**Neonatal Nutrition Network Case Report Form**

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| --- | --- | --- | --- | --- | --- |
|  | **Unit code** | **Patient ID** | | | |
| Infant ID: | **XXX** | **X** | **X** | **X** | **X** |

**Instructions for Handling and Completing the Case Report Form (CRF)**

* Please use only black ball point pen to complete CRFs
* Only authorized individuals should write on these CRFs
* Please fill in the header on each page and date and sign pages when required
* Data correction: Cross out the mistake (the mistake has to remain readable). Write the correction alongside together with your initials and date of correction. In case of a not self-explanatory mistake, please add the reason for correction. Do not use typewriter correction fluid (Tipp-Ex).

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1. 3 RCH 03/11/2008

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| --- | --- | --- | --- | --- | --- | --- | --- |
| * Into boxes, please enter numbers or ticks: | | 1 | **.** | 6 | 4 |  | ✓ |
| * Date: enter as Day / Month / Year: | D D/M M/Y Y | | | | | | |

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| --- | --- |
| **Eligibility criteria** |  |
| Age less than 48 hours | Yes No-ineligible |
| Parent/guardian consent given\* | Yes No-ineligible |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y |   **I confirm baby is eligible. Initials** ­**\_\_ \_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

\*Not applicable in all sites

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1: Mother / Pregnancy** | | | |
| Mother’s age (years) | |  |  |
|  | |  |  |
| Education category (choose no. from 1 to 5 from table at end) | |  |  |
|  | |  |  |
| Occupation category (choose no. from 1 to 5 from table at end) | |  |  |
| Marital status (please circle): | Married Single Divorced Not known/missing | | |

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| --- | --- | --- | --- | --- | --- |
| Number of live births |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of stillbirths |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of miscarriages/terminations |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of children alive |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of antenatal clinic visits |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of foetuses in this pregnancy |  |  |  |  |  |
|  |  | | | | |
| HIV antibody status | Positive Negative Not known | | | | |
| Hepatitis B surface antigen (HBsAg) test result | Positive Negative Not known | | | | |
| Syphilis test result | Positive Negative Not known | | | | |
| Gestational diabetes | Yes No Not known | | | | |
| PIH/pre-eclampsia/eclampsia | Yes No Not known | | | | |
| Antepartum haemorrhage | Yes No Not known | | | | |
| Other mother/pregnancy complication - specify | **­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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| **Section 2: Labour/delivery** | | |
| Place of delivery | | Health facility Home Other |
| Other place of delivery – specify | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_** |
| Prolonged rupture of membranes ≥ 18 hours | | Yes No Not known |
| Maternal peripartum fever | Suspected Confirmed No Not known | |
| Mother treated with antibiotics within 24 hours before/after birth | | Yes No Not known |
| Absent or reversed end-diastolic flow velocity (AREDFV) in foetal aorta or umbilical artery | | Yes No Not measured |
| Mother received antenatal dexamethasone | | Full (4 doses) Partial (1-3 doses)  None Not known |
| Mode of delivery | | Vaginal unassisted Vaginal assisted  Caesarian section Not known |
| Needed bag/valve/ mask resuscitation | | Yes No Not known |

