



# National Collaborative Perinatal Neonatal Network NCPNN

## Hospital Information

|   |   |  |                |
|---|---|--|----------------|
| 1. Hospital Name :                      | _____   | Joining date:  | ____/____/____ |
| 2. Location :                           | Area: _____   | Mohafaza:  | _____          |
| 3. Telephone :                          | (Tel.1). _____  | (Tel.2). _____   | 4. Fax: _____  |
| 5. Contact Person :                     | Name: _____   | Family name:   | _____          |
|   | Occupation: <input type="checkbox"/> Neonatologist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Obstetrician <input type="checkbox"/> Nursing |  |                |
|   | Telephone: _____  | Mobile : _____   | Office: _____  |
|   | E-mail: _____   |  |                |
| 6. Investigator :                       | Name: _____   | Family name:   | _____          |
|   | Occupation: <input type="checkbox"/> Neonatologist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Obstetrician <input type="checkbox"/> Nursing |  |                |
|   | Telephone: _____  | Mobile : _____   | Office: _____  |
|   | E-mail: _____   |  |                |
| 7. Neonatologist :                      | Name: _____   | Family name:   | _____          |
|   | Telephone: _____  | Mobile : _____   | Office: _____  |
|   | E-mail: _____   |  |                |
| 8. Pediatric Cardiologist :             | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Name:  | _____          |
| 9. Number of deliveries :               | _____ per month/year  |  |                |
| 10. Number of NICU beds :               | _____ NICU beds   |  |                |
| 11. Nurse/patient Ratio :               | ____/____   |  |                |
| 12. Number of labor rooms :             | _____ rooms   |  |                |
| 13. C/sections done in :                | <input type="checkbox"/> Delivery Suite <input type="checkbox"/> Operation room <input type="checkbox"/> Both places  |  |                |
| 14. <b><u>NICU Classification :</u></b> |   |  |                |
| a. NICU                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
| b. Mechanical Ventilation :             | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
|   | <i>If yes specify :</i>   | i. Mechanical Ventillation with restriction (> 1000 g) |                |
|   |   | ii. Mechanical Ventillation without restriction        |                |
| c. Major Surgery :                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
| d. Open Heart, ECMO:                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |
| 15. Patient Medical Records:            | <input type="checkbox"/> Available <input type="checkbox"/> Not Available <input type="checkbox"/> Being developed <input type="checkbox"/> Electronic          |  |                |
| 16. Discharge Weight :                  | <input type="checkbox"/> Routinely Taken <input type="checkbox"/> Randomly Taken <input type="checkbox"/> Not Taken   |  |                |
| 17. Admission Temperature :             | <input type="checkbox"/> Routinely Taken <input type="checkbox"/> Randomly Taken <input type="checkbox"/> Not Taken   |  |                |
| 18. Phototherapy                        | <input type="checkbox"/> Only in NICU <input type="checkbox"/> In both NN and NICU  |  |                |
| 19. ROP Exam :                          | <input type="checkbox"/> Routinely done <input type="checkbox"/> Done if necessary <input type="checkbox"/> Not done  |  |                |
| 20. Hearing Screening :                 | <input type="checkbox"/> Routinely done <input type="checkbox"/> Done if necessary <input type="checkbox"/> Not done  |  |                |
| 21. Brain Ultrasound                    | <input type="checkbox"/> Routinely done before discharge of prematures <input type="checkbox"/> Not done  |  |                |
| 22. MRI Brain                           | <input type="checkbox"/> Routinely done before discharge of prematures <input type="checkbox"/> Not done  |  |                |
| 23. Metabolic disorders tests :         | <input type="checkbox"/> Routinely done <input type="checkbox"/> Done if parents agree <input type="checkbox"/> Not done  |  |                |
|   | If done specify: <input type="checkbox"/> Done in Hospital <input type="checkbox"/> Sent to other center (specify) : _____                                      |  |                |
|   | Results: <input type="checkbox"/> Sent back to NICU <input type="checkbox"/> Sent back to pediatrician <input type="checkbox"/> Given directly to parents       |  |                |

