            |
| Centre Hospitalier Universitaire de Quebec              | Dr. Christine Drolet                  |
| Centre Hospitalier Universitaire de Sherbrooke          | Dr. Valerie Bertelle                  |
| Dr. Everett Chalmers Hospital                           | Dr. Hala Makary                       |
| Foothills Medical Centre                                | Dr. Wendy Yee                         |
| Victoria General Hospital                               | Dr. Adele Harrison                    |
| Hamilton Health Sciences Centre                         | Dr. Sandesh Shivananda                |
| Hospital for Sick Children                              | Dr. Kyong-Soon Lee                    |
| Health Sciences Centre                                  | Dr. Molly Seshia                      |
| Hôpital Sainte-Justine                                  | Dr. Keith Barrington                  |
| IWK Health Centre                                       | Dr. Jehier Afifi                      |
| Janeway Children's Health and Rehabilitation Centre     | Dr. Akhil Deshpandey                  |
| Jewish General Hospital                                 | Dr. Ermelinda Pelusa                  |
| Kingston General Hospital                               | Dr. Kimberly Dow                      |
| Montreal Children's Hospital                            | Dr. Patricia Riley                    |
| Mount Sinai Hospital                                    | Dr. Prakeshkumar Shah                 |
| Royal Alexandra Hospital / Stollery Children's Hospital | Dr. Khalid Aziz                       |
| Royal Columbian Hospital                                | Dr. Zenon Cieslak                     |
| Regina General Hospital                                 | Dr. Zarin Kalapesi                    |
| Royal University Hospital                               | Dr. Koravangattu Sankaran             |
| Royal Victoria Hospital                                 | Dr. Daniel Faucher                    |
| St. Boniface General Hospital                           | Dr. Ruben Alvero                      |
| Moncton Hospital                                        | Dr. Roderick Canning                  |
| St. Joseph Health Centre                                | Dr. Orlando Da Silva                  |
| Saint John Regional Hospital                            | Dr. Cecil Ojah / Luis Monterrosa Bula |
| Sunnybrook Health Sciences Centre                       | Dr. Michael Dunn                      |
| Surrey Memorial Hospital                                | Dr. Todd Sorokan                      |
| Cape Breton Regional Hospital                           | Dr. Andrzej Kajetanowicz              |
| Windsor Regional Hospital                               | Drs. Chuks Nwaesei / Mohammed Abie    |
| Alberta Children's Hospital                             | Dr. Carlos Fajardo                    |

For a detailed listing of abstractors and their up-to-date contact information, please go to the CNN website at [www.canadianneonatalnetwork.org](http://www.canadianneonatalnetwork.org)