

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 ( 1 of 4  
Provincial Teams )

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 **Time of Birth:** \_\_\_\_\_ **Sex** M F **Birth order:** A B C D E **GA at birth:** \_\_\_\_\_ weeks days **Birth Weight (gm):** \_\_\_\_\_

Birth weight unknown

**Days of age on Admission:** \_\_\_\_\_ **GA on admission** \_\_\_\_\_

**Admission Head Circumference (cm):** \_\_\_\_\_ **Admission Weight (gms):** \_\_\_\_\_ **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  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  Dextrose Gel  Exchange Transfusion  Glucose Monitoring  Intubation  Nasogastric tube drainage

Oral Immune Therapy (OIT)  Pre medication for Intubation  Therapeutic Hypothermia  Venipuncture  Other  Unknown

**Pharmacological Support in Hospital:**  Antibiotics for GBS  Antibiotics-

Anticonvulsants  Corticosteroids  Inotropes  Methylxanthines

Morphine for NAS  Paralytic Agents  Surfactant

**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 Cardiac surgery Extracorporeal Membrane Oxygenation (ECMO) ligation Necrotizing Enterocolitis (NEC) surgery  
Neurosurgery/Central Nervous System Surgery Other abdominal surgery  
Other chest surgery Patent Ductus Arteriosus (PDA) 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 Drug Screen:** None Urine Hair Meconium Blood Unknown  
**Newborn Drug Screening Results:** Negative Positive Pending  
Inconclusive Unknown

**Bilirubin Measured Within 72 Hours Of Birth:** Yes - Transcutaneous bilirubin (TCB)  
Yes - Total Serum Bilirubin (TSB) No - Transferred Out/Discharged No – Declined  
No – Reason Unknown No – Reason Other Unknown

**Hyperbilirubinemia Requiring Treatment** Yes No Unknown

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

**Highest Serum Bilirubin >340 umol/L** Yes No Unknown  
**Highest Serum Bilirubin >425 umol/L** Yes No Unknown

**Pain Relief Measures During First blood Sampling by Heel Prick** Breastfeeding Skin to skin Sucrose Other  
No pain relief measures No heel prick sampling  
Unknown if pain relief was provided

**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** None I II III IV V Immature Unknown **Right eye** None I II III IV V Immature Unknown

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

**Neuroimaging Screening:** Yes No Unknown

**Neuroimaging Screening Results 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 Intracranial Hemorrhage Subdural Hemorrhage Subarachnoid Hemorrhage Subdural hemorrhage Other Brain Lesions  
Unknown s

**Neuroimaging Screening Results 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 Intracranial Hemorrhage Subdural Hemorrhage Subarachnoid 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 Gastrostomy tube

Mucus Fistula Re-feed Supplementary Device on Breast

Supplementation Device not on Breast (i.e. finger feed, cup, other) NPO Gavage tube 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 Neonatal Transfer /Discharge**

Requires higher level of care Requires further investigation Repatriation Bed needed for sicker baby Condition Improved Lack of physician coverage Lack of RN coverage No bed available Keeping baby and mother together Care closer to home Other 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 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 ( 1 of 4 Provincial Teams)

MD CNS/NP  Paramedic Other

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

**Corrected Age at Discharge** /

**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  
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):** \_\_\_\_\_