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

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

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

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					
Data ID		Notes to Case Re	viewer		
	Patient Details				
01		Name			
	Patient note verifier	Code			
02		Name			
	Facility	Code			
03	Mother observed during labour &	Yes		1	
	delivery?	No		2	Skip to 04
03b	What is the Study ID Number?				
04		Yes		1	
	Mother consented?	No		2	STOP HERE
05	Patient ID (hospital reg)				
06	Study ID				
07	Mothers name				
08	Mother's age	ye	ears	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		ears	1	
		Not readable		8	
		Not recorded		9	
11	Parity (in number)			1	

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

		Not recorded		9	
	†	Female	Female		
24		Male		2	
2-7	Sex of baby	Ambiguous		3	
	·	Not readable		8	
		Not recorded		9	
Section I	I Denominators			J	
				T	
		Pneumonia		1	
		Sepsis		2	
25	Diagnosis at admission	Meningitis		3	
	(multiple can be selected)	Jaundice		4	
		Others (Specify)		7	CTOR Hore
		Not readable		8	STOP Here STOP Here
		Not recorded	Present	9	STOP Here
		Not feeding	Absent	2	1
		well	Not readable	8	1
		WEII	Not recorded	9	1
			Present	1	
		Lethargy/	Absent	2	1
		reduced	Not readable	8	
		consciousness	Not recorded	9	
			Present	1	
26	History (Symptoms)	Seizures/	Absent	2	
26		History of	Not readable	8	
		Convulsion	Not recorded	9	
			Present	1	
		History of	Absent	2	
		fever	Not readable	8	
			Not recorded	9	
			Present	1	
		History of	Absent	2	
		respiratory distress or fast			
		breathing	Not readable	8	
		breatning	Not recorded	9	
			°C/F	1	
		Temp	Not readable	8	
			Not recorded	9	
					
		Respiratory	breaths per	1	
		rate	min	 	
27	Dhariad Farm in the control of		Not readable	8	
	Physical Examination at admission	6: 6	Not recorded	9	
	(Signs)	Signs of	Present	1	
		respiratory	Absent	2	
		distress eg chest	Not readable		1
		indrawing or		8	
		grunting	Not recorded	9	
		Hoort Poto	Present	1	
		Heart Rate	Absent	2	

36	Name of the 2 nd Antibiotic	Not readable Not recorded		8	Skip to Q54
36	Name of the 2 nd Antibiotic	Not readable		8	
36				1	
		Not recorded		9	
33	End date		Not readable		
35			DD/MM/YYYY		
		Not recorded		9	
34	Start date	Not readable		8	
24		DD/MM/YYYY			
		Not recorded		9	
33	Number of total doses received	Not readable		8	
22		dos	ses	1	
		Not recorded		9	
		Not readable		8	
	requeries	6 hourly		4	
32	Frequency	8 hourly	8 hourly		
22		12 hourly		2	
		24 hourly		1	
		Not recorded			
	Dose (in IU / mg / ml etc.)	Not readable			
31		(IU/mg,	(IU/mg/mg)		
		Not recorded		9	
		Not readable	Not readable		
	Route of administration	Oral	Oral		
30		IM	IM		
		IV		9	
		Not recorded			Skip to Q54
۷.	Name of the 1 st Antibiotic	Not readable		8	
29				1 -	
		Not recorded		9	
	Antibiotic given	Not readable		8	Skip to QJ4
28		No		2	Skip to Q54
		Yes	Not recorded	9	
			Not readable	8	
		Skin pustules	Absent	2	
			Present	1	
		0 17 - 2	Not recorded	9	
		draining pus	Not readable	8	
		redness or	Absent	2	
		Umbilical	Present	1	
			Not recorded	9	
		fontanelle	Not readable	8	
		Bulging	Absent	2	
			Present	1	
			Not recorded	9	
		Jaundice	Not readable	8	
			Absent	2	
			Present	1	
			Not recorded	9	
			Not readable	8	

