

MALAYSIAN NATIONAL NEONATAL REGISTRY (CRF 2025)

Centre Name:	<input type="radio"/> New Case <input type="radio"/> Readmission <input type="radio"/> Transfer from another SDP Hospital or IJN:	MNNR No (Office use): <input type="text"/> / <input type="text"/> Centre: <input type="text"/>
Date of Admission: (dd/mm/yy)		

Admitted to neonatal ward: Yes → (Proceed to complete ALL sections in this CRF) No → (Proceed to complete Section 1, 2 [without No.30], 4[No.47 only] and 5)

Abandoned baby → (if this box is ticked, item No.1, No.3a & 3b, No.5 to No.20 are not mandatory)

Instruction: Where check boxes are provided, ticked (✓) one or more boxes. Where radio buttons are provided, ticked (✓) one box only.

* RN of baby:

SECTION 1 : PATIENT PARTICULARS & MATERNAL HISTORY

* 1. Name of mother:			
* 2. Name of baby (Optional):			
* 3a. Mother's I/C number:	MyKad: <input type="text"/> - <input type="text"/> - <input type="text"/>	Other ID document No: <input type="text"/>	
	Specify document <input type="radio"/> Passport <input type="radio"/> Armed Force ID <input type="radio"/> Driver's License <input type="radio"/> Old IC <input type="radio"/> Hospital RN type (if others): <input type="radio"/> Father's I/C <input type="radio"/> Work Permit Number <input type="radio"/> Police ID Card <input type="radio"/> Immigration Permit <input type="radio"/> Other, specify:.....		
* 3b. Baby's MyKid number:	<input type="text"/> - <input type="text"/> - <input type="text"/>		
* 4a. Date of birth of baby: (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	* 4b. Time of birth: (24 hour format. Enter the best estimated time of birth if the exact time unknown)	<input type="text"/>
* 5. Ethnic group of Mother:	<input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Bumiputra Sabah, specify:..... <input type="radio"/> Other, Malaysian <input type="radio"/> Chinese <input type="radio"/> Orang Asli <input type="radio"/> Bumiputra Sarawak, specify:..... <input type="radio"/> Non-citizen, specify country:.....		
* 6. Maternal age:	<input type="text"/>		
* 7. GPA: (current pregnancy before delivery of this child)	*Gravida: <input type="text"/>	*Parity: <input type="text"/>	*Abortion: <input type="text"/>
* 8. Maternal diabetes (including gestational diabetes):	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 9. Maternal hypertension, chronic pregnancy included:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 10. Maternal Eclampsia:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 11. Maternal Chorioamnionitis:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 12. Maternal Anaemia: (<11g/dL)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 13. Maternal abruption placenta:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 14. Maternal bleeding placenta praevia:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 15. Cord prolapse:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 16. Maternal obesity:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 17. Other current maternal illness:	<input type="radio"/> Yes If yes,specify : <input type="radio"/> No		

