



National Collaborative Perinatal Neonatal Network (NCPNN)
Intensive care unit questionnaire (printing version)

Entry Date Questionnaire Code /
 Month of Birth Center Code

Section I: Socio-Demographics

Mother's admitted class 1 2 3

Place of Residence

Area Province

Area of origin

Mother Province

Father Province

Mother's Religion Moslem Druze Christian Other

Father's religion Moslem Druze Christian Other

Mother's Age Father's Age

Mother's Education Illiterate Read and Write Elementary Intermediate
 Secondary Technical University (Undergrad.) University (Grad.)

Mother's Work No Yes

Parental Consanguinity No Yes **Specify** 1st cousins (mother & father are cousins)
 2nd cousins (parents are cousins)
 More (related, but to a lesser extent)

Relationship

Total # of people (excluding current newborn) living in the house?

Total # of rooms (excluding kitchen & bathrooms) in the house?

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Section II: Maternal Obstetric History

Obstetrician Male Female

Gravidity Parity

Abortions, Total Spontaneous Induced Living Children

Previous neonatal death (1st 28 days of life) No Yes **If yes, number**
 Previous c-section No Yes **If yes, number**
 Previous preterm birth No Yes **If yes, number**
 Cigarette smoking during pregnancy No Yes **If yes, #cig/day**
 Arguileh smoking during pregnancy No Yes **If yes, #arg/week**
 Alcohol drinking during pregnancy No Yes **If yes, #glass/week**

Prenatal care No Yes **If yes, total # of visits**
Earliest visit 1st trimester 2nd trimester 3rd trimester

Ultrasound Abnormality No (Normal) Yes (Abnormal)

Height **cm** **Weight before pregnancy** **kg** **Weight at delivery** **kg**

Section II (continue): Maternal Obstetric History

Maternal chronic conditions

Chronic hypertension No Yes **Heart disease** No Yes
Asthma No Yes **Hypothyroidism** No Yes
Epilepsy No Yes **Hyperthyroidism** No Yes
Anemia No Yes **Hemoglobinopathies** No Yes
Diabetes Mellitus No Yes **If yes, type:** IDDM NIDDM

Pregnancy-related complication

Urinary tract infection No Yes
Bleeding No Yes **If yes** 1st trimester 2nd trimester 3rd trimester
 Spotting Placenta previa Chronic abruption
Hypertensive disorders No Yes **If yes** Eclampsia Preeclampsia
Gestational diabetes mellitus No Yes **If yes, did she receive insulin** No Yes
Hospitalization during pregnancy No Yes **If yes, total number of days**

Medications during pregnancy

Regular folic acid intake at least 1 month prior to pregnancy No Yes **If yes, # of courses** 1 2 > 2
Antenatal Steroids No Yes **If yes,** Heparin Aspirin Sintrom
Anti-coagulants No Yes

Section III: Delivery Characteristics

Intrapartum fever (>38 C) No Yes
Duration of rupture of membranes **hours**
Intrapartum Group B Streptococcus prophylaxis (Penicillin, Ampicillin, Erythromycin) No Yes
Mode of delivery Normal Vaginal Operative Vaginal Cesarean Section

Vaginal birth after C-Section (VBAC) No Yes

Indication for c-section

- Fetal distress/Non reassuring fetal heart/Bradycardia/Deceleration/prolapsed
- Cephalopelvic Disproportion (CPD) / Dystocia / Failure to progress / unfavorable
- Presentation (breech, transverse..)
- Multiple pregnancy
- Previous c-section / scar in uterus / previous myomectomy
- Elective c/s (precious infant, IVF, old maternal age, tubal ligation...)
- Other

Anesthesia

- None 1) Epidural 2) General 3) Local 4) Spinal Combination of two

Combination 1 Combination 2

Amniotic fluid

- Oligohydramnios Polyhydramnios Meconium clear

Section IV: Postpartum Complications

In hospital postpartum complications

Maternal death No Yes

Thromboembolic events No Yes

Postpartum Hemorrhage (bleeding) No Yes If yes, hemorrhage treated with:

Pitocin No Yes **Methergine** No Yes

Prostaglandins No Yes **Hysterectomy** No Yes

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ADMISSION AND GENERAL CHARACTERISTICS TO THE INTENSIVE CARE UNIT

Location at birth Inborn Outborn **If Outborn, age at admission** **days (<28days)**

