

# NICU Encounter



Patient Label Here

## ADMISSION/DEMOGRAPHICS

- Birth Location:**     Hospital     Home     Birth Centre  
 Clinic (Midwifery)     Nursing Station  
 Other Ontario Hospital     Outside of Ontario

### \*IF HOSPITAL BIRTH

**Name:** \_\_\_\_\_

### \*IF BIRTH CENTRE BIRTH

**Name:** \_\_\_\_\_

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

### Neonate Transferred From: *(Select one)*

- Labour & Birth Unit – same hospital
- Mother Baby Unit (PP) – same hospital
- NICU – same hospital     PICU/PCCU – same hospital
- Pediatric unit – same hospital     Clinic – same Hospital
- Operating room – same hospital
- Emergency Department – same hospital     Home
- Birth Centre     Midwifery Clinic     Other Hospital
- Non-medical facility (e.g., mall, taxi, ambulance)
- Unknown

### \*IF INFANT TRANSFERRED FROM OTHER HOSPITAL

**Neonatal Transfer Hospital Name:**

\_\_\_\_\_

### Reason(s) for Neonatal Admission: *(Select all that apply)*

- Birth depression/Hypoxic-ischemic encephalopathy (HIE)
- Boarder (infants of sick parents, CAS issues, etc.)
- Cardiac     Hematological     Hyperbilirubinemia
- Hypoglycemia     Metabolic
- Neonatal Abstinence Syndrome (NAS)
- Neurological (not including birth depression/HIE)
- Observation     Preterm     Respiratory
- SGA (below minimum birth weight)     Surgical
- Suspected/possible sepsis     Other     Unknown

**DOB:** dd / mm / yyyy

**Time of Birth:** \_\_\_\_\_  Unknown Time of Birth

**Gestational Age at birth:** weeks / days

**Type of Birth:** \_\_\_\_\_

**Birth Weight (gm):** \_\_\_\_\_  Birth weight unknown

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Admission Temperature (C): \_\_\_\_\_  Unknown

Admission Head Circumference (cm): \_\_\_\_\_  Unknown

Admission Weight (gms): \_\_\_\_\_  Unknown

Transport Personnel (Admission): *(Select all that apply)*

- CNS/NP  Physician  Paramedic  Reg Midwife
- RN  RRT  Transport team (1 of 4 Provincial Teams)
- Parents/Guardians  Other  Unknown

Days of Age on Admission: \_\_\_\_\_

Gestational Age on Admission: weeks / days

## HEALTH STATUS

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

Neonatal Resuscitation (first 30 minutes of life only):

*(Select all that apply)*  None  FFO2

- CPAP+ Room Air (21% oxygen)  CPAP + O2
- PPV+ Room Air (21% oxygen)  PPV+O2
- Intubation for PPV  Intubation for tracheal suction
- Laryngeal mask airway (LMA)  Chest Compressions
- Epinephrine  Narcan/Naloxone  Volume Expander
- Unknown

Neonatal Resuscitation - Initial Gas Used in first 30 minutes of life: *(Select one)*  Room air (21% oxygen)

Supplemental Oxygen  100% oxygen  Unknown

Neonatal Resuscitation - maximum % of O2 used in first 30 minutes of life: \_\_\_\_\_  Unknown

Arterial cord blood status: *(Select one)*  Done

- Results pending  Not done  Unsatisfactory specimen
- Unknown

Arterial Cord pH: \_\_\_\_\_

Arterial Cord Base Excess/deficit: \_\_\_\_\_

Venous cord blood status: *(Select one)*  Done

- Results pending  Not done  Unsatisfactory specimen
- Unknown

Venous Cord pH: \_\_\_\_\_

Venous Cord Base Excess/deficit: \_\_\_\_\_

What is newborn/infant's blood group and type, ABO/Rh(D)? *(Select one)*  Not Collected/Unknown

O+  O-  A+  A-  B+  B-  AB+  AB-

Was glucose monitoring being done?  Yes  No  Unknown

Was Oral Dextrose/Gel given?  Yes  No  Unknown

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**Neonatal Birth Complications:** *(Select all that apply)*  None

- Brachial plexus injury  Cephalohematoma
- Clavicular fracture  Facial nerve injury
- Intracranial hemorrhage  Subarachnoid hemorrhage
- Subdural hemorrhage  Subgaleal hemorrhage
- Fracture – Other  Palsy – Other  Other Birth Injury
- Unknown

