

FORM C1: NEONATAL INFECTION MANAGEMENT PATIENT TRACKING FORM

This form is filled by the tracking officer at the time and place of admission to paediatric ward

Section I: Registration Form				
Q No	Question	Option	Code	Notes
1.	Tracker	Name		
		Code		
2.	Facility	Name		
		Code		
3.	Date of registration	<i>DD/MM/YY</i>		
4.	Time of registration (24 hrs clock)	<i>HH:MM</i>		
5.	Hospital ID/Registration Number			
6.	Mother Registered	Yes	1	
		--> Study ID		
		--> Hospital ID		
		No	2	
7.	Name of the Mother	_____		
8.	Date of birth of the Mother	<i>DD/MM/YY</i>	1	
		<i>Don't Know</i>	9	
9.	Age of the Mother	Day		
		Month		
		Year		
10.	Ethnicity of the Mother	Options to be added for context		
11.	Religion of the Mother	Muslim	1	
		Hindu	2	
		Buddhist	3	
		Christian	4	
		Other (Specify)_____	7	
12.	Mother's total years of formal education	xx years	1	
		Don't know	9	
13.	Parity	Primipara	1	
		Multipara	2	
		Grand Multipara	3	
		Don't know	9	
14.	Consent	Consented	1	

		Not consented	2	STOP DATA COLLECTION
		Not asked- not possible	3	
		Not asked- not eligible	4	
		Consented but not admitted	5	
15.	Study ID			
16.	Main address	Level 1: District		
		Level 2:		
		Level 3:		
		Level 4:		
		Details		
17.	Contact Number	Mother		
		Alternate 1.		
18.	Name of the Newborn	Name		
		Not given yet		
19.	Sex of Newborn	Male	1	
		Female	2	
		Ambiguous	3	
		Don't know	9	
20.	Date of birth of the Newborn	DD/MM/YY	1	
		Don't know	9	
21.	Time of birth of the Newborn	HH:MM	1	
		Don't know	9	
22.	Age of the Newborn	XX Days		
23.	Gestational age at birth (weeks)	_____ weeks		
		Don't know	9	
24.	Name of Father			
25.	Baby weighed at admission	Yes	1	Skip to Q25
		No	2	
		Don't know	9	
26.	Baby's weight at admission	nnnn . nn		
		Don't know	9	
27.	Place of Delivery	Admission Room	1	
		Labour room	2	
		Operation theatre	3	
		Other:_____	7	
28.	Mode of birth/delivery	Normal vaginal delivery	1	
		Vaginal breech	2	
		Vacuum extraction	3	
		Forceps (any)	4	
		Elective caesarean section	5	
		Emergency caesarean section	6	
29.	Maternal complications associated with the delivery	Hypertensive disease of pregnancy	1	
		Ante partum haemorrhage	2	
		Diabetes	3	
		Preterm labour	4	
		Prolonged rupture of membranes	5	
		Other(Specify)_____	7	

FORM C2: NEONATAL INFECTION VERIFICATION TOOL FOR INPATIENT NOTES CASE REVIEW

Inclusion criteria:

- Baby on neonatal ward, recorded in register and main diagnosis is infection (sepsis/meningitis)
- Baby's age <28 days at time of admission

Exclusion criteria:

- Baby with congenital abnormality
- Neonatal encephalopathy/ severe asphyxia
- Preterm <34 weeks
- Weight at admission <2000 grams

SECTION I				
Data ID	Notes to Case Reviewer			
Section I Patient Details				
01	Patient note verifier	Name		
		Code		
02	Facility	Name		
		Code		
03	Mother observed during labour & delivery?	Yes	1	Skip to 04
		No	2	
03b	What is the Study ID Number?			
04	Mother consented?	Yes	1	STOP HERE
		No	2	
05	Patient ID (hospital reg)			
06	Study ID			
07	Mothers name			
08	Mother's age	_____ years	1	
		Not readable	8	
		Not recorded	9	
09	Mother's main address/ area of residence	Village/ Union: Sub-district: District: Country:		
10	Mother's total years of formal education	_____ years	1	
		Not readable	8	
		Not recorded	9	
11	Parity (in number)	_____	1	