Newborn admission status NICU Special Care

Newborn admitted class 1 2 3

Newborn Sex Male Female **If male, circumcision** No Yes

Assisted reproductive technology No Yes **Type** IVF ET ICSI GIFT ZIFT IUI

Gestation Single Twins Triplets Plus

Apgars Score 1-min /10 **Apgar Score 5-min** /10 **Apgar Score 10-min** /10 **Apgar Score 15-min** /10

Gestational Age weeks+ days (0-6)

Birthweight grams **Birth Length** cm **Birth FOC** cm

Admission Temperature C

Initial Resuscitation (regardless of location)

Oxygen No Yes **Facial Mask Vent** No Yes

Endotracheal Tube Vent No Yes **Epinephrine** No Yes

Cardiac compression No Yes

Nutrition in NICU

Breast Milk No Yes

Formula No Yes

TPN No Yes

IV Lipids No Yes

Elevate liver functions/Hypertriglycerides No Yes

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DIAGNOSES

Necrotizing Enterocolitis (NEC) No Yes

Pulmonary

Hyaline membrane disease (HMD) No Yes

Pneumonia (Infection) No Yes

Meconium aspiration No Yes

Pneumothorax No Yes

Bronchopulmonary dysplasia (BPD) No Yes

Apnea No Yes **If yes, medical treatment** No Yes

Persistent Neonatal Hypertension No Yes

Hyperbilirubinemia

Unconjugated hyperbilirubinemia (indirect) No Yes

Conjugated hyperbilirubinemia (direct) No Yes

If hyperbilirubinemia yes, Phototherapy No Yes

Exchange transfusion No Yes

Hematology

Thrombocytopenia (platelets) No Yes **If yes, value** <75000 <150 000

Coagulation defects No Yes

Infections

Congenital Infection No Yes

Cytomegalovirus (CMV) No Yes

Measles No Yes

Toxoplasma No Yes

Herpes No Yes

Rubella No Yes

Syphilis No Yes

Bacterial Sepsis, early (<=3 days of life) No Yes

Sepsis and/or meningitis, late (> 3 days)

No Yes **If yes, specify:**

Bacterial pathogen No Yes

Coag Negative Staph No Yes

Fungal infection No Yes

Diagnosis (continued)

Neurology

Seizures No Yes

Ultrasound (US) of brain done No Yes

If yes, Normal Abnormal

Number of US

MRI of brain done No Yes

If yes, Normal Abnormal

If MRI or US abnormal

IVH No Yes

If yes, enter worst grade (I-IV)

Hydrocephalus No Yes

Periventricular Leukomalacia No Yes

Cardiology

Echocardiogram done No Yes

if yes, Normal Abnormal

Patent Ductus Arteriosus (PDA) No Yes

If yes, Treatment:

Indomethacin No Yes

Iboprufen No Yes

Fluid restriction No Yes

Aspirin No Yes

Diuretics No Yes

Chromosomal abnormalities

Karyotype taken No Yes

If yes, Normal Abnormal Pending

Retinopathy of Prematurity (ROP)

Eye exam done in hospital? No Yes

Result Normal Abnormal Incomplete Vascularization

If abnormal Unilateral Bilateral

Enter worst stage (I-V)

Hearing

Auditory Brain Evoked Response No Yes

Oto Acoustic Emission No Yes

If yes, result Normal Abnormal

If abnormal Unilateral Bilateral

Metabolic Disorders tests done

Phenylketonuria (PKU) No Yes

If yes, Normal Abnormal

TSH No Yes

If yes,

- Galactosemia No Yes
- Sickle cell disease No Yes
- Congenital Adrenal Hyperplasia No Yes
- G6PD deficiency No Yes
- Biotinidase deficiency No Yes
- Homocystinuria No Yes
- Thalassemia No Yes
- Tyrosinemia No Yes

- Normal Abnormal
- If yes,** Normal Abnormal
- If yes,** Normal Abnormal
- If yes,** Normal Abnormal
- If yes,** Normal Abnormal
- If yes,** Normal Abnormal
- If yes,** Normal Abnormal
- If yes,** Normal Abnormal

