Last Name: _____ First Initial.: __ Medical Record #:_____

DIAGNOSES AND TREATMENTS BY SYSTEM

RESPIRATORY DATA

❒ Anomaly - Diaphragmatic Hernia

❒ Anomaly - Pulmonary Hypoplasia
Secondary to: ❒ Pleural Effusion ❒ Abdominal Defect ❒ Oligohydramnios

❒ Anomaly - Other (specify):_____

❒ Delayed Transition (**needed O_2**) ❒ Transient Tachypnea (TTN)
❒ Meconium Aspiration ❒ Persistent Pulmonary Hypertension (PPHN)

❒Pulmonary Air Leak Type: ❒ Pulmonary Interstitial Emphysema ❒ Pneumothorax
❒ Pneumopericardium ❒ Pneumomediastinum

❒ Respiratory Distress Syndrome/ Hyaline Membrane Disease
(CXR confirming and paO_2 <50 in RA requiring supplemental oxygen)

❒ Other Respiratory Diagnosis (*e.g, respiratory depression at birth*) (specify):
_____

RESPIRATORY SUPPORT (After Leaving the Delivery Room)
Do not enter if initiated only for surgical procedure and discontinued within 72 hours post surgery

❒ No Respiratory Support/ Room Air Only

❒ Nasal Cannula or Hood

	Start Date	End Date
1st	____/____/____	____/____/____
2nd	____/____/____	____/____/____
3rd	____/____/____	____/____/____
4th	____/____/____	____/____/____

❒ High Flow Nasal Cannula

	Start Date	End Date
1st	____/____/____	____/____/____
2nd	____/____/____	____/____/____
3rd	____/____/____	____/____/____
4th	____/____/____	____/____/____

❒ CPAP

	Start Date	End Date
1st	____/____/____	____/____/____
2nd	____/____/____	____/____/____
3rd	____/____/____	____/____/____
4th	____/____/____	____/____/____

Was CPAP administered prior to positive pressure ventilation ○ Yes ○ No

❒ Mechanical Ventilation

Ventilation Type

	Start Date	End Date
○ IMV ○ HIFI (HFOV) ○ Jet	1st _____	_____
○ IMV ○ HIFI (HFOV) ○ Jet	2nd _____	_____
○ IMV ○ HIFI (HFOV) ○ Jet	3rd _____	_____
○ IMV ○ HIFI (HFOV) ○ Jet	4th _____	_____

❒ Surfactant Total Number of Doses ___
First Dose at: ○ <1/2 hr PNA ○ 1/2 - <2 hrs PNA ○ 2 -<12 hours PNA ○ 12+ hrs PNA

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❒ Systemic Steroids for Lung Disease

	Start Date	End Date
1st	____/_____/_____	____/_____/_____
2nd	____/_____/_____	____/_____/_____
3rd	____/_____/_____	____/_____/_____

❒ Nitric Oxide Treatment

	Start Date	End Date
1st	____/_____/_____	____/_____/_____
2nd	____/_____/_____	____/_____/_____

	Start Date	End Date
❒ ECMO (**ECLS**)	____/_____/_____	____/_____/_____

❒ Chest Tube(s)

❒ Other Respiratory Treatment (specify): _____

CARDIOVASCULAR DATA

❒ Anomaly - Congenital Heart Disease (specify): _____
Treated with: ❒ Prostaglandins ❒ Surgery Resulting in: ❒ Congestive Heart Failure

❒ Hypertension (treated with antihypertensive medication)

❒ Hypotension Treated with: ❒ Volume ❒ Pressors ❒ Steroids

❒ Patent Ductus Arteriosus **(symptomatic and echocardiogram done)**
Specify: ❒ Ligation (even if PDA criteria are not met) ❒ Indomethacin ❒ Other Pharmacologic

❒ Other (specify) _____

CENTRAL NERVOUS SYSTEM DATA

❒ Anomaly - Congenital Hydrocephalus

❒ Anomaly - Microcephaly *(e.g., microcephaly, hydromicrocephaly, microencephalon)*

❒ Anomaly - Neural Tube Defect: *(e.g., spina bifida, meningocele, myelocele, myelomeningocele, myelocystocele, syringomyelocele, hydromeningocele, rachischisis)*

❒ Other: *(e.g., acrania, anencephaly, hemianencephaly, amyelecephalus, hemicephaly, encephalocele, other CNS malformations, subarachnoid hemorrhage {SAH})* (specify):
_____

❒ Seizures (treated with anticonvulsive medication)

❒ Hypoxic-Ischemic Encephalopathy (HIE)
Indicate severity:
- ○ mild (normal to hyperalert)
- ○ moderate (lethargy or mild stupor)
- ○ severe (deep stupor or coma)

❒ Indomethacin (prophylaxis) at < 24hrs PNA

❒ Intraventricular Hemorrhage assessed *(*cranial ultrasound on or before day 28*)*,
with status: ❒ None ❒ Grade I ❒ Grade II ❒ Grade III ❒ Grade IV
❒ Hydrocephalus, post hemorrhage, shunt required

❒ PVL Assessed (**before 3 Weeks of Age**) PVL Imaging Date: ____/_____/_____
PVL Confirmed: ○ Yes ○ No

❒ PVL Assessed (**3 Weeks of Age or after**) PVL Imaging Date: ___/_____/_____
PVL Confirmed: ○ Yes ○ No

❒ Cranial ultrasound at 35 wks adjusted age required Date: ___/_____/_____

GASTROINTESTINAL DATA

❒ Anomaly - Omphalocele / Gastroschisis

❒ Anomaly - Tracheo-Esophageal Fistula / Esophageal Atresia

❒ Other *(e.g., imperforate anus/rectum, stricture of anus/rectum, other malformations of the gastrointestinal system)* (specify): _____

❒ Focal Isolated Perforation *(Reason other than NEC)*

❒ Necrotizing Enterocolitis *(NEC)*
- ❒ Surgically Confirmed (Treated)
- ❒ Clinically Suspected (Pneumatosis/Portal Air)
- ❒ Diagnosed by PostMortem Examination Only

❒ Cholestatic Jaundice (TPN associated increase in direct bilirubin)

GENITOURINARY/RENAL DATA

❒ Renal Agenesis

❒ Renal Failure: (creatinine >2)

❒ Other *(e.g., hydronephrosis, other malformation of genitourinary system)* (specify): _____

HEMATOLOGY DATA

❒ Coombs Positive

❒ Direct Bilirubin >3mg/dl

❒ Hyperbilirubinemia

❒ Exchange Transfusion ○ Partial ○ Complete

Transfusion Type & Occurrence:

❒ Red Blood Cell (RBC) ○ Single ○ Multiple
❒ Whole Blood ○ Single ○ Multiple
❒ Platelet ○ Single ○ Multiple
❒ Fresh/Frozen Plasma ○ Single ○ Multiple

❒ Recombinant Erythropoietin Start Date ___/____/_____ End Date ____/____/_____

❒ Other *(e.g., dehydration)* (specify): _____

INFECTIOUS DISEASE DATA

❒ Confirmed Congenital Infection (TORCH) of Type:

❒ Toxoplasmosis ❒ Rubella ❒ CMV ❒ Herpes ❒ Syphilis
❒ Parvovirus ❒ Other (specify)_____

❒ *Early Onset* Sepsis –Suspected, Culture Negative *(**cultures obtained** on or before day 3 of life),* Treatment Not Started or Treatment Discontinued

❒ *Early Onset* Sepsis –Suspected, Culture Negative *(**cultures obtained** on or before day 3 of life),* Treatment Continued

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INFECTIOUS DISEASE DATA (continued)

❒ *Early Onset* Sepsis -Confirmed, Culture Positive (**cultures obtained** on or before day 3 of life)
Please provide a date and time that culture was obtained for each organism selected.
1st Date: ____/____/_____ Time: ___:___ 1st Organism Identified _____
2nd Date: ____/____/_____ Time: ___:___ 2nd Organism Identified _____
3rd Date: ____/____/_____ Time: ___:___ 3rd Organism Identified _____
4th Date: ____/____/_____ Time: ___:___ 4th Organism Identified _____
5th Date: ____/____/_____ Time: ___:___ 5th Organism Identified _____

❒ Sepsis, Nosocomial, Culture Positive (**cultures obtained** after day 3 of life)
Please provide a date and time that culture was obtained for each organism selected.
1st Date: ____/____/_____ Time: ___:___ 1st Organism Identified _____
2nd Date: ____/____/_____ Time: ___:___ 2nd Organism Identified _____
3rd Date: ____/____/_____ Time: ___:___ 3rd Organism Identified _____
4th Date: ____/____/_____ Time: ___:___ 4th Organism Identified _____
5th Date: ____/____/_____ Time: ___:___ 5th Organism Identified _____

MISCELLANEOUS DATA

❒ Anomaly - Abnormal Appearance (undiagnosed) (specify) _____

❒ Anomaly - Chromosomal (specify) _____

❒ Anomaly – Ear, Nose and Throat (specify) _____

❒ Anomaly - Musculoskeletal (specify) _____

❒ Birth Related Trauma *(e.g., visceral hemorrhage, subgaleal hematoma, depressed skull fracture, Erb's palsy, etc.)*

❒ Hydrops: ❒ Immune ❒ Non-immune

❒ Other Diagnosis ❒ Infant of Diabetic Mother (IDM) ❒ Intrauterine Growth Retardation (IUGR)
❒ Other (Specify)_____

Discharge Planning Details

CONSULTS/OTHER SERVICES

❒ Cardiology ❒ Cardiothoracic Surgery ❒ Endocrine ❒ Ear Nose Throat
❒ Gastrointestinal ❒ Genetics ❒ Genitourinary ❒ Infectious Disease
❒ Metabolic ❒ Neurology ❒ Neurosurgery ❒ Ophthalmology
❒ Orthopedics ❒ Occupational/Physical Therapy ❒ Plastic Surgery
❒ Pulmonary ❒ Surgery
❒ Other (Specify) _____