

VERMONT OXFORD NETWORK NER DRD Booklet for 2010

Center Number: _____

Network ID Number:

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The Neonatal Encephalopathy Registry (NER) forms are provided to aid Registry participants in collecting and organizing NER patient data for infants who meet the delivery room death criteria specified in the VON Manual of Operations. **Since data on some of the forms include patient identifiers, do not submit this booklet or any of the paper forms to the Vermont Oxford Network.** All Registry data collected should be submitted to the Vermont Oxford Network as electronic files using the Network's eNICQ software. Data files submitted using the eNICQ software do not include any protected health care information, as defined by the U.S. Health Insurance Portability and Accountability Act of 1996. No dates or times will be exported to the Vermont Oxford Network. The Vermont Oxford Network does not accept protected health care information.

Contents:

- I: Eligibility Form
- II: OB/Initial Status Form
- III: Neurological Form
- IV. Diagnoses and Discharge Form

I. ELIGIBILITY FORM

EL1. Hypothermic Therapy Received?

Yes No Unknown

EL2. Gestational Age \geq 36 Weeks 0 Days or More?

Yes No Unknown

If yes to EL2, answer items EL3 through EL8 below.

EL3. Major CNS Congenital Malformation?

Yes No Unknown

EL4. Stupor or Coma within 72 Hours?

Yes No Unknown

EL5. Seizures within 72 Hours?

Yes No Unknown

EL6. Paralysis Induced for First 72 Hours?

Yes No Unknown

EL7. APGAR Score at 5 Minutes of 3 or Less?

Yes No Unknown

EL8. Eligible for NER?

Yes No



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II. OB/INITIAL STATUS FORM

PART A, OBSTETRIC-PERINATAL HISTORY

OB1. Mode of Delivery (select one):

- Vaginal without Vacuum or Forceps
- Vacuum and/or Forceps Assisted Vaginal
- C Section before Labor Started
- C Section after Labor Started
- C Section after Failed Vacuum or Forceps Delivery
- Unknown

OB2. Presentation (select one):

- Vertex
- Breech
- Transverse
- Other
- Unknown

OB3. Ruptured Membranes 24 Hours or More Prior to Delivery?

- Yes
- No
- Unknown

OB4. Cord Prolapse?

- Yes
- No
- Unknown

OB5. Uterine Rupture?

- Yes
- No
- Unknown

OB6. Antepartum Hemorrhage?

- Yes
- No
- Unknown

OB7. Chorioamnionitis?

- Yes
- No
- Unknown

OB8. Maternal Temperature during Labor and Delivery:

a. Maternal Temperature Recorded?

- Yes
- No
- Unknown

b. Temperature of Mother:

Record the highest intrapartum maternal temperature and the units in which it was recorded.

Use a single decimal place, e.g. 36.7° C or 98.2° F: . ° C ° F

OB9. Antenatal Magnesium Exposure:

- Yes
- No
- Unknown



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OB10. Maternal Hypertension, Pre-eclampsia, or Eclampsia?

Yes No Unknown

OB11. Maternal Diabetes?

Yes No Unknown

OB12. Maternal Hypothyroidism?

Yes No Unknown

OB13. Non-Reassuring Fetal Assessment:

a. Bradycardia Prior to Delivery?

Yes No Unknown

b. Tachycardia Prior to Delivery?

Yes No Unknown

c. Decreased FHR Variability Prior to Delivery?

Yes No Unknown

d. Prolonged or Recurrent Decelerations Prior to Delivery?

Yes No Unknown

OB14. Umbilical Cord Blood Sampling:

a. Cord Blood Sampling Performed?

Yes No Unknown

If "Yes" to a, answer questions b and c below

b. pH from Cord Blood Sample:

Record the lowest cord blood pH to 2 decimal places:

		.		
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c. Base Deficit from Cord Blood Sample: Range: -20.0 to 40.0, 99.9

Record the worst cord blood base deficit (mmoles/liter) to the

nearest tenth (base deficit is normally a positive number): + / -

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OB15. Assisted Reproduction?

Yes No Unknown

OB16. Placenta Sent for Pathology?