SECTION 2 : BIRTH HISTORY

* 18. Antenatal steroid:	<input type="radio"/> Yes → <input checked="" type="radio"/> 1 dose <input type="radio"/> 2 doses <input type="radio"/> No <input type="radio"/> Unknown																							
* 19. Antenatal magnesium sulphate:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																							
* 20. Intrapartum antibiotic:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																							
* 21. Birth weight:	<input type="text"/> (gram)																							
* 22. Gestation:	<input type="text"/> (weeks)																							
* 23. Growth status:	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA																							
* 24. Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Ambiguous / Indeterminate																							
* 25. Place of birth:	<input type="radio"/> Inborn <input type="radio"/> Outborn → <table style="display: inline-table; border: 1px dashed black; padding: 5px; margin-left: 10px;"> <tr> <td><input type="radio"/> Home</td> <td><input type="radio"/> University hospital</td> <td><input type="radio"/> Others / specify:.....</td> </tr> <tr> <td><input type="radio"/> Health Clinic</td> <td><input type="radio"/> Enroute / during transport</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Private Hospital</td> <td><input type="radio"/> Maternity home with specialist</td> <td></td> </tr> <tr> <td><input type="radio"/> Government hospital with specialist</td> <td><input type="radio"/> Maternity home without specialist</td> <td></td> </tr> <tr> <td><input type="radio"/> District <input type="radio"/> General</td> <td><input type="radio"/> Alternative Birthing centre (ABC)</td> <td></td> </tr> <tr> <td></td> <td><input type="radio"/> Urban <input type="radio"/> Rural</td> <td></td> </tr> <tr> <td><input type="radio"/> Government hospital without specialist</td> <td></td> <td></td> </tr> </table>			<input type="radio"/> Home	<input type="radio"/> University hospital	<input type="radio"/> Others / specify:.....	<input type="radio"/> Health Clinic	<input type="radio"/> Enroute / during transport	<input type="radio"/> Unknown	<input type="radio"/> Private Hospital	<input type="radio"/> Maternity home with specialist		<input type="radio"/> Government hospital with specialist	<input type="radio"/> Maternity home without specialist		<input type="radio"/> District <input type="radio"/> General	<input type="radio"/> Alternative Birthing centre (ABC)			<input type="radio"/> Urban <input type="radio"/> Rural		<input type="radio"/> Government hospital without specialist		
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	<input type="radio"/> Urban <input type="radio"/> Rural																							
<input type="radio"/> Government hospital without specialist																								
* 26. Multiplicity:	<input type="radio"/> Singleton <input type="radio"/> Twin <input type="radio"/> Triplet <input type="radio"/> Other, specify:..... <table style="display: inline-table; border: 1px solid black; padding: 2px; margin-left: 10px;"> <tr> <td style="font-size: small;">Specify birth order if not a singleton:</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Specify birth order if not a singleton:	<input type="text"/>	<input type="text"/>																		
Specify birth order if not a singleton:	<input type="text"/>	<input type="text"/>																						
* 27. Final Mode of delivery:	<input type="radio"/> Vaginal delivery → <input type="radio"/> SVD <input type="radio"/> Breech <input type="radio"/> Caesarean section → <input type="radio"/> Elective <input type="radio"/> Emergency <input type="radio"/> Instrumental → <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="radio"/> Others, specify:..... <input type="radio"/> Unknown																							

SECTION 2 : BIRTH HISTORY (continue)

* 28. Apgar score at 1 min and 5 min (0-10)	a) Score at 1 min:	<input type="text"/> <input type="checkbox"/> Unknown	b) Score at 5 min: <small>(Please score even if the baby is intubated)</small>	<input type="text"/> <input type="checkbox"/> Unknown
* 29. Initial resuscitation: <small>(applicable for inborn only)</small>	a) Oxygen:	<input type="radio"/> Yes <input type="radio"/> No	d) Endotracheal tube vent:	<input type="radio"/> Yes <input type="radio"/> No
	b) Early CPAP :	<input type="radio"/> Yes <input type="radio"/> No	e) Cardiac compression:	<input type="radio"/> Yes <input type="radio"/> No
	c) Bag and mask ventilation:	<input type="radio"/> Yes <input type="radio"/> No	f) Adrenaline:	<input type="radio"/> Yes <input type="radio"/> No
* 30. a) Plastic wrap at birth (for <1500 gm)	<input type="radio"/> Yes <input type="radio"/> No			
b) If yes : was baby wrapped without drying at birth	<input type="radio"/> Yes <input type="radio"/> No			
c) Admission temperature: <small>(mandatory if admitted to Neonatal ward)</small>	<input type="text"/> <input type="text"/> . <input type="text"/> (°C)			

SECTION 3: NEONATAL EVENT

* 31. Respiratory support: If < 12 hours = state 0.5 days If > 12 to 24 hours = state 1 day If > 24 hours = state to next completed days Complete entry a) to e) for each type of respiratory support given	<input type="radio"/> Yes → <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a) CPAP/bilevel CPAP</td> <td style="width: 25%;"><input type="radio"/> Yes <input type="radio"/> No</td> <td style="width: 50%;">ii) Total duration of CPAP/bilevel CPAP at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>b) High flow nasal cannula (HFNC):</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of HFNC at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>c) Conventional ventilation:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of Conventional ventilation at your centre : <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>d) HFJV/HFOV:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of HFJV//HFOV at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>e) Nitric Oxide:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of Nitric Oxide at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> </table>	a) CPAP/bilevel CPAP	<input type="radio"/> Yes <input type="radio"/> No	ii) Total duration of CPAP/bilevel CPAP at your centre: <input type="text"/> . <input type="text"/> Day (s)	b) High flow nasal cannula (HFNC):	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of HFNC at your centre: <input type="text"/> . <input type="text"/> Day (s)	c) Conventional ventilation:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of Conventional ventilation at your centre : <input type="text"/> . <input type="text"/> Day (s)	d) HFJV/HFOV:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of HFJV//HFOV at your centre: <input type="text"/> . <input type="text"/> Day (s)	e) Nitric Oxide:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of Nitric Oxide at your centre: <input type="text"/> . <input type="text"/> Day (s)
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e) Nitric Oxide:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of Nitric Oxide at your centre: <input type="text"/> . <input type="text"/> Day (s)															
* 32. Surfactant:	<input type="radio"/> Yes →	<input type="radio"/> < 1 hr <input type="radio"/> 1-2 hrs <input type="radio"/> > 2 hrs <input type="radio"/> No															
* 33. Parenteral nutrition:	<input type="radio"/> Yes <input type="radio"/> No																

SECTION 4: PROBLEMS/ DIAGNOSES

* 34. Respiratory:	<input type="checkbox"/> Meconium aspiration syndrome <input type="checkbox"/> Pulmonary haemorrhage <input type="checkbox"/> Congenital pneumonia <input type="checkbox"/> Community acquired pneumonia <input type="checkbox"/> Transient tachypnoea of newborn <input type="checkbox"/> Pulmonary interstitial emphysema <input type="checkbox"/> Nosocomial pneumonia		
* 35. RDS:	<input type="radio"/> Yes <input type="radio"/> No		
* 36. Pneumothorax:	<input type="radio"/> Yes →	Pneumothorax developed during: <input type="radio"/> Spontaneous <input type="radio"/> CPAP <input type="radio"/> CMV <input type="radio"/> HFV <input type="radio"/> No	
* 37. Supplemental oxygen and BPD:	a) Is baby on > 21% oxygen continuously for 28 days or more? <input type="radio"/> Yes <input type="radio"/> No		
	b) If Yes	(i) for < 32 weeks GA, baby still on oxygen, CPAP or other forms of respiratory at 36 weeks <input type="radio"/> Yes <input type="radio"/> No (ii) for >= 32 weeks GA, baby still on oxygen, CPAP or other forms of respiratory support at at day 56 <input type="radio"/> Yes <input type="radio"/> No	
* 38. CVS:	*38a. PPHN : <input type="radio"/> Yes <input type="radio"/> No	*38b. Heart Failure : <input type="radio"/> Yes <input type="radio"/> No	
* 39. PDA: <small>(Only for < 37 weeks GA)</small>	<input type="radio"/> Yes →	a) ECHO done:	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> No	b) Pharmacological closure	<input type="radio"/> Yes <input type="radio"/> No
		c) Ligament:	<input type="radio"/> Yes <input type="radio"/> No
		If Yes then to choose <input type="checkbox"/> Indomethacin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Paracetamol	
* 40. NEC (stage 2 and above):	<input type="radio"/> Yes →	a) surgical treatment	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> No	b) NEC present before admission to your centre: <small>(for outborn baby only)</small>	<input type="radio"/> Yes <input type="radio"/> No
* 41. ROP Retinal Exam Done < 34 weeks OR ≤ 1750g - option 'Not Applicable' will be auto blocked ≥ 34 weeks AND < 1750g - option 'Yes' & 'No' will be auto blocked	<input type="radio"/> Yes →	a) Date of first screening:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<small>(If yes, worst stage of ROP):</small>	b) Post conceptional age at 1st screening :	<input type="text"/> (autocalculate)
		c) <input type="radio"/> No ROP <input type="radio"/> Stage 1 <input type="radio"/> Prethresh <input type="radio"/> Thresh <input type="radio"/> Stage 4 <input type="radio"/> Stage 5 <input type="radio"/> APROP <input type="checkbox"/> PLUS disease	
		d) Laser Therapy:	<input type="radio"/> Yes <input type="radio"/> No
		e) Cryotherapy:	<input type="radio"/> Yes <input type="radio"/> No
		f) AntiVEGF:	<input type="radio"/> Yes <input type="radio"/> No
		g) Vitrectomy	<input type="radio"/> Yes <input type="radio"/> No
		h) ROP present prior to admission? <small>(for outborn baby only)</small>	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> No →	Appointment given:	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Not Applicable	Date of appointment: <input type="text"/> / <input type="text"/> / <input type="text"/>	

SECTION 4: PROBLEMS/ DIAGNOSES (continue)