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| **Section 3: Newborn** | | | | | | | | | | | | | | | | | | | | |
| Admitted to neonatal unit from | | Labour ward Postnatal ward Home    Referred from health facility Other | | | | | | | | | | | | | | | | | | |
| If other, specify: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | |
| Sex | | Male Female | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | |  |
|  | |  | | | | |  | |  | | |  | | |  | | | | |  |
| Date of birth | | | | | D | | | D | | M | | | M | | | Y | | Y | | |
|  | |  | | | | |  | |  | | |  | | |  | | | | |  |
| Birth weight in kg (to 2dp) | | | | | |  | | | | | | **.** | | |  | | | | |  |
| Date of admission | | | | | D | | | D | | | M | | M | | | Y | | Y | | |
|  | |  |  | | |  | | | | | |  | | |  | | | | |  |
| Weight on admission in kg (to 2dp) | | | | | | | | | | |  | | | **.** | | |  | |  | |
|  | |  |  | | | | | | | |  | | |  | | |  | |  | |
| Length on admission in cm (to 1 dp) | | | | | | | | | | |  | | |  | | | **.** | |  | |
|  | |  |  | | | | | | | |  | | |  | | |  | |  | |
| Head circumference on admission in cm (to 1 dp) | | | | | | | | | | |  | | |  | | | **.** | |  | |
|  | | | | | | | | | | |  | | |  | | |  | |  | |
| Gestational age (GA) in weeks | | | | | | | | | | |  | | |  | | |  | |  | |
|  | | | | | |  | | | | | | | |  | | |  | |  | |
| Method of GA assessment (tick all that apply) | | | | | | Mother’s dates Early USS  Early USS  Ballard or other charts | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| Any congenital anomalies? | | | | | | Yes No | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| If congenital anomalies, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |
| Prophylactic antibiotics given? (Well babies with risk factors only -no clinical signs of sepsis) | | | | Yes No Not known | | | | | | | | | | | | | | | | |
| If Yes: |  | | |  | | | | | | | | | | | | | | | | |
| * Betalactam   (e.g. penicillin/ampicillin) | Yes No | | | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| * Aminoglycoside   (e.g. gentamicin) | Yes No | | | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| * Cephalosporin | Yes No | | | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| * Macrolide   (e.g. erythromycin) | Yes No | | | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| * Quinolone   (e.g. ciprofloxacin) | Yes No | | | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| * Other | Yes No | | | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |

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| **Section 4: Feeding and growth (Please remember to complete the weekly growth file)** | | | | | | | |
| Did the baby die before the first feed? | | Yes No Not known | | | | | |
| If no, first feed within 1st hour of birth? | | Yes No Not known | | | | | |
|  | |  | | | | | |
| * If no, time to 1st feed (in hours) | |  |  |  |  |  |  |
|  | |  | | | | | |
| Type of 1st feed | Colostrum Preterm formula Standard formula Other Don’t know | | | | | | |
| * If 1st feed other, specify | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Indicate all types of enteral feed received during admission | | Breast milk Preterm formula  Standard formula Other | | | | | |
| * If other, specify | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Indicate all nutritional supplements received during admission | Human milk fortifiers Vitamin D Calcium Phosphorus Iron Folic acid | | | | | | |

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| Were full feeds (120ml/kg/day) established? | | Yes No Not known | | | | | | |
|  | |  | |  |  |  |  |  |
| If yes, date when full feeds tolerated for 24 hours | | D | | D | M | M | Y | Y |
|  | |  | | | | | | |
| Indicate all methods of feeding received during admission | Direct breastfeeding Tube feeding (OGT/NGT)  Cup/ cup and spoon Other | | | | | | | |
| If other type of feeding – specify | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| Parenteral IV amino acid solution given? | | | Yes No | | | | | |
| Parenteral IV lipid solution given? | | | Yes No | | | | | |
| * If Yes, parenteral feeds date started | | D | | D | M | M | Y | Y |
|  | |  | |  |  |  |  |  |
| * If Yes, parenteral feeds date stopped | | D | | D | M | M | Y | Y |
|  | |  | |  |  |  |  |  |
|  | |  | |  |  |  |  |  |
| Date when birth weight was regained  (enter 09-09-9999 if not regained) | | D | | D | M | M | Y | Y |