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BIRTH DEFECTS

Birth Defects Diagnosed No Yes

Cardiovascular

- Atrial Septal Defect (ASD)
- Coarctation of the Aorta
- Hypoplastic Left Heart Syndrome (HLHS)
- Malformations of the tricuspid/pulmonary valves
- Single Ventricle
- Transposition of Great Vessels (TGV)
- Atrioventricular Canal - AV canal
- Dextroposition of the heart
- Malformations of the mitral/aortic valves
- Pulmonary Stenosis (PS)
- Tetralogy of Fallot (TOF)
- Ventricular Septal Defect (VSD)

Gastrointestinal

- Atresia of esophagus with or without fistula
- Absence, atresia & stenosis of intestine /intestinal obstruction
- Congenital malformation of intestinal fixation
- Liver malformation
- Meckel's diverticulum
- Absence, atresia & stenosis of anus or rectum /imperforated anus
- Congenital fistula of rectum and anus
- Hirschprung's disease / megacolon
- Macroglossia
- Pyloric stenosis

Cleft lip & Palate

- Cleft lip Cleft palate Cleft lip and palate

Neurological

- Agenesis of corpus callosum
- Arnold Chiari
- Encephalocele
- Spina bifida / Myelomeningocele / Meningocele
- Anencephaly
- Dandy walker syndrome
- Hydrocephalus

Chromosomal

- Down's syndrome(T21) Edward's syndrome(T18) Patau's syndrome

Respiratory

- Choanal atresia Hypoplasia and dysplasia of lung

Musculoskeletal

- Clubfoot Congenital hip dislocation or displacia
- Diaphragmatic hernia Gastroschisis
- Omphalocele Prune Belly

Urogenital

- Absent testis Cystic kidney disease
- Hypospadias Indeterminate sex / ambiguous genitalia

Renal agenesis / Potter's syndrome

Other major, or life threatening, birth defect No Yes

If please describe in details

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Interventions

Respiratory support in the NICU

Oxygen No Yes

If yes, total # of days

Conventional ventilation No Yes

If yes, total # of days

High frequency ventilation No Yes

If yes, total # of days

High Flow Nasal Cannula No Yes

If yes, total # of days

Nasal IMV or SIMV No Yes

If yes, total # of days

CPAP No Yes

If yes, Nasal Endotracheal
 Before ETT ventilation After ETT ventilation

Oxygen at 28 days after birth No Yes

Oxygen at 36 weeks of gestation No Yes

Surfactant treatment No Yes

If yes, age at first dose hours

Total # of doses 1 2 > 2

Steroids for chronic lung disease No Yes

Transfusions

Packed Red Blood Cells (PRBC) No Yes

If yes, # of transfusions

Hb level before transfusions

Platelets No Yes

If yes, # of transfusions

Fresh Frozen Plasma No Yes

If yes, # of transfusions

Antibiotics No Yes

Ampicillin No Yes # of days day

Ceftazidime No Yes # of days day

Gentamicin No Yes # of days day

Flagyl No Yes # of days day

Amikacin No Yes # of days day

Clindamycin No Yes # of days day

Vancomycin No Yes # of days day

Imipenem No Yes # of days day

Cefotaxime No Yes # of days day

Oxacillin No Yes # of days day

Surgeries No Yes

PDA ligation No Yes

Repair of tracheoesophageal fistula/Esophageal atresia No Yes

Cardiac surgery other than for PDA No Yes

NEC surgery No Yes

Neurosurgery(spina bifida repair/ shunt) No Yes

ROP surgery No Yes

Laparotomy No Yes

Diaphragmatic hernia repair No Yes

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Discharge Characteristics from the intensive care unit

Mode of payment

1) Self 2) Insurance company 3) NSSF 4) MOH

5) HIP 6) Army / Forces 7) COOP 8) Other private
 9) Other public combination of two

Combination (1) Combination (2)

Newborn discharge class 1 2 3

Discharge status Alive dead

If alive, Discharged home Transferred to another hospital specify

Discharged against medical advice No Yes

Newborn discharge weight grams

Age of death < 24 hours 1-7 days 8-28 days > 28 days

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Preterm Labor

1) Preterm labor: No Yes

At what gestational age: Weeks

Cervical dilation cm

2) Was the patient admitted to hospital for preterm labor? No Yes

How many times?

At what gestational age? weeks OR months

3) Was the patient maintained on tocolytics? No Yes

Period on tocolytics: < 1 week > 1 week and < 1 month

> 1 month and less than 2 months > 2 months

At what gestational age were tocolytics discontinued? weeks



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