

--- TIPQC TTB-sIVH PROJECT ---  
CLINICAL CARE CHECKLIST

Please capture a record for every infant born at 29.6 or less weeks gestation admitted to your NICU for care.

- All inborns and outborns (transfers) admitted within 24 hours of birth should be captured.
- In the case of multiples (eg, twins), a record should be captured for each infant.

**FOR INTERNAL TRACKING ONLY:** Mother's MRN \_\_\_\_\_ (if delivered at your facility)  
Newborn's MRN \_\_\_\_\_  
REDCap Record ID (assigned by REDCap) \_\_\_\_\_

**(REQUIRED) What data are you capturing in this record?**

- I have **no (0)** infants (inborn or outborn) that meet the inclusion criteria to capture this month  
 I'm capturing data on an infant that meets the inclusion criteria

If "**no (0) infants**", specify month & year (MM/YY) \_\_\_\_\_ and **STOP here.**

If "**capturing data on an infant**", **CONTINUE.**

**INFANT & MATERNAL DETAILS**

Date of birth (MM/DD/YYYY) \_\_\_\_\_

Location of birth  Inborn /  Outborn

If **Outborn**,

REMINDER: capture records on only those outborns admitted  $\leq 24$  hours of life

Date of admission (MM/DD/YYYY) \_\_\_\_\_

Hours of life at admission \_\_\_\_\_

Birth weight (grams) \_\_\_\_\_

Gestational age, **completed** weeks \_\_\_\_\_ Gestation age, days (0-6) \_\_\_\_\_

Multiple birth?  No /  Yes – number of infants delivered \_\_\_\_\_ (2-8)

Mother's race  White /  Black or African American /  
 Other (includes other races (eg, Asian), unspecified/unknown and bi-/multi-racial)

Mother's ethnicity  Hispanic /  Not Hispanic /  Unknown

Mother's insurance  Medicaid (includes CHIP and TennCare/Medicare) /  Private insurance  
 Other public insurance (includes military insurance, HIS, other state or federal source)  
 Uninsured (includes self-pay, those who are not charged for services, or other payer)

Mother received any antenatal steroids?  Yes /  No /  Unknown

If Yes, mother received  $\geq 2$  doses of antenatal steroids?  Yes /  No /  Unknown

Mother received antenatal Magnesium Sulfate (MagSO4)?  Yes /  No /  Unknown

Infant died in delivery room?  Yes /  No

If Yes, **STOP here.** If No, **CONTINUE.**

## 24 HOURS OF LIFE

5-minute APGAR score \_\_\_\_\_

Temperature at **first temp** (within first hour of life; in degrees centigrade to nearest 10<sup>th</sup>) \_\_\_\_\_

Temperature at **admission to NICU** (within first hour of admission; in degrees centigrade to nearest 10<sup>th</sup>) \_\_\_\_\_

Cord clamped  $\geq 60$  seconds after birth?  Yes /  No /  N/A (not appropriate; contraindication)

Does infant qualify for administration of Indomethacin?  Yes /  No

*The infant qualifies if they are (1) <25 completed weeks gestation; OR (2) 25-27 completed weeks gestation AND outborn; OR (3) 25-27 completed weeks gestation AND their mother did not receive 2 doses of antenatal steroids*

**If Yes, Received Indomethacin within first 24 hours of life (to potentially prevent IVH)?**

Yes /  No

## 72 HOURS OF LIFE

Received  $\geq 1$  normal saline boluses within first 72 hours of life?  Yes /  No

**If Yes, How many normal saline boluses?** \_\_\_\_\_

Received any vasopressors within first 72 hours of life?  Yes /  No

Received Sodium Bicarbonate (NaHCO<sub>3</sub>) within first 72 hours of life?  Yes /  No

## 7 DAYS OF LIFE

Any gastrointestinal (GI) perforations (including SIP and NEC) within first 7 days of life?  Yes /  No

## 14 DAYS OF LIFE

Head ultra-sound performed on or before Day 14?  Yes /  No

**If yes, Evidence of severe IVH (grade 3 or 4; sIVH)?**  Yes /  No

## 40 WEEKS CORRECTED GESTATIONAL AGE

**Disposition at 40 weeks corrected gestational age**

Still inpatient /  Home /  Died /  Transferred to another hospital

**If Died,**

**Died  $\leq 24$  hours of admission to your NICU?**  Yes /  No

**Date of death (MM/DD/YYYY)** \_\_\_\_\_

**If Home or Transferred, Date of discharge (MM/DD/YYYY)** \_\_\_\_\_