**Neonatal Health Conditions:** *(Select all that apply)*  None

- Failed CCHD screening  Hypoglycemia
- Neonatal Abstinence Syndrome (NAS)  Hyperbilirubinemia

**Cardiovascular:**

- Anemia  Arrhythmia  Cardiomyopathy
- Coagulopathy but not DIC
- Coagulopathy due to Disseminated Intravascular Coagulation
- Fetal blood loss, other
- Hemorrhage into co-twin (twin to twin transfusion)
- Hemorrhage into maternal circulation
- Hemorrhagic disease due to cause other than vitamin K deficiency
- Hemorrhagic disease due to vitamin K deficiency
- Hypertension (BP)  Hypotension (BP)

- Persistent pulmonary hypertension (PPHN)
- Portal vein thrombosis  Thrombocytopenia

**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

**Gastrointestinal Conditions:**

- Acquired stricture post NEC
- Gastroesophageal reflux disease
- Intestinal perforation – spontaneous
- Intestinal obstruction
- Meconium ileus
- NEC – suspected without pneumatosis
- NEC Stage II – confirmed with pneumatosis
- NEC Stage III – confirmed with pneumatosis and perforation

**Hypoxic Ischemic Encephalopathy (HIE):**

- Stage I  Stage II  Stage III  Stage Unknown

**Patent Ductus Arteriosus (PDA):**

- PDA Present not treated  PDA treated pharmacologically
- PDA treated with ligation

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## ***Pneumothorax:***

- Not treated
- Treated with Chest Tube
- Treated with Needle Paracentesis
- Treated with 100% Oxygen

## ***Respiratory:***

- Apnea
- Aspiration of meconium (Meconium Aspiration Syndrome = MAS)
- Aspiration of milk and regurgitated food
- Bronchopulmonary disease – mild
- Bronchopulmonary disease – moderate/severe
- Pneumomediastinum
- Pneumonia
- Pneumopericardium
- Pulmonary edema
- Pulmonary haemorrhage
- Pulmonary interstitial emphysema (PIE)
- Respiratory distress syndrome
- Respiratory distress, unspecified (not RDS)
- Transient tachypnea of the newborn

## ***Seizures:***

- Suspected seizures – not treated
- Suspected seizures – treated pharmacologically
- Suspected seizures – treatment unknown
- Confirmed seizures – not treated
- Confirmed seizures – treated pharmacologically
- Confirmed seizures – treatment unknown

## ***Sepsis:***

- Positive blood culture
- Suspected sepsis (culture negative)
- Culture positive lower respiratory tract infection
- Culture positive upper respiratory tract infection
- Culture positive skin/soft tissue infection
- Culture positive urinary infections
- Congenital CMV infection
- Congenital herpes viral (herpes simplex) infection
- Congenital rubella syndrome
- Congenital toxoplasmosis
- Positive CSF culture (meningitis)

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## Other Health Conditions:

- Dehydration    Fever
- Hemolytic disease due to ABO incompatibility
- Hemolytic disease due to Rh incompatibility
- Hemolytic diseases of fetus and newborn, other
- Hydrocele    Hydrops fetalis due to isoimmunization
- Hydrops fetalis due to other and unspecified haemolytic disease
- Hyperglycemia    Hyperkalemia    Hyponatremia
- Hypertonia    Hypokalemia    Hyponatremia
- Hypothermia    Hypotonia    Inguinal hernia
- Intrauterine Growth Restriction (IUGR)
- Neutropenia    Osteopenia of prematurity    Renal failure
- Umbilical hernia    Vocal cord palsy

## More:

- Other
- Unknown

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## Newborn Congenital Anomalies Identified:

- None    Suspected or Confirmed

*\* Refer to addendum on the last page with pick list selections*

## Newborn Congenital Anomalies Suspected:

*(See Addendum)* \_\_\_\_\_

## Newborn Congenital Anomalies Confirmed:

*(See Addendum)* \_\_\_\_\_

## INTERVENTIONS

### Neonatal Therapies/Interventions: *(Select all that apply)*

- None

### Blood glucose treatments:

- Diazoxide    Glucagon    Insulin
- IV dextrose due to hypoglycemia
- Supplemental feeds due to hypoglycemia

