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| --- | --- | --- | --- |
| **This preterm study examination should be completed for the preterm infant who is admitted to NICU. Instructions**: *The researcher assesses for GA by Ballard and if the infant fulfills eligibility (<37 wks GA), then after consent, an examination is done and obstetric history obtained.* Record all dates in Ethiopian Calendar. | | | |
| **Section 1. Identification** | | | |
| 1. Date of birth: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) | | | |
| 1. Time of birth (time in 12 hours/min): |\_\_|\_\_|-|\_\_|\_\_|(HH-MM) Check: 1*.*AM 2PM 3DK | | | |
| 1. Infant Sex 1  Female 2  Male | | | |
| 1. Birth weight (in grams): |\_\_|\_\_|\_\_|\_\_| g or Don’t Know (Check if unknown or if taken >24 hrs) | | | |
| 1. Birth place: 1  Hospital(Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   2Health Center (Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)   3Home  4 Other; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gott/Ketana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town or Woreda:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Kabele:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Health Extension Worker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if known, cell number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of location of residence (other detail as needed): | | | |
| 1. Best gestational age in weeks and days: |\_\_|\_\_| wks|\_\_| days (Record *from* ***Eligibility*** *Form)* | | | |
| 1. Main reason baby came to NICU: | 1Preterm | 2Cold to touch | 3Feeding difficulty |
|  | 4Seizure | 5Referred | 6Looked sick |
|  | 7Fever | 8Breathing problem | 9Don’t know |
|  | 10Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **SECTION 2. History of infant’s Symptoms seen by parents or caregiver prior to the NICU admission.** Complete this section for babies who arrive at the NICU from home or transferred from another facility. Check “Yes” “No” or “Don’t Know/Not applicable” for each. | | | |
| 1. Was breathing normal? | 1Yes | 2No | 3Don’t know |
| 8.1 If abnormal, tick all apply: 1Fast breathing 2Periods of apnea/not breathing at all  3Grunting 4Gasping (difficulty breathing)   5Cyanosis 6Don’t know | | | |
| 1. Was infant able to feed? | 1Yes | 2No | 3Don’t know |
| 1. Was infant vomiting? | 1Yes | 2No | 3Don’t know |
| * 1. If vomiting, check type: | *1*Ingested milk | 2Dark or coffee ground material | 3Bilious or yellow – green colored |
| 1. Did infant have normal temperature? | 1Yes | 2No | 3Don’t know |
| * 1. If no, specify |  | 1Fever | 2Cold to touch |
| 1. Were body movements normal? | 1Yes | 2No | 3Don’t know |
| 1. Was baby’s color normal? | 1Yes | 2No | 3Don’t know |
| 1. Was the abdomen normal? | 1Yes | 2No | 3Don’t know |
| 1. Was the umbilicus normal? | 1Yes | 2No | 3Don’t know |
| 15.1 If no, was there bleeding? | 1Yes | 2No | 3Don’t know |
| * 1. If no, pus, discharge or   excessive secretions? | 1Yes | 2No | 3Don’t know |
| 15.3 If no, redness of skin  around the umbilicus? | 1Yes | 2No | 3Don’t know |
| **Section 3. Vital signs and anthropometric measurements at NICU Admission** | | | |
| 16. Date of exam: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY)   16.1 Time of exam: |\_\_|\_\_|-|\_\_|\_\_|(HH-MM) 1AM 2PM | | | |
| 1. Postnatal age at exam (in hours if less than 72 hours or else record in days)   17.1 |\_\_|\_\_| hrs, 17.2 |\_\_|\_\_| Min **OR** 17.3 |\_\_|\_\_| days | | | |
| 18. Respiratory rate \_\_ \_\_ \_\_ breaths/minute 1Not done | | | |
| 19. Apical heart rate \_\_ \_\_ \_\_ beats/minute 1Not done | | | |
| 20. Temperature \_\_ \_\_ **.**\_\_ o Celsius 1Not done | | | |
| 21. Blood pressure: Systolic \_\_ \_\_ \_\_ mmHg Diastolic \_\_ \_\_ mmHg 1Not done | | | |
| 22. Weight at exam: \_\_ \_\_ \_\_ \_\_ grams 1Not done | | | |
| 23. Length \_\_ \_\_ **.**\_\_ cm 1Not done  24. Head circumference\_\_ \_\_ **.**\_\_ cm 1Not done | | | |