<p>* 42a. IVH: < 37 weeks - option 'Not Applicable' will be auto blocked</p>	<p><input type="radio"/> Yes <i>If yes, worst grade:</i> →</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Grade 1</td> <td><input type="radio"/> Grade 2</td> <td><input type="radio"/> Grade 3</td> <td><input type="radio"/> Grade 4</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> VP shunt/reservoir insertion</td> </tr> </table> <p><input type="radio"/> No <input type="radio"/> Not applicable (term infant) <input type="radio"/> Ultrasound not done</p>	<input type="radio"/> Grade 1	<input type="radio"/> Grade 2	<input type="radio"/> Grade 3	<input type="radio"/> Grade 4	<input type="checkbox"/> VP shunt/reservoir insertion																				
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<p>* 42b. Cystic Periventricular Leukomalacia</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>																									
<p>* 43a. Central Venous Line (applies to the catheter in situ for the longest duration)</p>	<p>i. <input type="radio"/> Yes <input type="radio"/> No</p> <p>ii. Date of insertion: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Date of removal: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Duration of central line (autocalculate) : _____ days</p>																									
<p>* 43b. CLABSI</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>																									
<p>* 44. Confirmed sepsis: (Blood culture positive only)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="checkbox"/> ≤ 72 hours of life</p> <p>I) Type of organism (can tick more than one)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Group B Streptococcus</td> <td><input type="checkbox"/> Staphylococcus aureus</td> <td><input type="checkbox"/> Acinetobacter</td> <td><input type="checkbox"/> ESBL organisms</td> </tr> <tr> <td><input type="checkbox"/> MRSA</td> <td><input type="checkbox"/> Klebsiella</td> <td><input type="checkbox"/> Fungal</td> <td><input type="checkbox"/> E. Coli</td> </tr> <tr> <td><input type="checkbox"/> CONS</td> <td><input type="checkbox"/> Pseudomonas</td> <td><input type="checkbox"/> Serratia</td> <td><input type="checkbox"/> Others, specify:</td> </tr> </table> <p><input type="checkbox"/> > 72 hours of life</p> <p>II) Type of organism (can tick more than one)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Group B Streptococcus</td> <td><input type="checkbox"/> Staphylococcus aureus</td> <td><input type="checkbox"/> Acinetobacter</td> <td><input type="checkbox"/> ESBL organisms</td> </tr> <tr> <td><input type="checkbox"/> MRSA</td> <td><input type="checkbox"/> Klebsiella</td> <td><input type="checkbox"/> Fungal</td> <td><input type="checkbox"/> E. Coli</td> </tr> <tr> <td><input type="checkbox"/> CONS</td> <td><input type="checkbox"/> Pseudomonas</td> <td><input type="checkbox"/> Serratia</td> <td><input type="checkbox"/> Others, specify:.....</td> </tr> </table>	<input type="checkbox"/> Group B Streptococcus	<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> Acinetobacter	<input type="checkbox"/> ESBL organisms	<input type="checkbox"/> MRSA	<input type="checkbox"/> Klebsiella	<input type="checkbox"/> Fungal	<input type="checkbox"/> E. Coli	<input type="checkbox"/> CONS	<input type="checkbox"/> Pseudomonas	<input type="checkbox"/> Serratia	<input type="checkbox"/> Others, specify:	<input type="checkbox"/> Group B Streptococcus	<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> Acinetobacter	<input type="checkbox"/> ESBL organisms	<input type="checkbox"/> MRSA	<input type="checkbox"/> Klebsiella	<input type="checkbox"/> Fungal	<input type="checkbox"/> E. Coli	<input type="checkbox"/> CONS	<input type="checkbox"/> Pseudomonas	<input type="checkbox"/> Serratia	<input type="checkbox"/> Others, specify:.....	
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<p>* 45. Neonatal meningitis:</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>CSF Culture positive : <input type="radio"/> Yes <input type="radio"/> No</p> <p>I) If Yes, type of organism: (can tick more than one)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Group B Streptococcus</td> <td><input type="checkbox"/> Staphylococcus aureus</td> <td><input type="checkbox"/> Acinetobacter</td> <td><input type="checkbox"/> ESBL organisms</td> </tr> <tr> <td><input type="checkbox"/> MRSA</td> <td><input type="checkbox"/> Klebsiella</td> <td><input type="checkbox"/> Fungal</td> <td><input type="checkbox"/> E.Coli</td> </tr> <tr> <td><input type="checkbox"/> CONS</td> <td><input type="checkbox"/> Pseudomonas</td> <td><input type="checkbox"/> Others, specify:.....</td> <td></td> </tr> </table>	<input type="checkbox"/> Group B Streptococcus	<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> Acinetobacter	<input type="checkbox"/> ESBL organisms	<input type="checkbox"/> MRSA	<input type="checkbox"/> Klebsiella	<input type="checkbox"/> Fungal	<input type="checkbox"/> E.Coli	<input type="checkbox"/> CONS	<input type="checkbox"/> Pseudomonas	<input type="checkbox"/> Others, specify:.....														