### Blood products in hospital:

- Albumin    Cryoprecipitate    Fresh Frozen Plasma
- Immunoglobulin    Other blood products
- Packed red blood cells    Platelets    Whole blood
- Exchange Transfusion

### Intravascular Devices in Hospital:

- PAL    PICC Line    PIV    Surgical CVL    UAC    UVC

### Pharmacological Support in Hospital:

- Antibiotics    Anticonvulsants    Antifungals    Antivirals
- Caffeine    Corticosteroids    Inotropes    Morphine for NAS
- Paralytic Agents    Surfactant

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**Other:**  Intubation  Intubation for surfactant only

Oral Immune Therapy (OIT)  Phototherapy

Pre-medication for Intubation

Therapeutic Hypothermia  Venipuncture

Other  Unknown

**Neonatal Pain Management:** *(Select all that apply)*

**Opioid analgesic use:**  Morphine  Fentanyl

**Sedative use:**  Benzodiazepines  Chloral Hydrate

Ketamine  Midazolam  Other

**Other:**  None  Breastfeeding

Oral analgesics (including acetaminophen)  Skin-to-skin

Other  Sucrose  Unknown

**Neonatal Surgery:** *(Select all that apply)*

None  Cardiac surgery

Extracorporeal Membrane Oxygenation (ECMO)

Necrotizing Enterocolitis (NEC) surgery

Neurosurgery/Central Nervous System Surgery

Other abdominal surgery  Other chest surgery

Patent Ductus Arteriosus (PDA) ligation  Unknown

**Infant RSV mAb administered**

(Select One)  Yes  No  Unknown

Date of infant RSV mAb administration: dd/mm/yyyy

Unknown

**Infant RSV Product**

Beyfortus  Unknown

Other, specify \_\_\_\_\_

**Reason RSV mAb (Nirsevimad/Beyfortus) not given:**

Infant born out of season

Parents/guardians declined

Received prenatal RSV vaccine >2 weeks before birth and infant not high risk

No supply available

Not offered before discharge from care/missed opportunity

Out-of-hospital birth / Midwives not authorized to administer

Confirmed RSV infection

Other, specify \_\_\_\_\_

Unknown

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## Is infant high-risk for RSV (requiring second season dose):

- No
- Yes – Suspected or Confirmed Down Syndrome/Trisomy 21
- Yes - Chronic lung disease of prematurity (CLD), including bronchopulmonary dysplasia/chronic lung disease
- Yes - Hemodynamically significant congenital heart disease (CHD) and/or moderate to severe pulmonary hypertension
- Yes - Cystic Fibrosis with respiratory involvement and/or growth delay
- Yes - Severe immunodeficiency
- Yes - Neuromuscular disease impairing clearing of respiratory secretions
- Yes - Severe congenital airway anomalies impairing the clearing of respiratory secretions
- Yes - Other Reason for second/subsequent dose, (immune status, risk of aspiration, hypotonic, etc.) specify
- Unknown

## Respiratory Support in Hospital: *(Select all that apply)*

- Invasive High Frequency Ventilation
- Invasive Positive Pressure Ventilation
- Non-Invasive Ventilation    Oxygen    Other
- Nitric Oxide    None    Unknown

## Highest Mode of Respiratory Support: *(Select one)*

- Invasive High Frequency Ventilation
- Invasive Positive Pressure Ventilation
- Non-Invasive Ventilation    Oxygen

## Oxygen Therapy days: \_\_\_\_\_

*\*If 3 days or less: Oxygen therapy: hours / minutes*

## Non-invasive Ventilation Days: \_\_\_\_\_

*\*If 3 days or less: Non-invasive ventilation: hours / minutes*

## Invasive Ventilations Days: \_\_\_\_\_

*\*If three days or less: Invasive ventilation: hours / minutes*

## Feeding Methods in Hospital: *(Select all that apply)*

- None    Breast    Bottle
- Continuous feeds (can be via gastrostomy or gavage)
- Supplementation Device on Breast
- Supplementation Device not on Breast (i.e. finger-feed, cup, other)
- NPO    Gavage tube    Gastrostomy tube
- Mucus Fistula Re-feed    Other    Unknown

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## Nutritional Support in Hospital: *(Select all that apply)*

- None
- Breast Milk
- Formula
- Donor Milk
- Study Milk
- Human Milk Fortifier
- TPN
- NPO
- Other Additives
- Unknown

