

Addressograph:

Step 1 Review Elements: The attending Neonatologist is to complete the following review elements for the case (engage members of MDT as required)

Patient Demographics	
Date & Time of Birth:	
GA: _____ wks/days	BW: _____ g
Inborn	Yes No
Date of Diagnosis:	
Date of Review:	

Lactation Consult	
Was an antenatal Lactation Consult conducted? If no:	Yes No
• Reason: _____	
Was there LC follow-up/consultation after admission to NICU?	Yes No

Enteral Feeding	
Were trophic feeds started by 24 hrs of age?	Yes No
• If Yes, which type(s): <input type="checkbox"/> MOM <input type="checkbox"/> DHM <input type="checkbox"/> Formula	
Was the appropriate feeding table followed for enteral feeding advancement? If No:	Yes No
• Is there a documented reason as to why?	Yes No
Did the baby receive OIT?	Yes No
Did the baby receive HMF?	Yes No
Did the baby receive other fortifications/supplements? If Yes:	Yes No
• Which one(s):	
Feed Type for previous 72 hours before NEC Diagnosis:	

Early NEC (by DOL 14)	
Were there signs of birth asphyxia?	Yes No
Were antenatal steroids given in the 14 days prior to delivery?	Yes No
Did the baby receive any of the following in the 72 hrs prior to diagnosis? <input type="checkbox"/> Prophylactic Indomethacin <input type="checkbox"/> Inotropes	Yes No
Did the baby have a UAC? If yes: • How many days was it in situ? _____	Yes No
Does the baby have a diagnosis of CHD? If yes, please specify: _____	Yes No

NEC Risk Factors	
Intestinal Hypoperfusion/Hypoxia	
Was there a PDA diagnosed? If Yes:	Yes No
• Was it treated in the 7 days prior to NEC diagnosis?	Yes No
• Treatment type(s): <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Indomethacin <input type="checkbox"/> Acetamenophen	
• Was fortification held during treatment?	Yes No
Were there any apneic episodes requiring PPV in the 72 hrs prior to NEC diagnosis?	Yes No

NEC Risk Factors (continued)	
Intestinal Dysbiosis/Microbiome Disruption	
Did the mother have chorioamnionitis treated with antibiotics prior to delivery?	Yes No
Did the baby ever receive antibiotics? If Yes: • Did they receive them for more than 3 days?	Yes No
What is the culmulative duration of antibiotics since birth: _____ days	
Did the baby qualify for probiotics? If Yes: • Did they receive them?	Yes No
Did the baby ever have a positive culture? If Yes which type(s): <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> ETT/Sputum <input type="checkbox"/> Urine Organism(s): _____	Yes No
Has the baby been tested for CMV? If Yes: <input type="checkbox"/> CMV Positive <input type="checkbox"/> CMV Negative	Yes No
Did the baby receive any H2 receptor antagonists or PPIs?	Yes No
Blood Transfusion	
Did the baby have a blood transfusion in the 7 days prior to diagnosis? If Yes: • Was fortification held for 24 hrs? • Preterm baby on forumula, were they fed DHM for 24 hrs?	Yes No

Additional Comments:

CORE (Clinical Outcome Review & Evaluation) Form

Necrotizing Enterocolitis (\geq Stage II)

Step 2 Team Discussion: The purpose of this script is to support the individual leading the review. Use at your discretion, but please ensure the 5 questions are answered.

Introduction	
<ul style="list-style-type: none"> Thank you for taking time from your busy day to participate the Necrotizing Enterocolitis (NEC) outcome review. Introductions: Name, Occupation, Duty (NOD) 	
Purpose	
<ul style="list-style-type: none"> NEC can increase morbidity, mortality, and affect neurodevelopmental outcomes. To identify any risk factors for NEC (\geq Stage II). Ideally, we need to review factors related to intestinal ischemia, bacterial colonization, and enteral feeding practices. Some of the risk factors can be difficult to identify from looking at the electronic health record and there is great value in having this face to face discussion. This review is confidential, we are not here to judge or lay blame. We are here to learn from and help one another in a safe space. This review will help the quality improvement team to assess if any changes can be made to minimize the risk of NEC for the future. Your feedback is very important and highly valued. 	
Format	
1. Attending Neonatologist provides a brief review of the infant (GA, diagnosis)	
2. Was anything identified in the clinical course that could have contributed to the NEC?	
3. Were there any concerns about adherence to the following components of the NEC free NICU prevention bundle (if yes, please specify): <ul style="list-style-type: none"> a. Feeding practices (feeding table, feed type, OIT, fortification etc.) b. Associations (blood transfusion, antibiotic use, PDA treatment etc.) 	
4. Do you have any suggestions/recommendations to reduce future NEC occurrences?	
5. What have you learned from this review?	
Conclusions and Next Steps	
<ul style="list-style-type: none"> Thank you very much for participating in this review, your input is invaluable. We will use your feedback to see if improvements can be made to our practices 	