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<p>* 46. HIE: (Only for ≥ 35 weeks GA)</p> <p>If None option chosen leave b,c and d blank</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a) HIE severity</td> <td><input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</td> </tr> <tr> <td>b) Highest Thompson</td> <td><input type="text"/></td> </tr> <tr> <td>c) Cooling therapy :</td> <td> <input type="radio"/> Yes <input type="radio"/> No If yes; then to choose <input type="checkbox"/> Cooling blanket or cap <input type="checkbox"/> Passive cooling ± gel pack <input type="checkbox"/> Both </td> </tr> <tr> <td>d) Seizures in HIE cases:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	a) HIE severity	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	b) Highest Thompson	<input type="text"/>	c) Cooling therapy :	<input type="radio"/> Yes <input type="radio"/> No If yes; then to choose <input type="checkbox"/> Cooling blanket or cap <input type="checkbox"/> Passive cooling ± gel pack <input type="checkbox"/> Both	d) Seizures in HIE cases:	<input type="radio"/> Yes <input type="radio"/> No																	
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d) Seizures in HIE cases:	<input type="radio"/> Yes <input type="radio"/> No																									
<p>* 47. Congenital anomalies:</p>																										
<p>* 47a. Major congenital anomalies :</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <input type="radio"/> Syndrome (known) <table style="width:100%;"> <tr> <td><input type="checkbox"/> Down</td> <td><input type="checkbox"/> Edward</td> <td><input type="checkbox"/> Patau</td> <td><input type="checkbox"/> Others, specify (Refer to ICD 10):</td> </tr> <tr> <td colspan="4" style="height: 30px;"></td> </tr> </table> </td> <td style="width:50%;"> <input type="radio"/> Not a recognized syndrome <input type="radio"/> Isolated major abnormality </td> </tr> </table>	<input type="radio"/> Syndrome (known) <table style="width:100%;"> <tr> <td><input type="checkbox"/> Down</td> <td><input type="checkbox"/> Edward</td> <td><input type="checkbox"/> Patau</td> <td><input type="checkbox"/> Others, specify (Refer to ICD 10):</td> </tr> <tr> <td colspan="4" style="height: 30px;"></td> </tr> </table>	<input type="checkbox"/> Down	<input type="checkbox"/> Edward	<input type="checkbox"/> Patau	<input type="checkbox"/> Others, specify (Refer to ICD 10):					<input type="radio"/> Not a recognized syndrome <input type="radio"/> Isolated major abnormality	<p>*47b. Types of abnormalities (check all that are present. Applies to all including 'known syndromes', 'not a recognized syndrome' or isolated major abnormality')</p> <table style="width:100%;"> <tr> <td style="width:30%;"><input type="checkbox"/> CNS →</td> <td> <input type="radio"/> Hydrocephalus <input type="radio"/> Hydrancephaly <input type="radio"/> Holoprosencephaly <input type="radio"/> Others (Refer to ICD 10) : _____ </td> <td style="width:30%;"><input type="checkbox"/> Skeletal dysplasia</td> <td style="width:10%;"><input type="checkbox"/> Respiratory</td> <td style="width:10%;"><input type="checkbox"/> CDH</td> </tr> <tr> <td><input type="checkbox"/> Neural Tube Defect →</td> <td> <input type="radio"/> Myelomeningocele <input type="radio"/> Anencephaly <input type="radio"/> Encephalocele <input type="radio"/> Others (Refer to ICD 10) : _____ </td> <td><input type="checkbox"/> GIT</td> <td><input type="checkbox"/> Hydrops</td> <td><input type="checkbox"/> Renal</td> </tr> <tr> <td><input type="checkbox"/> CVS →</td> <td>Please see (page 4)</td> <td><input type="checkbox"/> Others, specify (Refer ICD10):</td> <td><input type="checkbox"/> None of the above</td> <td></td> </tr> </table>	<input type="checkbox"/> CNS →	<input type="radio"/> Hydrocephalus <input type="radio"/> Hydrancephaly <input type="radio"/> Holoprosencephaly <input type="radio"/> Others (Refer to ICD 10) : _____	<input type="checkbox"/> Skeletal dysplasia	<input type="checkbox"/> Respiratory	<input type="checkbox"/> CDH	<input type="checkbox"/> Neural Tube Defect →	<input type="radio"/> Myelomeningocele <input type="radio"/> Anencephaly <input type="radio"/> Encephalocele <input type="radio"/> Others (Refer to ICD 10) : _____	<input type="checkbox"/> GIT	<input type="checkbox"/> Hydrops	<input type="checkbox"/> Renal	<input type="checkbox"/> CVS →	Please see (page 4)	<input type="checkbox"/> Others, specify (Refer ICD10):	<input type="checkbox"/> None of the above	
<input type="radio"/> Syndrome (known) <table style="width:100%;"> <tr> <td><input type="checkbox"/> Down</td> <td><input type="checkbox"/> Edward</td> <td><input type="checkbox"/> Patau</td> <td><input type="checkbox"/> Others, specify (Refer to ICD 10):</td> </tr> <tr> <td colspan="4" style="height: 30px;"></td> </tr> </table>	<input type="checkbox"/> Down	<input type="checkbox"/> Edward	<input type="checkbox"/> Patau	<input type="checkbox"/> Others, specify (Refer to ICD 10):					<input type="radio"/> Not a recognized syndrome <input type="radio"/> Isolated major abnormality																	
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<input type="checkbox"/> Neural Tube Defect →	<input type="radio"/> Myelomeningocele <input type="radio"/> Anencephaly <input type="radio"/> Encephalocele <input type="radio"/> Others (Refer to ICD 10) : _____	<input type="checkbox"/> GIT	<input type="checkbox"/> Hydrops	<input type="checkbox"/> Renal																						
<input type="checkbox"/> CVS →	Please see (page 4)	<input type="checkbox"/> Others, specify (Refer ICD10):	<input type="checkbox"/> None of the above																							

