Woman's date of birth:						
D D	I	M	M	1	Υ	Υ

Woman's study number:						

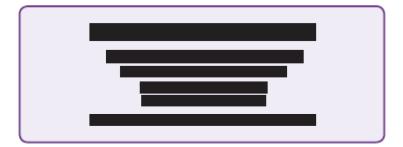


## Higher Level of Care data collection form INFANT

Please complete this form if an infant delivered to a woman randomised in the BUMPES study was admitted to a higher level of care.

Please liaise with the local Principal Investigator and neonatal staff to complete this form.

Please complete in black ballpoint pen.



Section 1: H	igher level of care detai	ils			
1.1 Please give deta definitions)	ails of the infant's higher level of care (not	incl	uding transitional o	are): (please see	
	Level of care required		Time in each setting		
	(Please tick all that apply)	Ī	Number of Hours	Number of Days	
			(if <24 hrs)	(1 day = 24 hrs)	
	Special Care	4			
	High Dependency Intensive Care	4			
	Intensive Care				
1.2 Please state th	e primary reason for admission into h	igh	er care:		
transfer from t	undergo any surgery after birth and pr	ior	to discharge or	Yes No	
_	ry 1: Date of surgery:		DD	/MM/YY	
_	ry 2: Date of surgery:		DD	/MM/YY	
	ry 3: Date of surgery:		•	/MM/YY	
	ry 4: Date of surgery:		D_D	/MM/YY	

Section 3: Investigations	
3.1 Did the infant have any X-rays, CT scans or MRI scans after birth and prior to discharge or transfer from this hospital?	Yes No
If Yes, please indicate which investigations were performed:	
X-rays If ticked, h	ow many?
CT-scans If ticked, h	· ;
MRI If ticked, h	
wiki 🔝 ii doked, ii	ow many:
Section 4: Outcome (Please complete only one of the outcome sections bel	ow)
4.1 Discharge home	
Was the infant discharged home from this hospital?	s No
If Yes, please give date of discharge home:	MM/YY
4.2 Transfer to another hospital	
·	
Was the infant discharged to another hospital? Ye	s No
If Yes, name of the transfer hospital:	
Please specify how the infant was transferred:	
Ambulance Helicopter	Other
If Other, please specify:	
Date of transfer:	M M / Y Y
4.3 Death	
Did the infant die during their stay in this hospital?	s No
If Yes, has the cause of death been identified?	s No
Please provide brief details of what was written on the death certificate:	
Date of death:	MM/YY
Form completed by: (Please print) Date completed:	DIAMIWIA A
Name of hospital:	
Principal Investigator's signature:	
rsion 2, Feb 2012 Infant Higher Level of Care data collection form	Page 3

## British Association of Perinatal Medicine Definitions of Care

Special Care: A nurse should not be responsible for care of more than four babies receiving Special or Normal Care.

 special care is provided for all other babies who could not reasonably be expected to be looked after at home by their mother.

High Dependency Care: A nurse should not be responsible for the care of more than two babies in this category:

- · receiving NCPAP for any part of the day and not fulfilling any of the criteria for intensive care
- · below 1000g current weight and not fulfilling any of the criteria for intensive care
- receiving parenteral nutrition
- receiving oxygen therapy and below 1500g current weight
- requiring treatment for neonatal abstinence syndrome
- · requiring specific procedures that do not fulfil any criteria for intensive care:
  - care of an intra-arterial catheter or chest drain
  - partial exchange transfusion
  - tracheostomy care until supervised by a parent
- · requiring frequent stimulation for severe apnoea

Intensive Care: These babies have the most complex problems. They need 1:1 care by a nurse with a neonatal qualification. The possibility of acute deterioration is such that there should be the constant availably of a

- · receiving any respiratory support via a tracheal tube and in the first 24 hours after its withdrawal
- · receiving NCPAP for any part of the day and less than five days old
- below 1000g current weight and receiving NCPAP for any part of the day and for 24 hours after withdrawal
- · less than 29 weeks gestational age and less than 48 hours old
- requiring major emergency surgery, for the pre-operative period and post-operatively for 24 hours
- · requiring complex clinical procedures:
  - full exchange transfusion
  - peritoneal dialysis
  - infusion of an inotrope, pulmonary vasodilator or prostaglandin and for 24 hours afterwards
- any other very unstable baby considered by the nurse-in-charge to need 1:1 nursing: for audit, a register should be kept of the clinical details of babies recorded in this category
- · a baby on the day of death

Please agree the content of this form with your local Principal Investigator (PI) then return this completed form to the BUMPES Co-ordinating Centre using the FREEPOST envelope.

## Thank you for completing this form