|  |  |  |  |  |  |  |  |
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| **Section 5: Morbidity and drugs** | | | | | | | |
| Congenital heart disease present? | | Yes No Not known | | | | | |
| Umbilical vein catheterized? | | Yes No Not known | | | | | |
| Umbilical artery catheterized? | | Yes No Not known | | | | | |
| Patent ductus arteriosus requiring treatment (diuretics, indomethacin/ibuprofen)? | | Yes No Not known | | | | | |
| Transfused during admission? | | Yes No Not known | | | | | |
| * If transfused, indicate type of transfusion | Whole blood Packed RBCs  Plasma Platelets Not known | | | | | | |
| Had exchange blood transfusion for jaundice? | | Yes No Not known | | | | | |
| Received phototherapy? | | Yes No Not known | | | | | |
| Received antifungals (oral or IV)? | | Yes No Not known | | | | | |
| Received antacid, H2 blocker or PPI? | | Yes No Not known | | | | | |
| Common morbidities: *please tick all that apply and complete the relevant Diagnostic Criteria form* | | Asphyxia Sepsis  Respiratory Abdominal signs | | | | | |
|  | |  | | | | | |
| Number episodes of sepsis during admission (*enter “0” if none; enter “99” if not known)* | |  |  |  |  |  |  |
|  | |  | | | | | |
| Number episodes of NEC during admission (*enter “0” if none; enter “99” if not known)* | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |

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| **Section 6: Final outcome infant** | | | | | | | | | | |
| Outcome date | | | | D | D | | M | M | Y | Y |
| Infant final outcome | Discharged home with no morbidities  Discharged home with morbidities  Transferred out  Absconded/discharged against medical advice  Died | | | | | | | | | |
| * If infant died, specify cause of death | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| If discharged home with morbidities | | | | | |  | | | | |
| * Any neurological deficit? | | | Yes No Not known | | | | | | | |
| * If neurological deficit, specify | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| * Hydrocephalus present? | | Yes No Not known | | | | | | | | |
| * If other morbidity, specify: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |

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| Discharge weight (kgs to 2dp) |  |  |  | **.** |  |  |
|  |  |  |  |  |  |  |
| Discharge length (cms to 1 dp) |  |  |  |  | **.** |  |
|  |  |  |  |  |  |  |
| Discharge head circumference (cms to 1 dp) |  |  |  |  | **.** |  |
|  |  | | | | | |
| Was infant discharged on tube feeding (OGT/NGT)? | Yes No Not known | | | | | |
| On discharge was the baby prescribed: |  | | | | | |
| iron | Yes No Not known | | | | | |
| multivitamins | Yes No Not known | | | | | |
| * If yes specify which multivitamins | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Calcium | Yes No Not known | | | | | |
| Folic acid | Yes No Not known | | | | | |
| Probiotics | Yes No Not known | | | | | |
| * If yes specify which probiotics | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Other nutritional supplement on discharge | Yes No Not known | | | | | |
| * If other specify | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

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| **Section 7: Final outcome of mother** | | | | | | |
| Final outcome of mother | Alive Died | | | | | |
| * If mother died, date of death | D | D | M | M | Y | Y |
| * If mother died, cause of death | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CRF checked by** | | | | | | |
| Initials **\_\_ \_\_** Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | D | D | M | M | Y | Y |

**Table: Occupation and Education category**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Category** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **Occupation** | Senior public servants, professionals, managers, large scale traders, businessmen and contractors. | Intermediate grade public servants and senior school teachers. | Junior school teachers, drivers and artisans. | Petty traders, labourers, messengers and similar grades. | Unemployed, students, full time house-wives and subsistence farmers. |
| **EDUCATIONAL LEVEL NIGERIAN** | University graduates or equivalents. | School certificate (ordinary level (GCE) holders who have teaching or other professional training. | School certificate holders or grade II teachers certificate holders or equivalents. | JSS 3 and primary 6 certificate. | Those who can either just read and, write or are illiterate. |
| **EDUCATIONAL LEVEL KENYAN** | University graduates or equivalents. | KCSE holders who have college certificates or diplomas or other professional training. | KCSE holders (have finished secondary school) but have not been to college. | KCPE holders (have finished primary school.) | Some primary school or no formal education. |