SECTION 4: PROBLEMS/ DIAGNOSES (continue)

* 47c. CVS
Tick all present

Duct dependent lesion →

- TGA
- TOF or PA with VSD
- Pulmonary atresia (PA) with Intact ventricular septum
- Complex cyanotic heart with PA
- Critical PS
- Hypoplastic left heart syndrome
- Interrupted aortic arch
- Coarctation of aorta
- Critical AS
- Tricuspid atresia
- Others, specify.....

Non duct dependent lesion →

- TAPVD
- ASD
- VSD
- AVSD
- PDA (for term infant)
- Others, specify.....

Date of echo diagnosis: Date done: ___/___/___ auto calculate age (days)

Intervention →

- Nil done
- Surgery
- Catheterization
- Died before operation
- Palliative
- For review later

Date done: ___/___/___ auto calculate age (days)
Date done: ___/___/___ auto calculate age (days)

Name of procedure: _____

SECTION 5: OUTCOME

*48a. Date of discharge / transfer / death: (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	48b. Time of Death: (24 hour format) (mandatory for death cases)	<input type="text"/> : <input type="text"/> : <input type="text"/>
* 49. Weight and growth status on discharge:	a) Weight:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (grams)	
	b) Growth status:	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA	
* 50. Total duration of hospital stay (neonatal/ paed care):	<input type="text"/> <input type="text"/> <input type="text"/> (in completed days) (auto calculate)		
* 51. Home oxygen therapy:	<input type="radio"/> Yes <input type="radio"/> No		
* 52. Outcome:			

Alive →

Place discharged to:

- Home
- Social welfare home
- Other wards within hospital
- Still hospitalized as of 1st birthday
- Transfer to other hospitals →

a) Name of hospital:			
b) Reason for transfer:	<input type="radio"/> Growth/ stepdown care <input type="radio"/> Lack of NICU bed <input type="radio"/> Chronic/ Palliative care	<input type="radio"/> Acute medical/ diagnostic services <input type="radio"/> Surgery	<input type="radio"/> Social/Logistic reason <input type="radio"/> Other, specify:
c) Post transfer disposition: (Please fill this section if place transferred is not part of the NNR Network)	<input type="radio"/> Home <input type="radio"/> Death	<input type="radio"/> Transferred again to another hospital <input type="radio"/> Readmitted to your hospital <input type="radio"/> Still in ward	

