BASIC Data Definitions:

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| Term/Concept | Data Definition |
| Data Collection Definition | **Data Collection Instructions:**   * Please collect data on all live born neonates born between 24-44 weeks gestation receiving any intravenous (IV) antibiotics within the first 72 hours of life (including newborns who die within 72 hours of life). * Exclude newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life. * If a live born newborn 24-44 weeks gestation receives any intravenous (IV) antibiotics within the first 72 hours of life and is transferred within the first 72 hours of life, the receiving hospital will submit data on the newborn and should request from the transferring hospital any information pertinent to completion of the data form (including newborns who die within 72 hours of life). * Data will be submitted monthly for all newborns born that month who meet the following definition. Data should be submitted by the 15th of the month for the previous month.   **Additional Transfer Guidance (updated 1.25.2021)**   * **Transferring hospitals -** please work with the receiving hospital to share all applicable information regarding maternal risk factors for Early Onset Sepsis and any actions taken regarding newborn initiation, administration, and de-escalation of antibiotics at your hospital prior to transfer. * **Receiving hospitals -** please work with the transferring hospital to receive all applicable information regarding maternal risk factors for Early Onset Sepsis and any actions taken regarding newborn initiation, administration, and de-escalation of antibiotics at the transferring hospital prior to receiving the newborn. * **Receiving hospitals -** complete data submission on transferred newborns to the best of your ability. If you cannot answer questions regarding maternal risk factors for Early Onset Sepsis and any actions taken regarding newborn initiation, administration, and de-escalation of antibiotics at the transferring hospital prior to receiving the newborn, please designate “Unknown” or “999” in questions you cannot answer. |
| Race | parent self-report |
| Ethnicity | parent self-report |
| [AAP recommended assessment tools for EOS include](https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191881/F1.large.jpg?download=true): | Sepsis Risk Calculator  Categorical risk factor assessment (maternal risk factors alone)  Risk assessment primarily based on newborn clinical condition with serial physical exams |
| [AAP Risk Assessment Algorithm](https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191881/F2.large.jpg?download=true) | [AAP Risk Assessment Algorithm](https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191881/F2.large.jpg?download=true) |
| Chorioamnionitis | Diagnosis determined by obstetrician at delivery |
| Broad Spectrum Antibiotics | ***GBS specific IAP include:*** *Penicillin or ampicillin, and if Penicillin allergy then cefazolin (updated 1.25.2021)*  **Broad spectrum include:** Other cephalosporins, fluoroquinolones, extended spectrum beta-lactam, or any IAP antibiotic plus an aminoglycoside. |
| Neonatal Risk factor indications for prescribing antibiotics for newborns ≥ 35 0/7 | Documented in patient progress note:  **Respiratory Distress:** grunting, flaring, retracting, tachypnea, need for respiratory support or supplemental oxygen  **Hemodynamic instability:** pallor, poor perfusion, decreased level of consciousness, and metabolic acidosis, decreased blood pressure  **Abnormal chest x-ray**  **Abnormal blood values:** abnormal CBC, CRP, or other infectious indicators  **Other:** temperature instability, abdominal distention, apnea/bradycardia |
| Neonatal Risk Factors indications for prescribing antibiotics for newborns <35 | Documented in patient progress note:  **Prematurity:** gestational age <35 weeks  **Respiratory Distress:** grunting, flaring, retracting, tachypnea, need for respiratory support or supplemental oxygen  **Hemodynamic instability:** pallor, poor perfusion, decreased level of consciousness, and metabolic acidosis, decreased blood pressure  **Abnormal chest x-ray**  **Abnormal blood values:** abnormal CBC, CRP, or other infectious indicators  **Other:** temperature instability, abdominal distention, apnea/bradycardia |
| Blood Culture | 1mL Vascular specimen drawn aseptically. Refer to your specific hospital protocol on how to obtain and from which sites to obtain specimen from. |
| Rational for continuing antibiotics **for newborns ≥ 35 0/7** | Documented in patient progress note:  **Respiratory Distress:** grunting, flaring, retracting, tachypnea, need for respiratory support or supplemental oxygen  **Hemodynamic instability:** pallor, poor perfusion, decreased level of consciousness, and metabolic acidosis, decreased blood pressure  **Abnormal chest x-ray**  **Abnormal blood values:** abnormal CBC, CRP, or other infectious indicators  **Other:** temperature instability, abdominal distention, apnea/bradycardia |
| Rationale for continuing **antibiotics for newborns < 35** | Documented in patient progress note:  **Prematurity:** gestational age <35 weeks  **Respiratory Distress:** grunting, flaring, retracting, tachypnea, need for respiratory support or supplemental oxygen  **Hemodynamic instability:** pallor, poor perfusion, decreased level of consciousness, and metabolic acidosis, decreased blood pressure  **Abnormal chest x-ray**  **Abnormal blood values:** abnormal CBC, CRP, or other infectious indicators  **Other:** temperature instability, abdominal distention, apnea/bradycardia |
| Parent and Family Education: | Teach back: parent is able to accurately verbalize information received by medical provider |