		IM	2	
		Oral	3	-
		Not readable	8	-
		Not recorded	9	-
		(IU/mg/mg)	1	
37a	Dose (in IU / mg / ml etc.)	Not readable	8	-
	bose (iii to / ting/ time eter)	Not recorded	9	-
		24 hourly	1	
		12 hourly	2	-
		8 hourly	3	+
38	Frequency			4
		6 hourly	4	_
		Not readable	8	1
		Not recorded	9	
39		doses	1	1
33	Number of total doses received	Not readable	8	1
		Not recorded	9	
40	Chart data	DD/MM/YYYY	1	4
.0	Start date	Not readable	8	4
		Not recorded	9	
41		DD/MM/YYYY	1	_
	End date	Not readable	8	4
		Not recorded	9	
42	Name of the 3 rd Antibiotic	Not you do blo	10	
		Not readable	8	CI: 1 OF4
		Not recorded	9	Skip to Q54
		IV	1 2	4
43		IM Oral	3	4
	Route of administration	Not readable	8	4
		Not readable Not recorded	9	_
			1	
43a	Doso (in III / mg / ml atc.)	(IU/mg/mg) Not readable		+
	Dose (in IU / mg / ml etc.)	Not recorded	9	+
		24 hourly	1	
		·		4
		12 hourly	2	4
44	Frequency	8 hourly	3	_
		6 hourly	4	
		Not readable	8	
		Not recorded	9	
45		doses	1	_
7.5	Number of total doses received	Not readable	8	4
		Not recorded	9	
46	6	DD/MM/YYYY	1	1
.0	Start date	Not readable	8	_
		Not recorded	9	
47		DD/MM/YYYY	1	_
.,	End date	Not readable	8	4
		Not recorded	9	
48	Name of the 4 th Antibiotic	Not readable	1	
48				

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

		Not readable	8	
		Not recorded	9	
		Yes	1	
		No	2	Skip to Q62
60	Was cup feeding given?	Not readable	8	Skip to Q62
		Not readable Not recorded	9	
61	For how many days?	days Not readable	8	
	For now many days:	Not recorded	9	
		Yes	1	
		No	2	Skip to Q 64
62	Was IV fluid given	Not readable	8	Skip to Q 04
0 2		Not recorded	9	-
		days		
63	For how many days	Not readable	8	-
	For now many days	Not recorded	9	-
		Yes	1	
		No	2	1
64	Was O2 given?	Not readable	8	1
0.		Not readable Not recorded	9	
		Yes	1	
	Was SpO2 measured or is there any	No	2	Skip to 69
65	documented evidence of measuring	Not readable	8	3kip to 69
03	SpO2?	Not readable Not recorded	9	
			9	
	For how many times?	times Not readable	8	
66		Not readable Not recorded	9	
		Yes	1	
	Was there a decumented hunguagis	No	2	Skip to 68
67	Was there a documented hypoxemia e.g. SpO2<90%?	Not readable	8	Skip to do
•	e.g. 3p02\90%:	Not recorded	9	
		%		
67b	What was the lowest document value	Not readable	8	
	for SpO2?	Not recorded	9	
		Yes	1	
	Was there a desumented hyperoxemia	No	2	Skip to 69
68	Was there a documented hyperoxemia e.g. >90%?	Not readable	8	Skih ro oa
	5.8. 7 3070.	Not recorded	9	1
		%] 3	
68b	What the highest documented value for	Not readable	8	1
	SpO2	Not readable Not recorded	9	1
		Yes	1	
		No	2	-
69	Was phototherapy given?	Not readable	8	1
			9	-
Coo	tion IV: Lab investigations	Not recorded	9	
Sec	tion IV: Lab investigations			
		Yes	1	
70		No	2	Skip to Q84
. 3	Was there any diagnostics tests done?	Not readable	8	1
		Not recorded	9	1
71	Was blood culture done?	Yes	1	