| 25. O2 Saturation \_\_ \_\_ % 1Not done  25.1 If O2 sat done, was baby on oxygen? 1Yes 2No  26. Capillary refill \_\_\_ \_\_\_ sec 1Not done | | | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Section 4. General Appearance.** in this section record observations by doctor or nurse. | | | | | 27. Level of consciousness | 1Alert | 2Sleepy | 3Comatose | | 28. Respiratory distress | 1Yes | 2No | 3Don’t know | | 29. Movement or activity | 1Active | 2Decreased | 3Absent | | 30. Dysmorphic features | 1Normal | 2Dysmorphic | 3Don’t know | | 30.1 If dysmorphic, describe: | 1Trisomy 13 | 2Trisomy 18 | 3Trisomy 21 | |  | 4Cleft lip | 5Cleft palate | 6Don’t know | |  | 7Abnormal (odd) facies | 8Mandibular hypoplasia | 9Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 31. Normal posture | 1Yes | 2No | 3Don’t know | | 32. Skin color. Tick all that apply. | 1Pink | 2Plethoric | 3Pale | |  | 4Cyanotic | 5Jaundice | 6Dusky | | **Section 5. HEENT** | | | | | 33. Skull normal | 1Yes | 2 No |  | | 33.1If abnormal, tick all that apply*:* |  | 1Subgalealhemorrhage 2Sutures fused 3Fontanelle bulging 4Fontanelle depressed 5Hydrocephalus 6Encephalocele 7Forceps/vacuum injury 8Other:\_\_\_\_\_\_ | | | 34. Eyes normal | 1Yes | 2 No |  | | 34.1 if abnormal, tick all that apply: |  | 1Slanting (up/down) 2Corneal opacities 3Micro-opthalmia | | |  |  | 4Hypo or hypertelorism 5Subconjunctival hemorrhage 6Cataracts 7Conjunctivitis 8Ophthalmia neonatorum 9Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | 35. Nose patent | 1Yes | 2No |  | | 36. Ears normal (shape, size/position and patency) | 1Yes | 2 No |  | | 37. Mouth normal | 1Yes | 2 No |  | | 37.1 *If abnormal, check all that apply:* |  | 1High-arched palate 2Macroglossia 3Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 38. Neck normal | 1Yes | 2No |  | | 38.1 If abnormal, tick all that apply: |  | 1Webbing 2Short neck  3Masses (sternomastoid tumor, goiter, cystic  hygroma); Specify\_\_\_\_\_\_\_ | | | **Section 6. Respiratory system** | | | | | 39. Breathing normal | 1Yes | 2No |  | | 39.1if no, tick all present: |  | 1Chest indrawing  2Chest retractions  3Nasal flaring 4Grunting 5Unilateral crepitations 6Bilateral crepitations 7Unilateral decreased air entry  8Bilateral decreased air entry  9Periodic apnea10Other; specify:\_\_\_\_\_\_\_\_ | | | **Section 7. Cardiovascular SYSTEM** | | | | | 40. Heart exam normal | 1Yes | 2No | 3Don’t know | | 40.1If no, specify: |  | 1Tachycardia 200 and above 2Accentuated P2 3Gallop rhythm 4Murmur 5Other. Specify:\_\_\_\_\_\_\_\_\_ | | |  |  | | **Section 8. Gastrointestinal system** | | | | | 41. Abdomen normal | 1Yes | 2 No | 3Don’t know | | 41.1.If no, tick all that apply: |  | 1Scaphoid 2Distended 3Defects (omphalocele, gastroschisis/exstrophy of bladder) 4Other. Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 42. Bowel sounds | 1Normal | 2Decreased | 3Absent4Hyperactive | | 43. Organ size normal | 1Yes | 2 No | 3Don’t know | | 43.1 If no, specify*:* | 1Hepatomegaly | 2Splenomegaly | 3Abdominal mass | | 44. Anus patent | 1Yes | 2No | 3Don’t know | | 45. Stool present | 1Yes | 2No | 3Don’t know | | 45.1 If yes, specify: | 1Normal/yellow | 2Meconium | 3Bloody | | **SECTION 9. Genitourinary system** | | | | | 46. Urine output normal | 1Yes | 2No | 3Don’t know | | 47. Genitalia/kidneys normal | 1Yes | 2No | 3Don’t know | | 47.1 If no, specify: |  | 1Microphallus/ hypospadias  2Ambiguous genitalia | | |  |  | 3Flank mass  4Supra pubic mass  *5*Other:\_\_\_\_\_\_\_ | | | **Section 10. Integumentary/Musculoskeletal system** | | | | | 48. Skin texture normal | 1Yes | 2No | 3Don’t know | | 48.1 If no, specify: |  | 1Sclerema 2Edema 3Vesicular/pustular rash (e.g., SSSS) 4Macular/papular rash (e.g., TORCH syndrome) 5Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 49. Umbilical stump normal | 1Yes | 2No | 3Don’t know | | 49.1 If no, tick all that apply: |  | 1Bleeding 2Redness of skin 3Pus discharge 4Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 50. Musculoskeletal system normal | 1Yes | 2No | 3Don’t know | | 50.1 If no, tick all that apply: |  | 1Skull fracture 2Limb fracture 3Clavicular fracture 4Deformities/malformations 5Neural tube defects 6Septic arthritis/osteomyelitis 7Dislocations 8Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Section 11. Central nervous system** | | | | | 51. Indicate consciousness status | 1Conscious | 2Lethargic | 3Comatose | |  |  |  |  | | 52.1 Moro normal for age  52.2 Sucking normal for age  52.3 Grasp appropriate for age | 1Yes 1Yes 1Yes | 2No  2No 2No | 3Don’t know/not done 3Don’t know/not done 3Don’t know/not done | 3Don’t know | | 53. Tone normal | 1Yes | 2No | 3Don’t know | | 53.1 If abnormal, specify |  | 1Increased | 2Decreased 3Flacid | | 54. Presence of seizures | 1Absent | 2Present | 3Don’t know | | 55. Quality of cry | 1Normal | 2High-pitched | 3Don’t know | | **Section 12. Admission Investigations. Summary of additional investigations ordered at time of admission should be entered here. Complete separate form for each investigation done when appropriate.** | | | | | 56. **IMAGING.** Any imaging done? | 1Yes | 2No – Skip to LABORATORY | | | 57. Chest X-ray | 1Done | 2Not done |  | | 57.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 58. Abdominal X-ray | 1Done | 2Not done |  | | 58.