		Not readable	8	
		Not recorded	9	
12	Mother's Contact phone number (and other household member)	Primary: _____		
		Alternate: _____		
		Not readable	8	
		Not recorded	9	
13	Date of Case Review	DD/MM/YYYY		
14	Time of Case Review (24 hrs clock)	HH: MM		
15	Date of admission	DD/MM/YYYY		
		Not readable	8	
		Not recorded	9	
16	Date of birth	DD/MM/YYYY		
		Not readable	8	
		Not recorded	9	
17	Time of birth	HH: MM		
		Not readable	8	
		Not recorded	9	
18	Place of Delivery	Admission Room	1	
		Labour room	2	
		Operation theatre	3	
		Other(Specify) _____	7	
		Not readable	8	
		Not recorded	9	
19	Mode of birth/delivery	Normal vaginal delivery	1	
		Vaginal breech	2	
		Vacuum extraction	3	
		Forceps (any)	4	
		Elective caesarean section	5	
		Emergency caesarean section	6	
		Not readable	8	
		Not recorded	9	
20	Maternal complications associated with the delivery (multiple options can be selected)	Hypertensive disease of pregnancy	1	
		Ante partum haemorrhage	2	
		Diabetes	3	
		Preterm labour	4	
		Prolonged rupture of membranes	5	
		Other(Specify) _____	7	
		Not readable	8	
		Not recorded	9	
21	Gestational age at birth	__ weeks		
		Not readable	8	
		Not recorded	9	
22	Birthweight	__ grams		
		Not readable	8	
		Not recorded	9	
23	Weight at admission	__ grams		
		Not readable	8	

		Not recorded	9				
24	Sex of baby	Female	1				
		Male	2				
		Ambiguous	3				
		Not readable	8				
		Not recorded	9				
Section II Denominators							
25	Diagnosis at admission (multiple can be selected)	Pneumonia	1				
		Sepsis	2				
		Meningitis	3				
		Jaundice	4				
		Others (Specify) _____	7				
		Not readable	8		STOP Here		
		Not recorded	9		STOP Here		
26	History (Symptoms)	Not feeding well	Present	1			
			Absent	2			
			Not readable	8			
			Not recorded	9			
		Lethargy/ reduced consciousness	Present	1			
			Absent	2			
			Not readable	8			
			Not recorded	9			
		Seizures/ History of Convulsion	Present	1			
			Absent	2			
			Not readable	8			
			Not recorded	9			
		History of fever	Present	1			
			Absent	2			
			Not readable	8			
			Not recorded	9			
		History of respiratory distress or fast breathing	Present	1			
			Absent	2			
			Not readable	8			
			Not recorded	9			
		27	Physical Examination at admission (Signs)	Temp	____ °C/F	1	
					Not readable	8	
					Not recorded	9	
				Respiratory rate	_____	breaths per min	
Not readable	8						
Not recorded	9						
Signs of respiratory distress eg chest indrawing or grunting	Present			1			
	Absent			2			
	Not readable			8			
	Not recorded			9			
Heart Rate	Present			1			
	Absent			2			

			Not readable	8	
			Not recorded	9	
		Jaundice	Present	1	
			Absent	2	
			Not readable	8	
			Not recorded	9	
		Bulging fontanelle	Present	1	
			Absent	2	
			Not readable	8	
			Not recorded	9	
		Umbilical redness or draining pus	Present	1	
			Absent	2	
			Not readable	8	
			Not recorded	9	
		Skin pustules	Present	1	
			Absent	2	
			Not readable	8	
			Not recorded	9	
28	Antibiotic given	Yes		1	Skip to Q54
		No		2	
		Not readable		8	
		Not recorded		9	
29	Name of the 1 st Antibiotic	_____			Skip to Q54
		Not readable		8	
		Not recorded		9	
30	Route of administration	IV		1	
		IM		2	
		Oral		3	
		Not readable		8	
		Not recorded		9	
31	Dose (in IU / mg / ml etc.)	_____ (IU/mg/mg)		1	
		Not readable		8	
		Not recorded		9	
32	Frequency	24 hourly		1	
		12 hourly		2	
		8 hourly		3	
		6 hourly		4	
		Not readable		8	
		Not recorded		9	
33	Number of total doses received	_____doses		1	
		Not readable		8	
		Not recorded		9	
34	Start date	DD/MM/YYYY			
		Not readable		8	
		Not recorded		9	
35	End date	DD/MM/YYYY			
		Not readable		8	
		Not recorded		9	
36	Name of the 2 nd Antibiotic	_____			Skip to Q54
		Not readable		8	
		Not recorded		9	
37	Route of administration	IV		1	

