MALAYSIAN NATIONAL NEONATAL REGISTRY (CRF 08)

Centre Name: _____

Date of Admission: | | | (dd/mm/yy)

☐ Stillbirth ☐ Livebirth

☐ New Case ☐ Readmission

☐ Referral from, if relevant: .....

Office use: /

Centre:

SECTION 1 : PATIENT PARTICULARS

1. Name:			**2. RN:**	
3. Mother's I/C Number:	**New IC:**		**Passport:**	
4. Date of Birth:			(dd/mm/yy)	
5. Ethnic group:	☐ Malay ☐ Indian ☐ Bumiputra Sabah, specify: ..... ☐ Other M'sian			
	☐ Chinese ☐ Orang Asli ☐ Bumiputra Sarawak, specify: ..... ☐ Non-citizen			
6. Maternal Age:				
7. GPA:	**G:**	**P:**	**A:**	
8. Insulin dependent diabetes in mother:	☐ Yes	☐ No	☐ Not Available	

SECTION 2 : BIRTH HISTORY

Drugs Used In Labour	**9. Antenatal Steroid:**	☐ Yes	☐ No	☐ Unknown
	10. Intrapartum Antibiotic:	☐ Yes	☐ No	☐ Unknown
11. Birth Weight:				(grams)
12. Gestation:				(weeks)
13. Growth Status:	☐ SGA	☐ AGA	☐ LGA	
14. Gender:	☐ Male	☐ Female	☐ Indeterminate	
15. Place of Birth:	☐ Inborn			
	☐ Outborn → ☐ University Hospital ☐ General Hospital ☐ Private Hospital	☐ District Hospital with Specialist ☐ District Hospital without Specialist ☐ Private Maternity Home	☐ Home ☐ Others, specify:	
16. Multiplicity: *Check only one*	☐ Singleton ☐ Twin ☐ Triplet ☐ Others, specify:			
17. Mode of Delivery:	☐ SVD ☐ Ventouse ☐ Breech ☐ Caesarean Section ☐ Forceps ☐ Unknown			
18. Apgar score at 1 min and 5 min (1-10) :	a) Score at 1min: _____ b) Score at 5 min: _____ c) ☐ Not Available OR ☐ Intubated			

19. Initial resuscitation : *Check all that apply*	**a) Oxygen:**	☐ Yes	☐ No	**d) Cardiac Compression:**	☐ Yes	☐ No
	b) Bag-mask vent:	☐ Yes	☐ No	**e) Adrenaline:**	☐ Yes	☐ No
	c) Endotracheal tube vent:	☐ Yes	☐ No			

SECTION 3 : NEONATAL EVENT

20. Respiratory Support: *Check all that apply*	☐ Yes → ☐ Oxygen ☐ Conventional Ventilation ☐ Nitric Oxide ☐ CPAP ☐ HFOV	
	☐ No	
21. Total Duration of Ventilatory Support:	..... (in days)	
22. Surfactant:	☐ Yes → ☐ < 1 hr ☐ 1- 2 hrs ☐ > 2 hrs	
	☐ No	
23. Post Natal Steroid for CLD:	☐ Yes ☐ No	
24. Parenteral Nutrition:	☐ Yes ☐ No	
25. Enteral Nutrition on discharge:	☐ Yes → ☐ Exclusive breast feeding / breastmilk feeds ☐ Exclusive formula feeds ☐ Mixed feeds	
	☐ No	
26. Ultrasound of Brain done at ≤ 28 days of life	☐ Yes ☐ No	

SECTION 4 : OUTCOME

27. Date of Discharge: | | | | *(dd/mm/yy)*

28. Weight on Discharge / Death / Transfer out: (grams)

29. Total Duration of hospital stay (Neonatal / Paeds Care): ..... (in completed days)

30. Outcome: **Place of Discharge:**

☐ **Alive** →
- ☐ Home
- ☐ Social welfare home
- ☐ Other Non Paeds Ward
- ☐ Still hospitalized as of 1st birthday
- ☐ Transfer to Other Hospitals →

Name of Hospital:

Post Transfer Disposition
(pls fill this section if place transferred to is not part of the NNR Network):
- ☐ Home
- ☐ Death
- ☐ Still hospitalized as of 1st birthday
- ☐ Transferred again to another hospital
- ☐ Readmitted to your hospital

☐ **Dead** →

Died within 12 Hours of Admission ☐ Yes ☐ No

Place of Death: ☐ Labour Room/OT ☐ In Transit ☐ Neonatal Unit ☐ Others, specify: .....

