**Instructions:**This form should be completed by the researcher at day 28 of life (if still admitted to NICU), at NICU discharge or if the infant dies <28 days. The researcher should review the clinical and laboratory findings and the notes of the treating clinician in the records.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1. RESULTS OF CLINICAL INVESTIGATIONS. Record results of any clinical investigation during infant’s admission to the NICU here.** | | | | | | | | | | | | |  |
| * 1. Blood Group |  | | 1A | | 2B | | 3AB | 3O | | | 4Not done | | |
| * 2. Rh factor |  | | 1*pos* | | 1*Neg* | | 3Not done. | | | | | | |
| * **3. Complete Blood Count (CBC)**  Date of test(DD – MM – YYYY) | **WBC** | | **RBC** | | **HCT** | | **HBG** | | **Platelet Count** | | | | |
| 3.1 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |  | | |\_\_|\_\_|-|\_\_| | | |\_\_|\_\_|-|\_\_| | | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | | | |
| 3.2 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |  | | |\_\_|\_\_|-|\_\_| | | |\_\_|\_\_|-|\_\_| | | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | | | |
| **4. Bilirubin (highest value)** |  | | Total Bili | | |\_\_|\_\_|-|\_\_| | | |  | | | | | |
|  |  | | Directbili | | |\_\_|\_\_|-|\_\_| | | |  | | | | | |
| **5. Random Blood Sugar (lowest value)** | |\_\_|\_\_|\_\_| | |  | |  | | | | | | | | |
| **6. Blood culture** Date of test(DD – MM – YYYY) | **Results** | | |  | |  | | | | | | | |
| 6.1 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Pos– SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 2Neg | | 3Indeterminate | | | | | | *4*not done | |
| 6.2 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Pos SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 2Neg | | 3Indeterminate | | | | | | *4*not done | |
| **7. Chest X-ray** Date of test(DD – MM – YYYY) | **Results** | | |  | |  | | | | | | | |
| 7.1 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Normal | | | 2Abn | | 3Indeterminate | | | | *4*not done | | | |
| 7.1.1 At any, was HMD diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| 7.1.2 At any, was pneumonia diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| 7.1.3 At any, was MAS diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| 7.2 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Normal | | | 2Abn | | 3Indeterminate | | | | *4*not done | | | |
| 7.2.1 At any, was HMD diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| 7.2.2 At any, was pneumonia diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| 7.2.3 At any, was MAS diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| **8. Abdominal X-ray**  Date of test(DD – MM – YYYY) | **Results** | | |  | |  | | | |  | | | |
| 8.1 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Normal | | | 2Abn | | 3Indeterminate | | | | *4*not done | | | |
| 8.2 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Normal | | | 2Abn | | 3Indeterminate | | | | *4*not done | | | |
| 8.2.1 At any, was NEC diagnosed? | 1Yes | | | 2No | | 3Don’t know | | | | *4*not done | | | |
| **9. Cranial Ultrasound**  Date of exam (DD – MM – YYYY) | **Results** | | |  | | **If IVH, specify grade:** | | | | | | | |
| 9.1 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Normal | | | 2IVH | | Grade: | | | | | | | |
|  | 3PVL | | | 4Indeterminate *5*not done | | | | | | | | | |
| **10. Cerebral Spinal Fluid**  Date of test (DD-MM-YYYY) |  | | |  | | | | | | | | | |
| 10.1 |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| | 1Normal2Abnormal – specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*3*not done | | | | | | | | | | | | |
| |  |  | | --- | --- | | **11. Were any conditions diagnosed?** 1Yes  **If yes, specify:**  **Respiratory**  1Respiratory Distress Syndrome 2Pulmonary hemorrhage 3Apnea 4Meconomium aspiration syndrome  5Persistent pulmonary hypertension (PPHN) 6 Transient tachypnea of the newborn (TTN) 7Other respiratory; SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Infection** 8Early onset neonatal sepsis (<72 hours) 9Late onset neonatal sepsis (>=72 hours) 10Pneumonia 11Meningitis 12HIV-exposed  13Congenital syphilis 14Tetanus 15Other infection disorders; SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hematologic** 16Anemia  17Polycythemia 18DIC 19Rh incompatibility 20ABO incompatibility 21Hyper- bilirubinemia 22Hemorrhage disease of the newborn 23Shock 24Feeding problem 25Disseminated intravascular coagulopathy 26Other hematologic; SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2No, infant healthy  **Metabolic** 27Hypoglycemia 28Electrolyte disorders; SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 29Other metabolic disorders; SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Neurologic**  30 Perinatal asphyxia with multiple organ involvement 31Acute bilirubin encephalopathy (ABE) 32Seizure disorder 33Intraventricular hemorrhage (IVH) 34Other neurologic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Miscellaneous**  35Necrotizing enterocolitis (NEC) 36Congenital malformation 37Chromosomal anomalies 38Congenital heart disease 39Congestive heart failure 40Renal failure 41Traumatic injury 42Hypothermia or cold injury syndrome 43Uvelectomy 44Circumcisions 45Other; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **SECTION 2. STATUS AT DISCHARGE OR DAY 28** | | | | | | | | | | | | | |
| 12. Indicate status | | 1Infant alive and in hospital at day 28  2Infant alive and discharged at/before day 28  If Yes, date of discharge (DD-MM-YYYY)   2 .1 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  3Infant died prior to discharge  If Yes, date of death (DD-MM-YYYY)   3.1 \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  4 infant died after discharge before or at day 28 **1***Yes 2 No*  ***if yes go to form 12A*** | | | | | | | | | | | |
| **SECTION 4. FORM COMPLETION** | | | | | | | | | | | | | |
| 14. Date of NICU discharge: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) 15. Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_|\_\_| 16. Date of Completion: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) | | | | | | | | | | | | | |