Dead →

Place of death:

- Labour room/OT
- In transit
- Neonatal unit
- Others, specify:

Name : _____ Signature: _____

Date: / / (dd/mm/yy)

MALAYSIAN NATIONAL NEONATAL REGISTRY

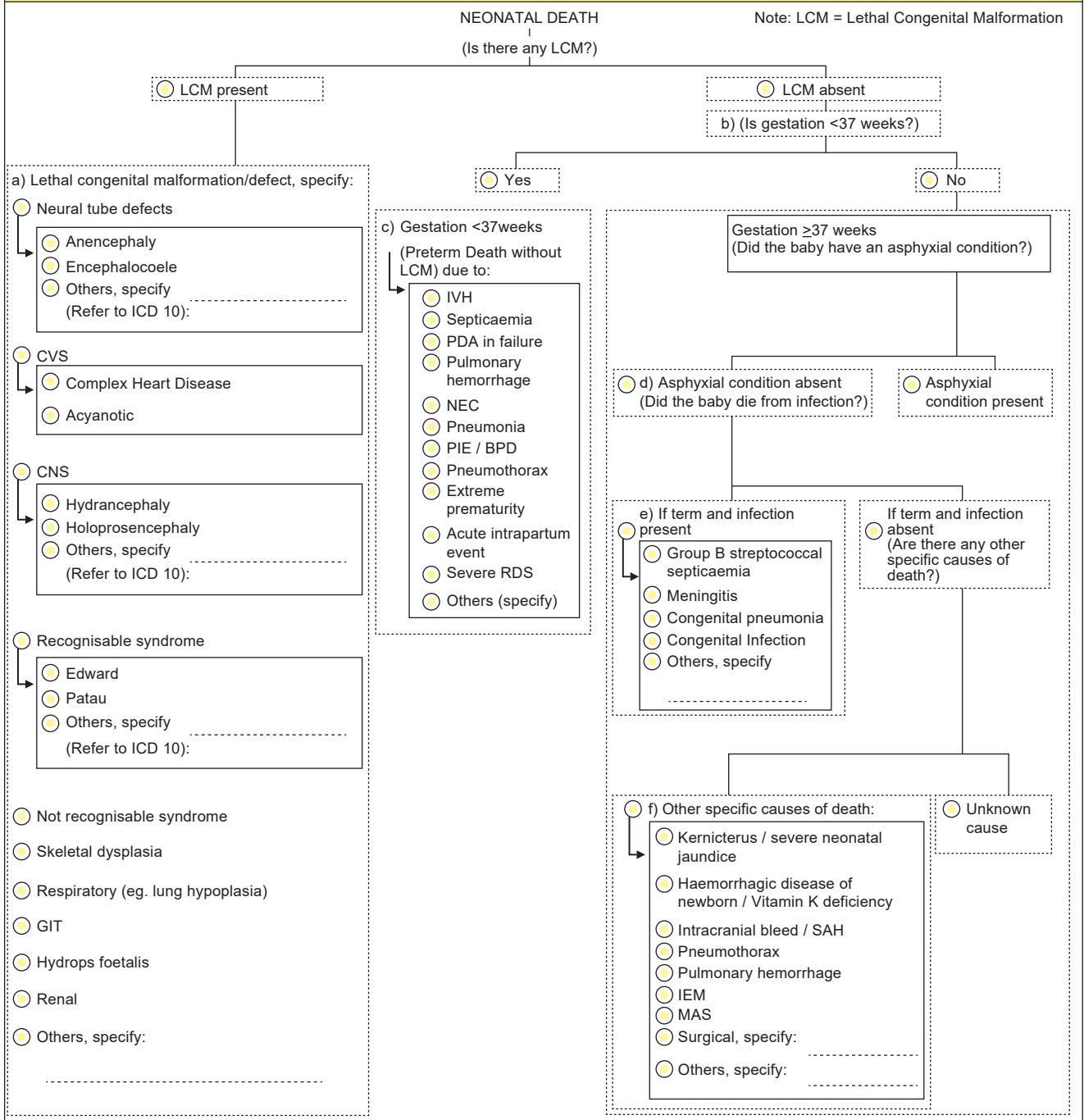
Supplementary Form

Instruction:

- 1) For term babies please fill in according to the most pertinent underlying cause of death.
- 2) For preterm babies please fill in according to the most immediate cause of death.

