**Hospital ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **REDCap Record ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maternal Age: \_\_\_\_\_\_\_\_\_\_\_\_ Delivery:** ○ Vaginal ○ Cesarean section no labor ○ Cesarean section with labor

**Insurance Status:** ○ Medicaid/Public ○ Private ○ Uninsured/Self-Pay ○ Unknown

**Maternal Zip Code of Residence: \_\_\_\_\_\_\_\_\_\_**

**Race (*select all that apply*) Ethnicity (*select all that apply*)**

🞎 Black 🞎 White 🞎 Asian 🞎 Other 🞎 Unknown/Declined 🞎 Hispanic 🞎 Non-Hispanic 🞎 Unknown/Declined

**Location of initial admission:** ○ NICU (Level 3/4) ○ SCN (Level 2/2E) ○ Newborn Nursery (Level 1)

**Date of Birth (*mm/dd/yyyy*):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Birth (*hh:mm*):** \_\_\_\_:\_\_\_\_ **Birth weight (*grams*):** \_\_\_\_

**Gestational age at birth: *Weeks (24-44): \_\_\_\_ Days (0-6):*** \_\_\_\_ **Infant Sex** 🞎 Male 🞎 Female 🞎 Unassigned/Unknown

**Did the infant die within 72 hours of life?** ○ Yes ○ No

**Hospital Information**

**Was the infant born in your hospital?** ○ Yes ○ No ○If transferred, from which hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no, date of transfer from hospital (*mm/dd/yyyy*):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Transfer (*hh:mm*):** \_\_\_\_:\_\_\_\_

**Newborns ≥ 35 0/7 Risk assessment tool for EOS?** ○ Yes ○ No ○ Unknown

**Newborns <35 Weeks Gestation AAP risk assessment for EOS?** ○ Yes ○ No ○ Unknown

**For Newborns All Gestational Ages**

|  |  |
| --- | --- |
| **Maternal Risks** | |
| **Documentation of maternal risk factors for neonatal EOS in the pediatric medical chart?** ○ Yes ○ No ○ Unknown | |
| **Chorio?** ○ Yes ○ No ○ Unknown **Highest Maternal Temp oF** \_\_\_\_\_\_ **Duration of ROM** \_\_\_\_\_\_\_\_\_  **GBS status:** ○ Negative ○ Positive ○ Unknown  **Intrapartum antibiotics** ○ Broad > 4 hrs ○ Broad 2-3.9 hrs ○ GBS specific > 2 hrs ○ None or < 2 hrs | |
| **Neonatal Risks** | |
| **Newborns ≥ 35 0/7** | 🞎 RDS 🞎 Hemodynamic instability 🞎 Abnormal CXR 🞎 Abnormal blood values  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **Newborns <35** | 🞎 Prematurity 🞎 RDS 🞎 Hemodynamic instability 🞎 Abnormal CXR 🞎 Abnormal blood values  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **Was a blood culture drawn prior to initiation of antibiotics?** ○ Yes ○ No ○ Unknown  Date of blood culture (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time drawn (hh:mm) \_\_\_\_:\_\_\_\_  **What was the result from the blood culture?** ○ Negative ○ Positive  **If Positive, what bacteria were identified? (select all that apply)**  🞎 E. Coli 🞎 GBS 🞎 Listeria 🞎 MRSA 🞎 MSSA 🞎 CONS🞎 Other: \_\_\_\_\_\_\_\_ | |
| **Initial IV antibiotics (select all that apply)**  🞎 Ampicillin 🞎Gentamicin 🞎 Vancomycin 🞎 Cephalosporin 🞎 Other: \_\_\_\_\_\_\_\_  Date of first antibiotic dose (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of first dose (hh:mm) \_\_\_\_ : \_\_\_\_  Date of last antibiotic dose (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of last dose (hh:mm) \_\_\_\_ : \_\_\_\_ | |
| **Change in antibiotic regimen within the first 72 hours?** ○ Yes ○ No ○ Unknown  If Yes, indicate which antibiotic(s) (select all) 🞎 Ampicillin 🞎 Gentamicin 🞎 Vancomycin 🞎Cephalosporin  🞎 Nafcillin/Oxacillin 🞎 Penicillin 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Was the anticipated duration of antibiotic course discussed by the clinical team (time out)?** Yes ○ No ○ Unknown  Automatic stop time order entered into infant’s chart? ○ Yes ○ No ○ Unknown | |
| **Was any antibiotic continued past 48 hours from culture collection with no growth (negative)? (Updated 9.1.2021)** ○ Yes, past 48 hours ○ No, stopped at >36 and ≤48 hours ○ No, stopped at ≤36 hours ○ Unknown ○ N/A- Blood Culture Positive  **If Yes, please indicate rationale for continuing antibiotics for newborns ≥ 35 0/7 (select all that apply)**  🞎 RDS 🞎 Hemodynamic instability 🞎 Abnormal CXR 🞎 Abnormal blood values 🞎 Abnormal CSF values or culture  🞎 Positive ETT culture 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Parent education provided on antibiotics & EOS?** ○ Yes ○ No ○ Unknown  If yes, was education provided in the parent/family’s preferred language? ○ Yes ○ No ○ Unknown  If yes, how was education provided? (select all) 🞎 Written 🞎 Verbal 🞎 Teach-back 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Unknown | |

Additional Comments: