

Woman's date of birth:

D	D	/	M	M	/	Y	Y
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Woman's study number:

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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.

██

██

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Section 1: Higher level of care details

1.1 Please give details of the infant's higher level of care (not including transitional care): (please see definitions)

Level of care required (Please tick all that apply)	Time in each setting	
	Number of Hours (if <24 hrs)	Number of Days (1 day = 24 hrs)
Special Care <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
High Dependency Intensive Care <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Intensive Care <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

1.2 Please state the primary reason for admission into higher care:

Section 2: Surgery

2.1 Did the infant undergo any surgery after birth and prior to discharge or transfer from this hospital?

Yes No

If Yes, please give details below:

Surgery 1: Date of surgery: / /
 Type of surgery: _____

Surgery 2: Date of surgery: / /
 Type of surgery: _____

Surgery 3: Date of surgery: / /
 Type of surgery: _____

Surgery 4: Date of surgery: / /
 Type of surgery: _____

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, how many?

CT-scans If ticked, how many?

MRI If ticked, how many?

Section 4: Outcome *(Please complete only one of the outcome sections below)*

4.1 Discharge home

Was the infant discharged home from this hospital?

Yes No

If Yes, please give date of discharge home:

/ /

4.2 Transfer to another hospital

Was the infant discharged to another hospital?

Yes 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:

/ /

4.3 Death

Did the infant die during their stay in this hospital?

Yes No

If Yes, has the cause of death been identified?

Yes No

Please provide brief details of what was written on the death certificate:

Date of death:

/ /

Form completed by: *(Please print)* _____ Date completed: / /

Name of hospital: _____

Principal Investigator's signature: _____

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 availability of a competent doctor:

- 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

