

Figure 3

Form Summarizing Information Provided for Each Mother and Neonate

Address				Phone No 1			
Gynecologist				Phone No 2			
Type of Room		Single Bed Room		Two-Bed Room		Lux Room	
Born	First Born	Second Born		Third Born		Fourth Born & Over	
Sex of the Baby				Date of Birth			
Birth Weight		Gestational Age		Pediatrician			
Type of Delivery				Multiple Gestation		Neonate Unit	
EMERGENCY CESAREAN SECTION (CS) SECONDARY TO PROLAPSED CORD				Single Gestation		Admission at 1 ST level	
EMERGENCY CS SECONDARY TO FETAL DISTRESS				Twin Gestation		Admission at 2 ND level	
EMERGENCY CS SECONDARY TO LABOR DYSTOCIA				Triple Gestation		Admission at 3 ND level	
EMERGENCY CS SECONDARY TO PLACENTA ABRUPTION				Multiple Gestation		Observations	
EMERGENCY CS SECONDARY TO MATERNAL INDICATION							
Elective CS							
Normal – Breech Presentation							
Maternal Problems							
Bleeding During Gestation		Amniocentesis		Placenta Abruption			
Diabetes		In Vitro Fertilization (IVF)		Smoker			
Maternal Infection		Drugs – Narcotics		Oligamnio			
Pathological Biophysical Profile		Prenatal Ultrasound (US)		Rupture of Membranes <18H			
Premature Rupture of Membranes >18H		Congenital Infection		Toxemia			
Hydrannio		Observation: write down up to three problems					
Prenatal Steroid Administration		One Dose		Two Doses			
		Three Doses					
Neonatal Resuscitation		Neonatal Jaundice		Respiratory Diseases			
No Need		Jaundice-No Need for Treatment		Respiratory Distress Syndrome			
Respiratory Mask (Ambu)		Unknown Cause – Phototherapy		Transient Tachypnea of newborn			

Respiratory Mask (Ambu)- Intubation		Unknown Cause - Exchange Transfusion		Spontaneous Pneumothorax	
Respiratory Mask (Ambu) Intubation Cardiac Massage		Rhesus Incompatibility- Phototherapy		Meconium Aspiration	
Respiratory Mask (Ambu)- Intubation-Cardiac Massage Adrenaline (Epinephrine)		Rhesus Incompatibility - Exchange Transfusion		Congenital Pneumonia	
OTHER		ABO Incompatibility- Phototherapy		Persistent Fetal Circulation	
		ABO Incompatibility - Exchange Transfusion			
Perinatal Asphyxia (Anoxia)					
Mild APGAR Score <7 at 1'					
Medium APGAR score 4-7 at 5'					
Severe APGAR Score <4 at 5'					
Seizures – Convulsions					
Respiratory Disease Treatment					
Diffuse F ₁ O ₂		nCPAP+PTV		Diffuse F ₁ O ₂ +nCPAP+PTV	
Diffuse F ₁ O ₂ +HOOD		nCPAP+PTV+HFO		Diffuse F ₁ O ₂ +nCPAP+PTV+HFO	
n.CPAP		nCPAP+PTV+HFO+NO		Diffuse F ₁ O ₂ +nCPAP+PTV+HFO+NO	
SIMV- PTV		PTV+HFO		Other	
Duration of Respiratory Treatment (Days)					
Nasal CPAP		Cerebral Bleeding		Other Diagnoses	
Ventilator Apparatus		First-Grade Intraventricular Hemorrhage (IVH)		Simple Observation	
Bubble CPAP		Second-Grade IVH		Simple Prematurity	
Administration Surfactant		Third-Grade IVH		Newborn of Diabetic Mother	
Administration CUROSURF 1 Time		Fourth-Grade IVH		Congenital Laryngeal Inspiration	
Administration CUROSURF 2 Times		Periventricular Leucomalacia (PVL)		Cardiorespiratory Failure	
Administration CUROSURF 3 Times		Methemorrhagic Hydrocephalus		Heart Failure	
Administration CUROSURF >3		Intracerebellar Hemorrhage		Peritonitis	

