|  |  |
| --- | --- |
| **ILPQC Babies Antibiotic Stewardship Improvement Collaborative (BASIC)**  **Monthly Newborn Data Form** | |
| **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. | |
| REDCAP Identifiers | |
| REDCap Record ID | REDCap Record ID: \_\_\_\_\_\_\_\_\_ (automatically generated) |
| Hospital ID Number | Hospital ID Number: \_\_\_\_\_\_\_\_ |
| If your team did not care for any newborns 24-44 weeks that received antibiotics within 72 hours this month (or transferred them all out of your hospital within 72 hrs), please select the month you're reporting for.  *Only complete this question if your team had no newborns to report in a month* | Month: \_\_\_\_\_\_\_\_ |
| 1. Maternal Demographics | |
| 1. Maternal Age | Maternal Age: \_\_\_\_\_\_\_\_ |
| 1. Type of Delivery | * Vaginal * Cesarean section without labor * Cesarean section with labor |
| 1. Infant Demographics | |
| 1. Location of initial admission | * Neonatal Intensive Care Unit (Level 3/4) * Immediate Care/Special Care Nursery (Level 2/2E) * Newborn Nursery (Level 1) |
| 1. Date of Birth (MM/DD/YYYY) | Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| 1. Time of Birth (hh:mm) | Time of Birth \_\_\_\_ : \_\_\_\_ |
| 1. Gestational age at birth (weeks, 24-44) | Gestational age, weeks: \_\_\_\_ |
| 1. Gestational age at birth *(days, 0-6)* | Gestational age, days: \_\_\_\_\_ |
| 1. Birth Weight *(grams)* | Birth weight: \_\_\_\_\_ |
| 1. Did the infant die within 72 hours of life? | * Yes * No |
| 1. Insurance Status | * Medicaid/Public * Private * Uninsured/Self-Pay * Unknown |
| 1. Maternal Zip Code of Residence | Zip Code: \_\_\_\_\_ |
| 1. Race (select all that apply) | * Black * White * Asian * Other * Unknown/Declined |
| 1. Ethnicity (select all that apply) | * Hispanic * Non-Hispanic * Unknown/Declined |
| 1. Infant Sex | * Male * Female * Unassigned/Unknown |
| 1. Hospital Information | |
| 1. Was the infant born in your hospital? | * Yes * No (Transferred from another hospital)   + If transferred, from which hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If no, date of transfer from hospital | * Transfer Date \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| 1. Time of Transfer (hh:mm) | * Time of Transfer \_\_\_\_ : \_\_\_\_ |
| 1. For newborns ≥ 35 0/7 weeks gestation | |
| 1. Was a risk assessment tool used and documented to evaluate risk for early onset sepsis (EOS)?   *Data Definition:*  [*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* | * Yes * No * Unknown |
| 1. For newborns 24 0/7 to <35 weeks gestation | |
| 1. Was the American AAP recommended risk assessment algorithm used and documented to evaluate risk of early onset sepsis?   *Data Definition:* [*AAP Risk Assessment Algorithm*](https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191881/F2.large.jpg?download=true) | * Yes * No * Unknown |
| 1. For Newborns All Gestational Ages | |
| 1. Is there documentation of the maternal risk factors for neonatal EOS in the pediatric medical chart? | * Yes * No * Unknown |
| Maternal Risk Factors for prescribing antibiotics | |
| 1. Presence of chorioamnionitis (intraamniotic infection)?   *Data Definition: diagnosis determined by obstetrician at delivery* | * Yes * No * Unknown |
| 1. Highest maternal temperature antepartum up until 1 hour postpartum   *To the nearest 0.1 degree in Fahrenheit* | * \_\_\_\_\_\_\_ F |
| 1. Duration of Rupture of Membranes | * \_\_\_\_\_\_\_ Hours |
| 1. Maternal GBS status | * Negative * Positive * Unknown |
| 1. Type of intrapartum antibiotics   *Data Definition:*  ***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.* | * Broad spectrum antibiotics > 4 hrs prior to birth * Broad spectrum antibiotics 2-3.9 hrs prior to birth * GBS specific antibiotics > 2 hrs prior to birth * No antibiotics or any antibiotics < 2 hrs prior to birth |
| Neonatal Risk Factors | |
| 1. Please select Neonatal Risk Factors indications for prescribing antibiotics for newborns ≥ 35 0/7 (select all that apply)   *Data Definition:*  *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* | * Respiratory distress * Hemodynamic instability * Abnormal chest x-ray * Abnormal blood values * Other: \_\_\_\_\_ |