## Reason for Breast Milk Substitute in Hospital:

*(Select all that apply)*

- Infant Medical:**
- Hypoglycemia
  - Inadequate weight gain
  - Inborn errors of metabolism
  - 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

**Other:**

- Informed Parent Decision to use Any Breast Milk Substitute
- Birth mother not involved in care
- Donor milk not available
- Insufficient maternal milk supply
- Not eligible for donor milk
- Unknown

## Consent for Use of Breast Milk Substitute: *(Select one)*

- Evidence that consent was obtained
- No evidence of consent
- Unknown

## SCREENING

### Bilirubin Measured Within 72 Hours Of Birth: *(Select one)*

- 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: *(Select one)*

- Yes
- No
- Unknown

### Hyperbilirubinemia Treatment: *(Select all that apply)*

- 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

### Newborn Drug Screen: *(Select all that apply)*

- None
- Urine
- Hair
- Meconium
- Blood
- Unknown

### Newborn Drug Screening Results: *(Select one)*

- Negative
- Positive
- Pending
- Inconclusive
- Unknown



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**Newborn Hearing Screen Result:** *(Select one)*  Pass

Referral  Inconclusive/no result  Not done

Referred to community  Unknown

**ROP Screening performed:** *(Select one)*  Yes  No

Unknown (Mandatory if Gestational Age At Birth < 32 Weeks and Birth Weight <1500g)

**ROP Eye Screening Type:** *(Select one)*  Physical exam

RetCam  Unknown

**ROP Worst Stage:** *(Circle one)*

Left eye None 1 2 3 4 5 Immature Unknown

**ROP Worst stage:** *(Circle one)*

Right eye None 1 2 3 4 5 Immature Unknown

**ROP Treatment:**  None  Unknown

**Right eye:** *(Select all that apply)*

Laser Therapy  Anti-VEGF injections  Other eye surgery

**Left eye:** *(Select all that apply)*

Laser Therapy  Anti-VEGF injections  Other eye surgery

**Both eyes:** *(Select all that apply)*

Laser Therapy  Anti-VEGF injections  Other eye surgery

**Neuroimaging Screening performed:**

Yes  No  Unknown

**Neuroimaging Screening Results Left:** *(Select all that apply)*

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

**Neuroimaging Screening Results Right:** *(Select all that apply)*

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

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## Meets Neonatal Follow-up Criteria:

Yes  No  Unknown

## DISCHARGE/OUTCOME

### Neonatal/Infant Death:

No  Yes  Yes, with termination of pregnancy

**\*If yes, Neonatal/Infant Death Date:** dd / mm / yyyy

**Neonatal/Infant Death Time:** hours / minutes

**Autopsy Consent:**  Yes  No  Unknown

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

### Feeding Methods (on day of discharge): *(Select all that apply)*

- None  Breast  Bottle
- Continuous feeds (can be via gastrostomy or gavage)
- 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): *(Select all that apply)*

- None  Breast Milk  Formula  Donor Milk
- Study Milk  Human Milk Fortifier  TPN  NPO
- Other Additives  Unknown

**Was postpartum breastfeeding education and support provided in NICU?** *(Select one)*  Yes  No  Unknown

**\*If yes, Type of breastfeeding education and support provided:** *(Select all that apply)*

### Provided information/support regarding:

- Hand expression  Pumping  Skin-to-skin
- Signs of effective latch
- Continuation of breastfeeding after discharge
- Sustained breastfeeding if separated from baby
- Community breastfeeding resources
- Provided assistance with breastfeeding within six hours of birth after initial feeding
- Consult with a lactation consultant
- Referred mother to breastfeeding support services for follow-up

**\*If no, complete the following:** *(Select one)*

### Reason why postpartum breastfeeding education and support was not provided:

- Mother/Parent declined  Not applicable
- Other  Unknown

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**Neonatal transfer/discharge to:** *(Select one)*

- Home    Mother / Baby unit – same hospital
- Other Hospital    Level 2, same hospital
- Level 3, same hospital
- Labour and Birth unit – 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:** \_\_\_\_\_

**Reason for Neonatal Transfer/Discharge:** *(Select all that apply)*

- Condition improved    Keeping baby and mother together
- Lack of resources    Repatriation/Care closer to home
- Requires higher level of care
- Transfer back to birth hospital    Other    Unknown