		No	2	Skip to Q73
		Not readable	8	<u> </u>
		Not recorded	9	
		Yes	1	
72	Was there a documented evidence of	No	2	Skip to Q73
	culture positive infection?	Not readable	8	
		Not recorded	9	
72b	What was the organism?	Not readable	8	
		Not recorded	9	
		Yes	1	
72c	Was it resistant?	No	2	Skip to 73
		Not readable	8	4
		Not recorded	9	
72d	What was it resistant to?	Not readable	8	
	villat was it resistant to:	Not readable Not recorded	9	+
		Yes	1	
73		No	2	Skip to Q75
	Was Lumber Puncture (LP) Test done?	Not readable	8	Skip to Q75
		Not recorded	9	_
		Clear and Colourless	1	
	What was the appearance of CSF in LP?			
		Cloudy	2	
74		Bloody or Red	3	
74		Brown, Orange, Yellow	4	
		Other (specify)	7	
		Not readable	8	
		Not recorded	9	
		mg/100 ml		
74b	What was the CSF protein level?	Not readable	8	
		Not recorded	9	
		mg/100 ml		
74c	What was the CSF Glucose level?	Not readable	8	
	What was the est dideose level:	Not recorded	9	
			9	
74d	What was the CCT WDC " 12	per microletre		
	What was the CSF WBC cell count?	Not readable	8	
		Not recorded	9	
		Yes	1	
74e	Was CSF Culture Done?	No	2	Skip to 75
	was est calcule bolie:	Not readable	8	
		Not recorded	9	
		Yes	1	
74f	Was there any documented evidence of	No	2	Skip to 75
/41	culture positive infection?	Not readable	8	1
		Not recorded	9	-
74g	What was the erganism?	Not readable	8	
•	What was the organism?			
		Not recorded	9	

		Yes	1	
74h		No	2	Skip to 75
7411	Was it resistant?	Not readable	8	·
		Not recorded	9	
74i	NA/leatas it resistant to 2	Not readable	8	
	What was it resistant to?			
		Not recorded	9	
		Yes	1	
75	Was CRP done?	No	2	Skip to Q 77
		Not readable	8	
		Not recorded	9	
	NA/leat was the month of the test?	mg/l		
76	What was the result of the test?	Not readable	8	
		Not recorded	9	
		Yes	1	
77		No	2	Skip to Q 79
"	Was blood sugar done?	Not readable	8	
		Not recorded	9	1
		Yes	1	
		163	-	
78	Was there ever a documented level hypoglycaemia?	No	2	
		Not readable	8	1
		Not recorded	9	
	What was the lowest value?	mg/dl		
78b		Not readable	8	1
		Not recorded	9	1
	Was Complete Blood Count/Full Blood	Yes	1	
79		No	2	Skip to Q 81
	Count done?	Not readable	8	1
		Not recorded	9	
80	What was WBC count?	Not readable	8	1
		Not recorded	9	
		Yes	1	
		Specify:	1	
81	Blood group of the baby done?	No	2	1
		Not readable	8]
		Not recorded	9	
		Yes	1	
82	Was serum bilirubin measured?	No	2	Skip to Q 84
	vvas serum piin upin Hieasureu:	Not readable	8	
		Not recorded	9	
		Yes	1	
83	Was there a documented level of	No	2	
	hyperbilirubinemia?	Not readable	8	
		Not recorded	9	
83b	What was the Highest Serum Billirubin	mg/dl		
งวม	Level?	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	
Sec	tion V Outcomes			
		DD/MM/YYYY		
84	Date of discharge	Not readable	8	1
	_	Not recorded	9	
		нн:мм		
85	Time of discharge	Not readable	8	
	-	Not recorded	9	
		Alive	1	Skip to 86d
86	Baby's condition at discharge	Dead <i>DD;MM;YYYY</i> Time of baby death: <i>HH:MM</i>	2	
	,	Not readable	8	Skip to 87
		Not recorded	9	1 '
		DD;MM;YYYY		
86b	Date of Death	Not readable	8	
		Not recorded	9	
	Time of Death	нн:мм		
86c		Not readable	8	1
		Not recorded	9	
		gm		
86d	Baby's weight at discharge	Not readable	8	
		Not recorded	9	
		Discharge with advice	1	
		Discharge without medical advice	2	
87	Type of discharge	Referred	3	
		Not readable	8	
		Not recorded	9	
		Complete	1	END VERIFICATION
88	What is the final status of verification for	Partially incomplete	2	END VEILING/MION
	this patient?	Totally incomplete	3	1
		Provider related	1	
00	Why partially incomplete or totally	Patient related	2	1
89	incomplete?	Observer related	3	
		Tab or app related	4	
90	Please mention		 	