		IM	2	
		Oral	3	
		Not readable	8	
		Not recorded	9	
37a	Dose (in IU / mg / ml etc.)	_____ (IU/mg/mg)	1	
		Not readable	8	
		Not recorded	9	
38	Frequency	24 hourly	1	
		12 hourly	2	
		8 hourly	3	
		6 hourly	4	
		Not readable	8	
		Not recorded	9	
39	Number of total doses received	_____doses	1	
		Not readable	8	
		Not recorded	9	
40	Start date	DD/MM/YYYY	1	
		Not readable	8	
		Not recorded	9	
41	End date	DD/MM/YYYY	1	
		Not readable	8	
		Not recorded	9	
42	Name of the 3 rd Antibiotic	_____		
		Not readable	8	
		Not recorded	9	Skip to Q54
43	Route of administration	IV	1	
		IM	2	
		Oral	3	
		Not readable	8	
		Not recorded	9	
43a	Dose (in IU / mg / ml etc.)	_____ (IU/mg/mg)	1	
		Not readable	8	
		Not recorded	9	
44	Frequency	24 hourly	1	
		12 hourly	2	
		8 hourly	3	
		6 hourly	4	
		Not readable	8	
		Not recorded	9	
45	Number of total doses received	_____doses	1	
		Not readable	8	
		Not recorded	9	
46	Start date	DD/MM/YYYY	1	
		Not readable	8	
		Not recorded	9	
47	End date	DD/MM/YYYY	1	
		Not readable	8	
		Not recorded	9	
48	Name of the 4 th Antibiotic	_____	1	
		Not readable	8	

		Not recorded	9	Skip to Q54
49	Route of administration	IV	1	
		IM	2	
		Oral	3	
		Not readable	8	
		Not recorded	9	
49a	Dose (in IU / mg / ml etc.)	_____ (IU/mg/mg)	1	
		Not readable	8	
		Not recorded	9	
50	Frequency	24 hourly	1	
		12 hourly	2	
		8 hourly	3	
		6 hourly	4	
		Not readable	8	
		Not recorded	9	
51	Number of total doses received	_____ doses	1	
		Not readable	8	
		Not recorded	9	
52	Start date	DD/MM/YYYY	1	
		Not readable	8	
		Not recorded	9	
53	End date	DD/MM/YYYY	1	
		Not readable	8	
		Not recorded	9	
54	Other injectable drug given	Yes	1	Skip to Q58
		Name: _____		
		No	2	
		Not readable	8	
55	Route of administration	IV	1	
		IM	2	
		Oral	3	
		Not readable	8	
		Not recorded	9	
56	Frequency	24 hourly	1	
		12 hourly	2	
		8 hourly	3	
		6 hourly	4	
		Not readable	8	
		Not recorded	9	
57	Number of total doses received	_____ doses	1	
		Not readable	8	
		Not recorded	9	
Section III: Supportive care				
58	Was NG feeding given?	Yes	1	Skip to Q60
		No	2	
		Not readable	8	
		Not recorded	9	
59	For how many days?	_____ days		

		Not readable	8	
		Not recorded	9	
60	Was cup feeding given?	Yes	1	Skip to Q62
		No	2	
		Not readable	8	
		Not recorded	9	
61	For how many days?	_____ days		
		Not readable	8	
		Not recorded	9	
62	Was IV fluid given	Yes	1	Skip to Q 64
		No	2	
		Not readable	8	
		Not recorded	9	
63	For how many days	_____ days		
		Not readable	8	
		Not recorded	9	
64	Was O2 given?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
65	Was SpO2 measured or is there any documented evidence of measuring SpO2?	Yes	1	Skip to 69
		No	2	
		Not readable	8	
		Not recorded	9	
66	For how many times?	_____ times		
		Not readable	8	
		Not recorded	9	
67	Was there a documented hypoxemia e.g. SpO2<90%?	Yes	1	Skip to 68
		No	2	
		Not readable	8	
		Not recorded	9	
67b	What was the lowest document value for SpO2?	_____ %		
		Not readable	8	
		Not recorded	9	
68	Was there a documented hyperoxemia e.g. >90%?	Yes	1	Skip to 69
		No	2	
		Not readable	8	
		Not recorded	9	
68b	What the highest documented value for SpO2	_____ %		
		Not readable	8	
		Not recorded	9	
69	Was phototherapy given?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
Section IV: Lab investigations				
70	Was there any diagnostics tests done?	Yes	1	Skip to Q84
		No	2	
		Not readable	8	
		Not recorded	9	
71	Was blood culture done?	Yes	1	

