

Patient Label Here



## NICU Encounter

Admission/Demographics; Health Status; Interventions; Screening;  
Discharge/Outcome Tabs

**Birth Location:** Hospital Home Birth Centre Nursing Station Other Ontario Hospital Outside of Ontario

SCN/Level 2 NICU/Level 3

**If Hospital Birth** Hospital Name: \_\_\_\_\_ **If Birth Centre Birth**, Birth Centre Name: \_\_\_\_\_

**NICU Admission Date :** dd / mmm / yyyy **Time:** \_\_\_\_\_

### Transport Personnel: (Admission)

CNS/NP MD Paramedic

Reg Midwife RN

RRT Transport team

Other Unknown

**Neonatal Transfer From:** Labour & Birth Unit – same hospital Mother Baby Unit (PP) – same hospital

NICU/SCN - same hospital PICU/PCCU - same hospital Pediatric unit - same hospital Clinic - same Hospital

Operating room - same hospital Emergency Department Home Birth Centre Other hospital

Non-medical facility (e.g., mall, taxi, ambulance) Unknown

**DOB:** dd/mm/yyyy **Sex** M F **Birth order :** A B C D E **GA at Birth:** \_\_\_\_\_ weeks days **Birth Weight (gm):** \_\_\_\_\_ Birth weight unknown

**Admission Head Circumference (cm):** \_\_\_\_\_ **Admission Weight (gms):** \_\_\_\_\_ **Days of age on Admission:** \_\_\_\_\_ **Admission Temperature:** \_\_\_\_\_

**Neonatal Resuscitation (first 30 minutes of life only):** None FFO<sub>2</sub> CPAP+ Air CPAP + O<sub>2</sub> PPV+ Air PPV+O<sub>2</sub> Intubation for PPV

Intubation for tracheal suction LMA Chest Compressions Epinephrine Narcan/naloxone Volume Expander Unknown

**Neonatal Resuscitation - Initial Gas Used:** Room air Supplemental Oxygen 100% oxygen Unknown

**Maximum Oxygen in % Provided During Resuscitation:** \_\_\_\_\_

**Apgar 1:** \_\_\_\_\_ **Apgar 5:** \_\_\_\_\_ **Apgar 10:** \_\_\_\_\_

**Neonatal Birth Complications:** None Intracranial hemorrhage Subarachnoid hemorrhage - Subdural hemorrhage

Unspecified Birth injury – other Unknown

**Arterial cord blood status:** Done Not done Unsatisfactory specimen Unknown **Arterial Cord pH** \_\_\_\_\_ **Arterial Cord Base Excess:** \_\_\_\_\_

**Venous cord blood status:** Done Not done Unsatisfactory specimen Unknown **Venous Cord pH** \_\_\_\_\_ **Venous Cord Base Excess:** \_\_\_\_\_

**Newborn Congenital Anomalies Identified:** None Suspected or Confirmed **\*\* Refer to resource documents with pick list selections**

**Newborn Congenital Anomalies Suspected: (Specify)\*** \_\_\_\_\_ **Newborn Congenital Anomalies Confirmed: (Specify)\*** \_\_\_\_\_

**Neonatal Health Conditions: (Check all that apply)**  None  Hyperbilirubinemia (NICU)  Hypoglycemia (Gluc)  Neonatal Abstinence Syndrome (NAS)

**Pneumothorax:**  Not treated  Treated with Chest Tube  Treated with Needle Paracentesis  Treated with 100% Oxygen

**Hypoxic Ischemic Encephalopathy (HIE):**  Stage I  Stage II  Stage III  Stage Unknown

**Seizures:**  Suspected seizures – not treated  Suspected seizures – treated pharmacologically  Confirmed seizures – not treated

Confirmed seizures – treated pharmacologically

**CNS:**  IVH Blood in germinal matrix (grade 1)  IVH Blood in ventricles (grade 2)  IVH Ventricular enlargement (grade 3)

IVH Intraparenchymal lesion (grade 4)  PVL periventricular leukomalacia

**Patent Ductus Arteriosus (PDA):**  PDA Present not treated  PDA treated pharmacologically  PDA treated with ligation

**Respiratory:\*** \_\_\_\_\_ **Cardiovascular:\*** \_\_\_\_\_ **Gastrointestinal:\*** \_\_\_\_\_ **Sepsis/Infections:\*** \_\_\_\_\_