1. Centre Name:		3. RN:		Office use:	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
2. Name:		Passport:		Centre:	<input style="width: 100%; height: 20px;" type="text"/>	
4. Mother's I/C Number:	New IC:					

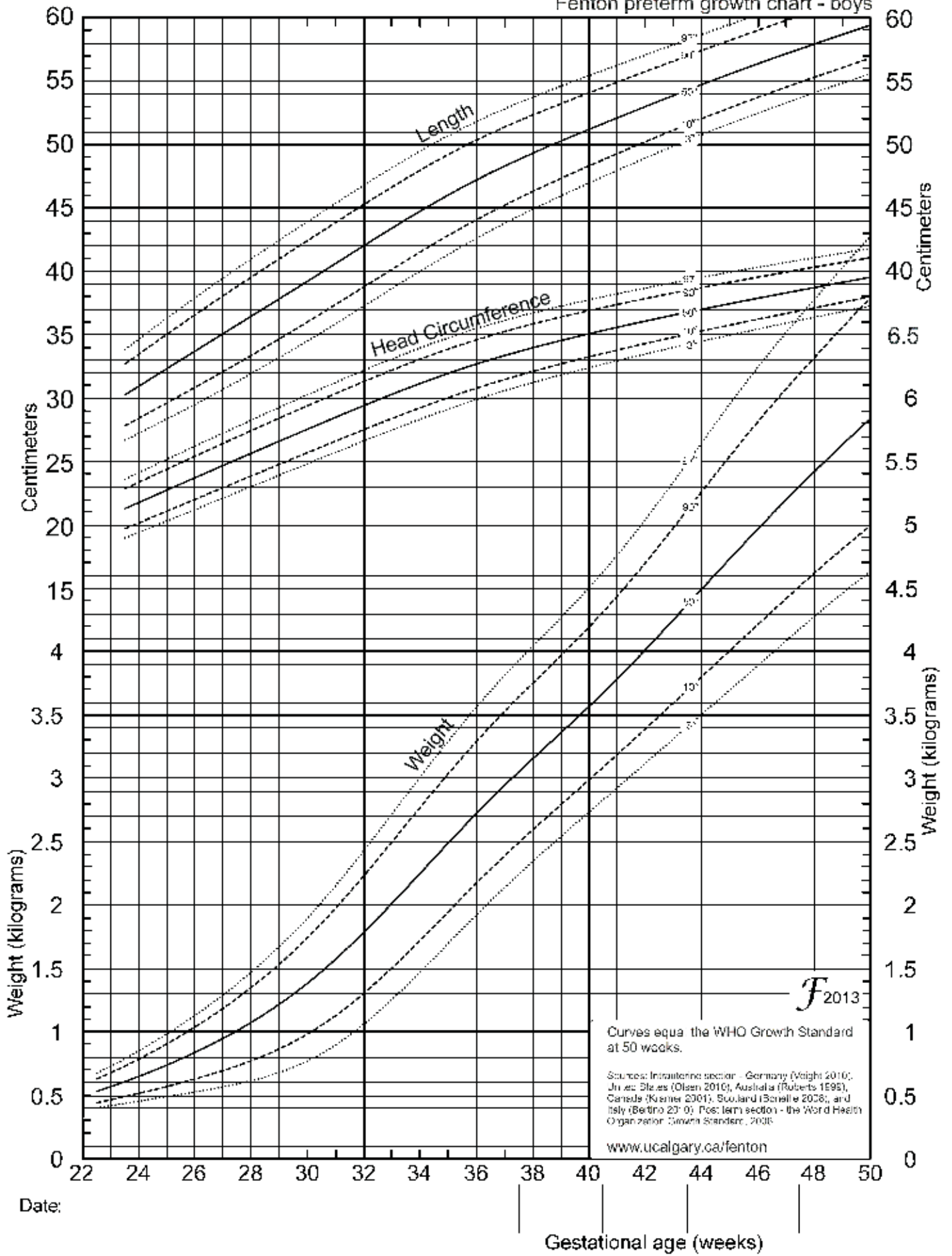
Immediate cause of death (Modified Wigglesworth): Tick relevant button to reach correct classification



Name : _____ Signature: _____

Date: / / (dd/mm/yy)

Fenton preterm growth chart - boys



Date:

Fenton preterm growth chart - girls