SECTION 5 : PROBLEMS / DIAGNOSES

Mandatory fields for diagnoses / procedures:

1. RDS: ☐ Yes ☐ No

2. PDA: ☐ Yes → ☐ ECHO Done ☐ Indomethacin/Ibuprofen > 24hrs ☐ Ligation ☐ Not Treated
☐ No

3. Pneumothorax: ☐ Yes ☐ No

4. Supplemental oxygen at: Day 28: → ☐ Yes ☐ No | 36 weeks corrected age : → ☐ Yes ☐ No

5. NEC (Stage 2 and above): ☐ Yes → ☐ Surgical Rx
☐ No

6. ROP: Retinal Exam Done: ☐ Yes → ☐ Stage 0 ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ Stage 4 ☐ Stage 5 ☐ Laser therapy ☐ Cryotherapy
(If yes, worst stage of ROP):
☐ No → Appointment Given → ☐ Yes ☐ No
☐ Not Applicable / Not Checked

7. IVH: ☐ Yes → ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ VP shunt / reservoir insertion
(If yes, worst grade) :
☐ No ☐ Not Applicable

8. Seizures: ☐ Yes ☐ No

9. Infection (Clinical or Confirmed) : ☐ Yes → ☐ On or before day 3 of life ☐ After day 3 of life
☐ No

10. For confirmed sepsis:
- ☐ Group B Streptococcus
- ☐ MRSA
- ☐ CONS
- ☐ Others, specify: .....
- ☐ ESBL organisms
- ☐ Fungal
- ☐ Staphylococcus aureus
- ☐ Klebsiella
- ☐ Pseudomonas
- ☐ Acinetobacter

11. HIE (BW >2000 gm) ☐ None ☐ Mild / Moderate ☐ Severe ☐ Not applicable

12. Congenital Anomalies

12a. Major Congenital Anomalies

☐ Yes ☐ No

☐ Syndrome (known) ☐ Not a Recognised Syndrome
☐ Isolated Major Abnormality

- ☐ Down
- ☐ Edward
- ☐ Patau
- ☐ Others, specify (Please refer to ICD 10):

12b. Types of Abnormalities (Check all that are present. Applies to all including 'known syndromes', 'not a recognised syndrome' or 'isolated major abnormality '

- ☐ CVS → ☐ Cyanotic ☐ Acyanotic ☐ ECHO Done
- ☐ CNS → ☐ Hydrocephalus ☐ Others, check ICD10
- ☐ Neural Tube Defect → ☐ Spina bifida ☐ Anencephaly ☐ Others, check ICD10
- ☐ Skeletal dysplasia
- ☐ Respiratory
- ☐ GIT
- ☐ Hydrops
- ☐ Renal
- ☐ Cleft → ☐ Lip ☐ Palate ☐ Lip and Palate
- ☐ Others, specify

13. Inborn Errors of Metabolism (IEM)

☐ Yes → **a. Clinical Diagnosis?** ☐ Yes
☐ No **b. Confirmed Diagnosis?** ☐ Yes,specify .....

Other Diagnoses :

14. Respiratory : ☐ Meconium aspiration syndrome ☐ Transient tachypnoea of newborn ☐ Pulmonary haemorrhage ☐ Pulmonary interstitial emphysema ☐ Pneumonia

15. Central Nervous System: ☐ Neonatal encephalopathy (other than HIE) ☐ Neonatal meningitis

16. Cardiovascular: ☐ PPHN

Name : _____ Signature : _____ Date: | | | | (dd/mm/yy)