Yes No Unknown

PART B, INFANT'S INITIAL CLINICAL STATUS

OB17. Age at Admission: Not Applicable

OB18. APGAR Score at 10 Minutes: _____

OB19. Assisted Ventilation at 10 minutes?

Yes No Unknown

OB20. Infant Arterial, Venous, or Capillary Blood Gas:

a. Arterial, Venous, or Capillary Blood Gas Obtained During First Hour of Life?

Yes No Unknown

If "Yes" to a, answer questions b and c below.

b. pH from Arterial, Venous, or Capillary Blood Gas: Range: 5.00-8.00, 99.99

Record the lowest arterial, venous, or capillary pH obtained within the first hour of life to 2 decimal places: .

c. Base Deficit from Arterial, Venous, or Capillary Blood Gas:

Range: -20.0 to 40.0, 99.9

Record the worst arterial, venous, or capillary base deficit obtained within the first hour of life to the nearest tenth (base deficit is normally a positive number): + / - .



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OB21. Temperature of Infant:

a. Infant Temperature Recorded within 72 Hours of Birth?

Yes No Unknown

If "Yes" to a, answer questions b and c below.

b. Highest Temperature of Infant:

Record the highest temperature within 72 hours of birth and the units in which it was recorded.

Use a single decimal place, e.g. 36.7° C or 98.2° F: . ° C ° F

c. Lowest Temperature of Infant:

Record the lowest temperature within 72 hours of birth and the units in which it was recorded.

Use a single decimal place, e.g. 36.7° C or 98.2° F: . ° C ° F



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III. NEUROLOGICAL

PART A, NEUROLOGICAL INDICATORS ON DAY 1

	Neuro Status Day 1 (< 6 Hours)
NU1. Infant Alive During Examination Period?	<input type="checkbox"/> Yes
NU2. Paralysis for the Entire Examination Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If infant was alive and not paralyzed during the examination period, complete item NU3 through NU11 below based on the <u>worst</u> state during the examination period.	
NU3. Conscious State: (Select the worst)	<input type="checkbox"/> Normal <input type="checkbox"/> Irritability <input type="checkbox"/> Lethargy <input type="checkbox"/> Stupor <input type="checkbox"/> Coma <input type="checkbox"/> Unknown
NU4. Brainstem Function:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
NU5. Movements:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
NU6. Posturing:	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown
NU7. Tone:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
NU8. Reflexes:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
NU9. Feeding:	<input type="checkbox"/> No enteral feedings <input type="checkbox"/> No feedings by mouth <input type="checkbox"/> Some feedings by mouth <input type="checkbox"/> All feedings by mouth <input type="checkbox"/> Unknown
NU10. Assisted Ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
NU11. Clinical Seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown



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All Other Neurological Form Items Not Applicable

IV. DIAGNOSES AND DISCHARGE FORM

PART A, DIAGNOSES

DD1 – DD7 Not Applicable

DD8. Prenatal TORCH Infection:

a. Prenatal TORCH Infection Present?

Yes No Unknown

If "Yes" to a, indicate which of the prenatal infections in b through f below were present.

b. Toxoplasmosis?

Yes No Unknown

c. Rubella?

Yes No Unknown

d. Syphilis?

Yes No Unknown

e. Cytomegalovirus?

Yes No Unknown

f. Herpes Simplex?

Yes No Unknown

DD9. Congenital Neuromuscular Disorder?

Yes No Unknown

If "Yes", describe: _____

DD10. Birth Trauma?

a. Traumatic Birth Injury?

Yes No Unknown

If "Yes" to a, answer questions b through h below:

b. Spinal Cord Injury?

Yes No Unknown

c. Brachial Plexus Injury?

Yes No Unknown



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d. Skull Fracture?

Yes No Unknown

e. Long Bone Fracture?

Yes No Unknown

f. Clavicle Fracture?

Yes No Unknown

g. Cephalhematoma?

Yes No Unknown

h. Other Traumatic Birth Injury?

Yes No Unknown

If "Yes", describe: _____

DD11 – DD16 Not Applicable

DD17. Autopsy Status:

- N/A
- Autopsy performed
- Autopsy Permission Requested and Denied
- Autopsy Permission Not Requested
- Unknown

V. HYPOTHERMIC THERAPY FORM

All Items Not Applicable