**Other:\*** \_\_\_\_\_  Unknown

**\*Refer to resource documents with comprehensive pick list selections**

**Neonatal Therapies/Interventions:**  None  Exchange Transfusion  Intubation  Phototherapy  Therapeutic Hypothermia  Other  Unknown

**Pharmacological Support in Hospital:**  Antibiotics for GBS  Antibiotics-  
Anticonvulsants  Corticosteroids  Inotropes  Methylxanthines  Morphine  
for NAS  Paralytic Agents  Surfactant  Other  Unknown

**Intravascular Devices in Hospital:**  PAL  PICC Line  PIV  Surgical CVL  
 UAC  UVC

**Neonatal Pain Management: (multi select)**  None  Morphine  Fentanyl  
 Midazolam  Chloral Hydrate  Ketamine  Benzodiazepines  Other  
 Oral analgesics (including acetaminophen)  Sucrose  Unknown

**Blood Products in Hospital:**  Albumin  Cryoprecipitate  Fresh Frozen  
Plasma  Immunoglobulin  Other Blood products  Packed Red Blood Cells  
 Platelets  Whole Blood

**Dates** \_\_\_\_\_

**Respiratory Support in Hospital: (multi-select)**  Invasive High Frequency  
Ventilation  Intermittent Positive Pressure Ventilation  Non-Invasive  
Ventilation  Oxygen  Other  Nitric Oxide  None  Unknown

**Highest Mode of Respiratory Support**  Invasive High Frequency Ventilation  
 Intermittent Positive Pressure Ventilation  Non-Invasive Ventilation  
 Oxygen

**Oxygen Therapy days** \_\_\_\_\_ **Non-invasive Ventilation Days** \_\_\_\_\_

**Invasive Ventilations Days** \_\_\_\_\_

**Neonatal Surgery:** None ROP treatment PDA ligation NEC surgery  
Neurosurgery/Central Nervous System Surgery Cardiac surgery ECMO  
Other chest surgery Other abdominal surgery Other surgery Unknown

**Nutritional Support in Hospital: (multi-select)** None Breast Milk  
Formula Donor Milk Study Milk Human Fortifier TPN NPO  
Other Additives Unknown

**Feeding Methods in Hospital ( multi-select)**

None Breast Bottle Supplementation Device on Breast  
Supplementation Device not on Breast (i.e. finger-feed, cup, other) NPO Gavage tube Supplementary feeding systems Gastrostomy tube  
Mucus Fistula Re-feed Other Unknown

**Reason for Breast Milk Substitute in Hospital:** Informed parent decision to use breast milk substitute

**Infant Medical** Hypoglycemia Inborn Errors of Metabolism Pre-term (<32 weeks) Very low birth weight(<1500 gms) Significant weight loss in the presence of clinical indications Other clinical indications

**Maternal Medical** Active herpes on breast Additional health concerns Contraindicated maternal medication HIV infection Severe maternal illness  
Birth mother not involved in care Informed Parent Decision to use Any Breast Milk Substitute Parental consent not documented Unknown

**Newborn Screening:** Obtained Not Done Declined  
Newborn Transferred Out Unknown

**Newborn Drug Screen:** None Urine Hair Meconium Blood Unknown  
**Newborn Drug Screening Results:** Negative Positive Pending  
Inconclusive Unknown

**Bilirubin Measured Within 72 Hours Of Birth:** Transcutaneous bilirubin (TCB)  
Total Serum Bilirubin (TSB) Newborn Transferred Out Not Done Declined Unknown

**Hyperbilirubinemia Requiring Treatment** Yes No Unknown

**Hyperbilirubinemia Treatment (choose all):** Phototherapy IVIG administration  
Exchange transfusion

**Highest Serum Bilirubin >340 umol/L** Yes No Unknown

**Highest Serum Bilirubin >425 umol/L** Yes No Unknown

**Pain Relief Measures During Newborn Screening or Serum**

**Bilirubin (mandatory if NBS or SBR done)** Sucrose

Breastfeeding Skin-to-skin None Other Unknown

**ROP Screening performed :** Yes No Unknown (**Mandatory if Gestational Age At Birth < 32 Weeks and Birth Weight<1500g**)

**ROP Eye Screening Type:** Physical exam RetCam Unknown

**ROP Worst Stage: (Circle applicable)** **Left eye** I II III IV V Immature **Right eye** I II III IV V Immature Unknown