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 58.2 NEC diagnosed by x-ray | 1Yes | 1No |  | | 59. Other X-ray | 1Done | 2Not done |  | | 59.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 60. Head ultrasound | 1Done | 2Not done |  | | 60.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 60.2 IVH diagnosed by US | 1Yes | 1No |  | | 61. Abdominal ultrasound | 1Done | 2Not done |  | | 61.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 62. Other ultrasound  SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1Done | 2Not done |  | | 62.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 63. MRI | 1Done | 2Not done |  | | 63.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **64. LABORATORY** analyses done | 1Yes | 2No | | | 65. Complete Blood count | 1Done | 2Not done |  | | 65.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 66. Blood gas analysis | 1Done | 2Not done |  | | 66.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 67. Bilirubin test | 1Done | 2Not done |  | | 67.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 68. Random blood sugar | 1Done | 2Not done |  | | 68.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 69. Blood culture | 1Done | 2Not done |  | | 69.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 70. CSF analysis | 1Done | 2Not done |  | | 70.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 71. CSF culture | 1Done | 2Not done |  | | 71.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 72. Other Culture | 1Done | 2Not done |  | | 72.1 if done, location: | 1Eye | 2Umbilicus |  | |  | 3Skin | 4CSF |  | | 72.2 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 73. Gram stain | 1Done | 2Not done |  | | 73.1 if done, where: | 1Eye | 2Umbilicus |  | |  | 3Skin | 4CSF |  | | 73.2 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 74. C-reactive protein test? | 1Done | 2Not done |  | | 74.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 75. ESR done? | 1Done | 2Not done |  | | 75.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 76. Serum albumin | 1Done | 2Not done |  | | 76.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 77. VDRL in baby | 1Done | 2Not done |  | | 77.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 78. HIV test for mother | 1Done | 2Not done |  | | 78.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 79. Liver function test (LFT)? | 1Done | 2Not done |  | | 79.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 80. Serum electrolytes | 1Done | 2Not done |  | | 80.1 If done, findings normal? | 1Yes | 2No; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 80.2 If abnormal, specify electrolyte: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 81. Other test? (SPECIFY TEST)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1Done | 2Not done |  | | | |
| **Section 13. Admission Diagnosis** | | |
| 82. Were any conditions diagnosed? 1Yes  **83. If yes, specify (Tick all that apply):** | 2No, baby healthy | |
| **Respiratory**  1Respiratory Distress Syndrome 2Meconomium aspiration syndrome 3Apnea 4Pulmonary hemorrhage 5Other respiratory; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Metabolic** 6Hypoglycemia 7Electrolyte disorders 8Other metabolic disorders;  SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Infection** 9Early onset neonatal sepsis (<72 hours) 10Late onset neonatal sepsis (>=72 hours) 11Pneumonia 12Meningitis 13HIV-exposed  14Congenital syphilis 15Ophthalmia neonatorum | **Neurologic**  25 Perinatal asphyxia with multiple organ involvement 26Acute bilirubin encephalopathy (ABE) 27Seizure disorder 28Intraventricular hemorrhage (IVH) 29Neural tube defect | |
| 16Other infection; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 30Other neurologic; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
| **Hematologic**  17Anemia  18Polycythemia 19DIC 20Rh incompatibility 21ABO incompatibility 22Hyper- bilirubinemia 23Hemorrhagic disease of the newborn 24Other hematologic; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Miscellaneous**  31Shock 32Feeding problem 33Necrotizing enterocolitis (NEC) 34Congenital malformation 35Chromosomal anomalies 36Congenital heart disease 37Congestive heart failure 38Renal failure 39Traumatic birth injury 40Hypothermia 41Uvelectomy 42Circumcisions (e.g., bleeding, infection) 43Other; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 14. FORM COMPLETION**  83. Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_|\_\_\_|\_\_\_| (ID)  84. Name of person reviewing this form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_|\_\_\_|\_\_\_| (ID)  85. Date of form completion |\_\_\_|\_\_\_|-|\_\_\_|\_\_\_|-|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (DD-MM-YYYY) | | |