**Transport Personnel Out:** *(Select all that apply)*

- RN    RRT    Registered Midwife
- Transport team (1 of 4 Provincial Teams)    Physician
- CNS/NP    Paramedic    Parents/Guardians
- Other    Unknown

**NICU Discharge/Transfer Date:** dd / mm / yyyy

**NICU Discharge/Transfer Time:** \_\_\_\_\_

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

**Weight Gain/loss (grams):** \_\_\_\_\_

**Discharge Interventions in Place**

**(on day of discharge/transfer):** *(Select all that apply)*

- None    Oxygen    Ostomy    CPAP
- Gavage tube feeding (weighted or regular NG, NJ, etc.)
- Tracheostomy    Gastrostomy    Ventilation
- Phototherapy    Unknown

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

**Gestational Age at Discharge:** \_\_\_\_\_

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

## **ADDENDUM: Newborn Congenital Anomalies (Picklist Selections)**

### **CENTRAL NERVOUS SYSTEM AND NEURAL TUBE DEFECTS**

Absent cavum septum pellucidum (CSP) | Absent cerebellar vermis | Acrania or Anencephaly | Arachnoid cyst(s) | Arnold Chiari Malformation | Aqueductal stenosis | Corpus callosum – Agenesis (ACC) | Corpus callosum – Hypoplasia | Dandy walker malformation/variant (DWM) | Encephalocele | Enlarged cisterna magna | Holoprosencephaly | Hydrocephalus | Hypotonia, unspecified | Lissencephaly | Macrocephaly | Microcephaly | Polymicrogyria | Posterior fossa cyst | Sacral agenesis | Sacral coccygeal teratoma (SCT) | Seizures | Spina bifida with hydrocephalus | Spina bifida without hydrocephalus | Ventriculomegaly-Mild-Moderate (11-14.9 mm) | Ventriculomegaly-Severe (>15 mm) | Other – malformations of the nervous system | Other – malformations of the brain

### **EYE ANOMALIES**

Anophthalmos | Congenital cataract | Congenital glaucoma | Microphthalmos | Other- malformations of eye

### **EAR, FACE, AND NECK ANOMALIES**

Ears – Anotia | Ears – Microtia | Choanal atresia | Macroglossia | Micrognathia | Nose – Absent | Nose – Hypoplastic | Retrognathia | Other – malformation of ear | Other – malformation of the face and neck

### **THORAX ANOMALIES**

Bronchopulmonary sequestration (BPS) | Congenital high airway obstruction (CHAOS) | Cystic adenomatous malformation of lung (CCAM) | Diaphragmatic hernia (CDH) | Other – congenital malformations of lung | Other – malformations of the diaphragm

### **CARDIOVASCULAR ANOMALIES**

Aortic arch – Double | Aortic arch – Interrupted | Aortic arch – Right | Aortic atresia/Hypoplastic aortic arch | Aortic valve stenosis | Arrhythmia | Atrial isomerism (heterotaxy) – left

| Atrial isomerism (heterotaxy) – right | Atrial septal defect (ASD) | Atrioventricular septal defect (AVSD) | Cardiomegaly | Coarctation of aorta | Complete/incomplete congenital heart block | Dextrocardia | Discordant atrioventricular connection | Double inlet ventricle (Single ventricle) | Double outlet right ventricle (DORV) | Ebstein anomaly | Hypoplastic left heart (HLHS) | Hypoplastic right heart (HRHS) | Mitral valve atresia | Mitral valve insufficiency | Mitral valve stenosis | Patent ductus arteriosus (PDA) – >37 weeks | Patent/Persistent foramen ovale (PFO)/Premature closure of atrial septum | Pericardial effusion | Pulmonary valve atresia | Pulmonary valve dysplasia | Pulmonary valve stenosis | Situs inversus (cardiac and abdominal) | Tetralogy of Fallot (TOF) | Total anomalous pulmonary venous connection (TAPVC)/Partial anomalous pulmonary venous connection (PAPVC) | Transposition of great vessels (TGV) | Tricuspid atresia/stenosis | Tricuspid regurgitation | Tricuspid valve dysplasia | Truncus arteriosus (common arterial truncus) | Vascular ring | Vena cava, bilateral

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superior (SVC) | Vena cava, interrupted inferior (IVC) | Vena cava, persistent left superior (SVC) | Ventricular disproportion (RV/LV discrepancy) | Ventricular septal defect (VSD) | Other cardiac malformations