**ROP Treatment** None Unknown Left eye – Cryotherapy  - Laser Therapy  Anti-VEGF injections  Other eye surgery

Right eye – Cryotherapy  Laser Therapy  Anti-VEGF injections  Other eye surgery

**Neuroimaging Screening:** Yes No Unknown

**Neuroimaging Screening Performed Right Side:** No abnormalities found Blood in Germinal Matrix Blood in Ventricles Ventricular Enlargement-Mild  
Ventricular Enlargement-Moderate Ventricular Enlargement-Severe Intraparenchymal lesion Periventricular Leucomalacia Infarct  
Cerebellum Hemorrhage Other Brain Lesions Unknown

**Neuroimaging Screening Performed Left Side:** No abnormalities found Blood in Germinal Matrix Blood in Ventricles Ventricular Enlargement-Mild  
Ventricular Enlargement-Moderate Ventricular Enlargement-Severe Intraparenchymal lesion Periventricular Leucomalacia Infarct Cerebellum  
Hemorrhage Other Brain Lesions Unknown

**Neonatal Death:** No Yes

Yes, with termination of pregnancy

If yes, **Neonatal Death Date:** dd / mmm / yyyy

**Neonatal Death Time:** \_\_\_\_hrs \_\_\_\_mins

**Autopsy Consent:** Yes No Unknown

**Age at Neonatal Death** \_\_\_\_\_ days

**RSV Prophylaxis Criteria**

Infant < =32 6/7 weeks and less than or equal to 6 months at the start of RSV season

RSV Risk Assessment Tool score > 49 for infants 33 0/7 to 35 6/7

Confirmed Downs syndrome

Confirmed bronchopulmonary dysplasia

Confirmed hemodynamically significant congenital heart disease

Special consideration with physician letter and medical justification

Birth sibling qualifies

Unknown

**RSV Prophylaxis Eligible**

Yes No Unknown

**RSV Prophylaxis Administered:** Yes No

Unknown

**Newborn Hearing Screen Result:** Pass Referral

Inconclusive/no result Not done Unknown

**Meets Neonatal Follow-up Criteria:**

Yes No Unknown

**Feeding Methods (on day of discharge):**

None Breast Bottle

Supplementary Device on Breast

Supplementation Device not on Breast (i.e. finger feed, cup, other) NPO Gavage tube

Supplementary feeding systems

Gastrostomy tube Mucus Fistula Re-feed

Other Unknown

**Feeding Type (on day of discharge):** None Breast Milk Formula Donor Milk Study Milk Human Fortifier TPN NPO Other Additives Unknown

**Reason for Breast Milk Substitute (on day of discharge):**

**Infant Medical** Hypoglycemia

Inborn Errors of Metabolism Pre-term (<32 weeks) Very low birth weight(<1500 grams)

Significant weight loss in the presence of clinical indications Other clinical indications

**Maternal Medical** Active herpes on breast Additional health concerns Contraindicated maternal

**Neonatal transfer/discharge to:**

Home Mother / Baby unit – same hospital

Other Hospital

Level II, same hospital Level III, same hospital

Labor and Birth same hospital – same hospital

Pediatric unit - same hospital PICU/PCCU - same

hospital Emergency department - same hospital

medication  HIV infection  Severe maternal illness  Birth mother not involved in care  Parental consent not documented  Informed parent decision to use any breast milk substitute  Unknown

**Discharge Interventions in Place (on day of discharge)**  None  Oxygen  Ostomy  CPAP

Tracheostomy  Gastrostomy  Ventilation  Phototherapy  Unknown

**Transport Personnel: (Out)**  RN  RRT  Transport team **Corrected Age at Discharge**

MD  CNS/NP  Paramedic  Other

**Days of age at Discharge** \_\_\_\_\_

Clinic - same hospital  Palliative Care  Operating room - same hospital  Same hospital – other  
 Child & Family Services Apprehension

**Neonatal Transfer Hospital To:** \_\_\_\_\_

**Transfer/Discharge Date:** dd / mmm / yyyy

**Transfer Discharge Time:** \_\_\_\_\_

**Discharge Weight (grams):** \_\_\_\_\_

**Discharge Head Circumference (cm):** \_\_\_\_\_

Version Date: February 2017 (reflecting the April 2017 enhancements)