| 1. Please select Neonatal Risk Factors indications for prescribing antibiotics for newborns <35 (select all that apply)   *Data Definition:*  *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* | * Prematurity * Respiratory distress * Hemodynamic instability * Abnormal chest x-ray * Abnormal blood values * Other: \_\_\_\_\_ |
| 1. Was a blood culture drawn prior to initiation of antibiotics?   *Data Definition: 1mL Vascular specimen drawn aseptically. Refer to your specific hospital protocol on how to obtain and from which sites to obtain specimen from.* | * Yes * No * Unknown |
| 1. Date of blood culture draw (mm/dd/yyyy) | \_\_\_/\_\_\_/\_\_\_\_ |
| 1. Time of the blood culture drawn (hh:mm) | \_\_\_\_ : \_\_\_\_ |
| 1. What was the result from the blood culture? | * Negative * Positive |
| 1. If Positive, what bacteria were identified? (select all that apply) | * E. Coli * GBS * Listeria * MRSA * MSSA * CONS * Other: \_\_\_\_\_\_\_\_\_\_ |
| 1. Indicate which intravenous (IV) antibiotics was **initially** administered to the infant **within** the first 72 hours of life (select all that apply) | * Ampicillin * Gentamicin * Vancomycin * Cephalosporin * Other: \_\_\_\_\_\_ |
| 1. Date of first administered antibiotic dose (MM/DD/YYYY) | * \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) |
| 1. Time of first administered antibiotic dose (hh:mm) | * \_\_\_\_ : \_\_\_\_ (hh:mm) |
| 1. Date of last antibiotic dose of uninterrupted antibiotic course. (MM/DD/YYYY) | * \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) |
| 1. Time of last antibiotic dose of uninterrupted antibiotic course. (hh:mm) | * \_\_\_\_ : \_\_\_\_ (hh:mm) |
| 1. Did the infant receive a **change** in intravenous (IV) antibiotic regimen **within** the first 72 hours of life? | * Yes * No * Unknown |
| 1. If Yes, indicate which antibiotic(s) was administered (select all that apply) | * Ampicillin * Gentamicin * Vancomycin * Cephalosporin * Nafcillin/Oxacillin * Penicillin * Other: \_\_\_\_\_\_ |
| 1. Was the anticipated duration of antibiotic course discussed by the clinical team (antibiotic time out)? (Updated 2.1.2021) | * Yes * No * Unknown |
| 1. Was an antibiotic automatic stop time order entered into the infant’s chart? | * Yes * No * Unknown |
| 1. Was any antibiotic continued past 48 hours from culture collection with no growth (negative)? (Updated 9.1.2021)   *Data Definition:*  *Was an antibiotic continued past 48 hours from culture collection with no growth* | * Yes, antibiotic continued past 48 hours * No, antibiotic stopped at >36 and ≤48 hours * No, antibiotic stopped at ≤36 hours * Unknown * N/A- Blood Culture Positive |
| 1. If Yes, please indicate rationale for continuing antibiotics **for newborns ≥ 35 0/7 (select all that apply)**   *Data Definition:*  *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* | * Respiratory distress * Hemodynamic instability * Abnormal chest x-ray * Abnormal blood values * Positive CSF culture or abnormal CSF lab values * Positive ETT culture * Other: \_\_\_\_\_ |
| 1. If Yes, please indicate rationale for continuing **antibiotics for newborns < 35 (select all that apply)**   *Data Definition:*  *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* | * Prematurity * Respiratory distress * Hemodynamic instability * Abnormal chest x-ray * Abnormal blood values * Positive CSF culture or abnormal CSF lab values * Positive ETT culture * Other: \_\_\_\_\_ |
| 1. Was parent/family education provided on antibiotics, early onset sepsis, and treatment plan for newborn antibiotics and early onset sepsis? | * Yes * No * Unknown |
| 1. If yes, was education provided in the parent/family’s preferred language? | * Yes * No * Unknown |
| 1. If yes, how was the parent/family education provided? (select all that apply)   *Data Definition: Teach back- parent is able to accurately verbalize information received by medical provider* | * Written * Verbal * Teach-back * Other: \_\_\_\_\_\_\_\_\_ * Unknown |
| Additional Comments: | |