Times			
Administration SURVANTA 1 Time	Subarachnoid Hemorrhage		DIC
Administration SURVANTA 2 Times	Subdural Hemorrhage		IUGR
Administration SURVANTA 3 Times			GOR-Gastroesophageal Reflux
Administration SURVANTA >3	Circulatory Diseases		Nutrition
	Acyanotic Congenital- Open Ductus Arteriosus- Indocid		Oral with Maternal Milk
Mechanical Ventilation Complications	Acyanotic Congenital- Open Ductus Arteriosus- No Indocid		Oral with Maternal Milk + Fortifier
Bronchopulmonary Dysplasia-Mild	Acyanotic Congenital- Open Ductus Arteriosus- Ligation		Oral with Special Formula
Bronchopulmonary Dysplasia-Moderate	Acyanotic Congenital-Aortic Stenosis		Oral with Maternal and Normal Milk
Bronchopulmonary Dysplasia-Severe	Acyanotic Congenital- Atrioventricular Communication- AV. Canal		Oral with Maternal and Special Formula
Pneumothorax	Acyanotic Congenital – Ventricular Septal Defect (VSD)		Parenteral for <7 Days
Interstitial Emphysema	Acyanotic Congenital – Atrial Septal Defect (ASD)		Parenteral for 7 – 28 Days
Pneumomediastinum	Acyanotic Congenital–Peripheral Pulmonary Stenosis		Parenteral for >28 Days
Pulmonary Hemorrhage	Acyanotic Congenital-Fallot Tetralogy		
Subcutaneous Emphysema	Acyanotic Congenital Ligation PDA		Surgical
Congenital Infections	Cardiac Arrhythmia		Congenital Hydronephrosis
CMV	Cyanotic Congenital-Tricuspid Ebstein Disorder		Cryptorchidism
Coxsackie B (Enteroviruses)	Cyanotic Congenital-Arterial Caudex		Harelip-Cleft Palate
HIV	Cyanotic Congenital-Pulmonary Atresia		Pyloric Stenosis
PARVOVIRUS 8-19	Cyanotic Congenital-Tricuspid Atresia		Oesophageal Atresia
Chickenpox	Cyanotic Congenital Transposition of Great Vessels		Ovary Bladder
Viral Infection Check-Up	Cyanotic Congenital Single Ventricle		Atresia Gut
Herpes Simplex	Myocardiopathy		Diaphragmatic Atresia
Rubella			
Hepatitis			Neurological Condition at Exit
Mycoplasma			Fine

Lyme Disease	Congenital Disorders	Suspicious	
Syphilis	Unknown Syndrome	Pathologic	
Toxoplasmosis	Known Syndrome		
Chlamydia	Multiple Congenital Disorders	Exit	
	Congenital Encephalocele	Discharge Home	
	Congenital Meningocele	Discharge To Another Hospital	
Microbial Infections			
Microbial Infection Check-Up	Congenital Myelomeningocele	Transfer To Morgue (Death)-Autopsy Consent	
Necrotizing Enterocolitis (NEC)	Congenital Hydrocephalus	Transfer To Morgue (Death)-No Autopsy Consent Accept	
Suspected Necrotizing Enterocolitis (NEC)	Trisomy 13-15		
Urine Infection	Trisomy 18		
Early Onset Meningitis (- ENY)	Trisomy 21		
Early Onset** Meningitis (+ ENY)	Chromosomal Disorders		
Early Onset E coli Septicemia			
Early Onset Klebsiella Septicemia	CONGENITAL METABOLIC DISORDERS	Readmission	
Early Onset Serratia Septicemia	Congenital Hypothyroidism	Readmission Cause	
Early Onset Staph COAG (-) Septicemia	Congenital Adrenal Hyperplasia	Age (DAYS)	
Early Onset Staph COAG (+) Septicemia	Galactosemia	Transfer To Morgue (Death)-No Autopsy Consent Accept	
Early Onset Strep Type B Septicemia	Ambiguous Genitalia	Transfer To Morgue (Death)-Autopsy Consent	
Early Onset Septicemia From Other Microbes	Other Metabolic Disturbance	Discharge Home	
Early Onset Fungal Septicemia		Transfer To Ward	
Septic Arthritis	Vision Disorders	Hospital Stay (During Readmission)	
Late Onset* Meningitis with Negative Cerebral + Spinal Fluid (-CSF)	Normal		
Late Onset Meningitis with Positive Cerebral + Spinal Fluid (+ CSF)	ROP Stage I	Discharge age(days)	
Late Onset E Coli Septicemia	ROP Stage II	Total Cost (€)	0.00
Late Onset Klebsiella Septicemia	ROP Stage III Without Photocoagulation		
Late Onset Serratia Septicemia	ROP Stage III With Photocoagulation	Follow Up	
Late Onset Staph COAG (-) Septicemia	ROP Stage IV Without Photocoagulation	Severe Mental Deficit Hysteresis	

Late Onset Staph COAG (+) Septicemia	ROP stage IV With Photocoagulation	Severe Hemiplegia	
Late Onset Strep Type B Septicemia	Congenital Glaucoma	Severe Monoplegia	
Late Onset Septicemia from Other Microbes	Congenital Eye Disorders	Severe Tetraplegia	
Late Onset Fungal Septicemia	Congenital Catarract	Severe Triplegia	
		Severe Bilateral Blindness	
	Hearing Disorders	Moderate Deafness	
	Normal	Unilateral Blindness	
	Bilateral Absence of Acoustic Dynamics	Moderate Dysfunction – Lenient Monoplegia Diplegia	
	Unilateral Absence of Acoustic Dynamics	Moderate Dysfunction - Mild Neuro-Developmental Disturbances	
	Complete Deafness	Normal Child	

* late onset >7 days

**early onset <3 days