		No	2	Skip to Q73
		Not readable	8	
		Not recorded	9	
72	Was there a documented evidence of culture positive infection?	Yes	1	Skip to Q73
		No	2	
		Not readable	8	
		Not recorded	9	
72b	What was the organism?	_____		
		Not readable	8	
		Not recorded	9	
72c	Was it resistant?	Yes	1	Skip to 73
		No	2	
		Not readable	8	
		Not recorded	9	
72d	What was it resistant to?	_____		
		Not readable	8	
		Not recorded	9	
73	Was Lumber Puncture (LP) Test done?	Yes	1	Skip to Q75
		No	2	
		Not readable	8	
		Not recorded	9	
74	What was the appearance of CSF in LP?	Clear and Colourless	1	
		Cloudy	2	
		Bloody or Red	3	
		Brown, Orange, Yellow	4	
		Other (specify)	7	
		Not readable	8	
		Not recorded	9	
74b	What was the CSF protein level?	___ mg/100 ml		
		Not readable	8	
		Not recorded	9	
74c	What was the CSF Glucose level?	___ mg/100 ml		
		Not readable	8	
		Not recorded	9	
74d	What was the CSF WBC cell count?	___ per microletre		
		Not readable	8	
		Not recorded	9	
74e	Was CSF Culture Done?	Yes	1	Skip to 75
		No	2	
		Not readable	8	
		Not recorded	9	
74f	Was there any documented evidence of culture positive infection?	Yes	1	Skip to 75
		No	2	
		Not readable	8	
		Not recorded	9	
74g	What was the organism?	_____		
		Not readable	8	
		Not recorded	9	

74h	Was it resistant?	Yes	1	Skip to 75
		No	2	
		Not readable	8	
		Not recorded	9	
74i	What was it resistant to?	_____		
		Not readable	8	
		Not recorded	9	
75	Was CRP done?	Yes	1	Skip to Q 77
		No	2	
		Not readable	8	
		Not recorded	9	
76	What was the result of the test?	___ mg/l		
		Not readable	8	
		Not recorded	9	
77	Was blood sugar done?	Yes	1	Skip to Q 79
		No	2	
		Not readable	8	
		Not recorded	9	
78	Was there ever a documented level hypoglycaemia?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
78b	What was the lowest value?	_____ mg/dl		
		Not readable	8	
		Not recorded	9	
79	Was Complete Blood Count/Full Blood Count done?	Yes	1	Skip to Q 81
		No	2	
		Not readable	8	
		Not recorded	9	
80	What was WBC count?	_____		
		Not readable	8	
		Not recorded	9	
81	Blood group of the baby done?	Yes	1	
		Specify:		
		No	2	
		Not readable	8	
82	Was serum bilirubin measured?	Yes	1	Skip to Q 84
		No	2	
		Not readable	8	
		Not recorded	9	
83	Was there a documented level of hyperbilirubinemia?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
83b	What was the Highest Serum Billirubin Level?	___ mg/dl		
		Not readable	8	
		Not recorded	9	
83c	What was the age of the baby when the	___ days		

	Serum Billirubin Level was measured?	Not readable	8	
		Not recorded	9	
Section V Outcomes				
84	Date of discharge	<i>DD/MM/YYYY</i>		
		Not readable	8	
		Not recorded	9	
85	Time of discharge	<i>HH:MM</i>		
		Not readable	8	
		Not recorded	9	
86	Baby's condition at discharge	Alive	1	Skip to 86d
		Dead <i>DD;MM;YYYY</i>	2	
		Time of baby death: <i>HH:MM</i>		
		Not readable	8	Skip to 87
		Not recorded	9	
86b	Date of Death	<i>DD;MM;YYYY</i>		
		Not readable	8	
		Not recorded	9	
86c	Time of Death	<i>HH:MM</i>		
		Not readable	8	
		Not recorded	9	
86d	Baby's weight at discharge	__ gm		
		Not readable	8	
		Not recorded	9	
87	Type of discharge	Discharge with advice	1	
		Discharge without medical advice	2	
		Referred	3	
		Not readable	8	
		Not recorded	9	
88	What is the final status of verification for this patient?	Complete	1	END VERIFICATION
		Partially incomplete	2	
		Totally incomplete	3	
89	Why partially incomplete or totally incomplete?	Provider related	1	
		Patient related	2	
		Observer related	3	
		Tab or app related	4	
90	Please mention	_____		