## ORO-FACIAL CLEFTS

Cleft lip | Cleft palate | Cleft lip with cleft palate | Pierre Robin Sequence

## GASTROINTESTINAL & ABDOMINAL ANOMALIES

Abnormal stomach (including small/absent stomach) | Biliary atresia (atresia of bile ducts) | Bowel obstruction | Duodenal atresia/stenosis | Esophageal atresia (without fistula) | Esophageal with tracheoesophageal fistula (TEF) | Tracheoesophageal fistula (TEF) without esophageal atresia | Hirschsprung disease | Imperforate anus (congenital absence, atresia, stenosis of anus) | Large intestine atresia/stenosis | Pyloric stenosis | Rectal atresia/stenosis with/without fistula | Small bowel, abnormal | Small intestine atresia/stenosis (excluding duodenum) | Umbilical hernia | Other – malformations of gastrointestinal system

## ABDOMINAL WALL DEFECTS

Gastroschisis | Omphalocele (exomphalos) | Other – congenital malformations of abdominal wall

## URINARY ANOMALIES

Bladder/cloacal exstrophy | Congenital hydronephrosis | Cystic kidneys – other | Duplex kidney/collecting system | Echogenic kidney | Ectopic/pelvic kidney | Lower urinary tract obstruction | Megacystis | Megaureter | Multicystic dysplastic kidney(s) | Polycystic kidney, autosomal recessive | Polycystic kidney, autosomal dominant | Posterior urethral valves (PUV) | Prune belly | Renal agenesis, unilateral | Renal agenesis, bilateral | Renal cyst | Renal Dysplasia | Ureterocoele | Other – malformations of the urinary system

## GENITAL ANOMALIES

Ambiguous genitalia/indeterminate sex | Cryptorchidism/undescended >37 weeks | Epispadias | Hydrocoele | Hypospadias | Other – malformations of female genitalia | Other – malformations of male genitalia

## SKELETAL & LIMB ANOMALIES

Adactyly (absent fingers/toes) | Bowed/curved long bone(s) | Club foot (talipes equinovarus) – bilateral | Club foot (talipes equinovarus) – unilateral | Congenital hip dislocation/dysplasia | Craniosynostosis | Ectrodactyly (lobster-claw/cleft hand) | Hypotonia, unspecified | Limb reduction defect – upper limb | Limb reduction defect – lower limb | Limb reduction defects of unspecified limb | Osteogenesis imperfecta | Polydactyly – hands | Polydactyly – feet | Skeletal dysplasia | Syndactyly – hands | Syndactyly – feet | Congenital malformations of the musculoskeletal system | Other – malformations of the spine & bony thorax (not including spina bifida) | Other – malformations of the limb(s)

## OTHER ANOMALIES/PATTERNS/ SYNDROMES

Congenital constriction bands/amniotic bands | Intrauterine growth restriction (IUGR) <10th %tile | Noonan syndrome | Oligohydramnios | Polyhydramnios | Pierre Robin Sequence | Potter's syndrome/sequence | Other – genetic syndrome

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## **LYMPHATIC ANOMALIES & HYDROPS**

Increased nuchal translucency ( $\geq 3.5$  mm) | Cystic hygroma | Fetal ascites | Hydrops fetalis | Pleural effusion(s) (hydrothorax)

## **SKIN/HAIR/NAILS**

Congenital ichthyosis | Cutis Aplasia | Epidermolysis Bullosa | Other – congenital malformations of skin | Other – congenital malformations of hair | Other – congenital malformations of nails

## **CHROMOSOMAL ANOMALIES**

Down syndrome/Trisomy 21 | Patau syndrome/Trisomy 13 | Edwards syndrome/Trisomy 18 | Turner syndrome (45, X) | Klinefelter syndrome (47, XXY) | 47, XYY | Triple X syndrome (47, XXX) | Triploidy/polyploidy | 22q11.2 deletion syndrome/DiGeorge syndrome | Chromosome abnormality – other

## **TWINS**

Twin-twin transfusion syndrome (TTTS) | Acardiac Twin (TRAP Sequence) | Conjoined twins | Selective Intrauterine Growth Restriction (sIUGR) | Twin anemia polycythemia (TAPS) | Other malformation(s) of twins

## **OTHER/UNKNOWN**

Unknown | Other congenital malformations, not elsewhere classified