

MALAYSIAN NATIONAL NEONATAL REGISTRY (CRF 2011)

Centre Name: _____ _____ _____ Date of Admission: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)	<input type="radio"/> New Case <input type="radio"/> Readmission <input type="checkbox"/> Transfer from, if relevant: _____	MNNR No. (Office use): <input type="text"/> / <input type="text"/> Centre: <input type="text"/>
Admitted to neonatal ward: <input type="radio"/> Yes → (Proceed to complete all sections in this CRF) <input type="radio"/> No → (Proceed to complete [Sections 1, 2, 4(No. 47) and 5]) <input type="checkbox"/> Abandoned baby → (if box is ticked, item #1, 4a, 6-16 not mandatory)		
Instruction: Where check boxes <input type="checkbox"/> are provided, check (✓) one or more boxes. Where radio buttons <input type="radio"/> are provided, check (✓) one box only.		

SECTION 1 : PATIENT PARTICULARS & MATERNAL HISTORY

1. Name of mother: *			
2. Name of baby (optional):			
3. RN of baby: *			
4a. Mother's I/C number: *	MyKad: <input type="text"/> - <input type="text"/> - <input type="text"/>		
	Other ID document No: <input type="text"/>		
	Specify document type (if others):	<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 <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"/> Others, specify: _____	
4b. Baby's MyKid number:	MyKid: <input type="text"/> - <input type="text"/> - <input type="text"/>		
5a. Date of birth of baby: * (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	5b. Time of birth: (24-hour format) (mandatory for death cases)	<input type="text"/> (enter the best estimated time of birth if the exact time is unknown)
6. 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: _____		
7. Maternal age: *	<input type="text"/> (years)		
8. GPA: (current pregnancy before delivery of this child)	* Gravida: <input type="text"/>	* Parity: <input type="text"/>	* Abortion: <input type="text"/>
9. Maternal diabetes (including gestational diabetes): *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
10. Maternal hypertension, chronic pregnancy induced:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
11. Maternal Eclampsia: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
12. Maternal chorioamnionitis: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
13. Maternal Anaemia: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
14. Maternal abruptio placenta: *	<input type="radio"/> Yes <input type="radio"/> No		
15. Maternal bleeding placenta praevia: *	<input type="radio"/> Yes <input type="radio"/> No		
16. Cord prolapse: *	<input type="radio"/> Yes <input type="radio"/> No		

SECTION 2 : BIRTH HISTORY

17. Antenatal steroid: *	<input type="radio"/> Yes → <input type="radio"/> 1 dose <input type="radio"/> 2 doses <input type="radio"/> No <input type="radio"/> Unknown		
18. Intrapartum antibiotic: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
19. Birth weight: *	<input type="text"/> (grams)		
20a. Gestation: *	<input type="text"/> (weeks)	20b. Gestational age based on: (if patient died)	<input type="radio"/> LMP <input type="radio"/> Ultrasound <input type="radio"/> Neonatal assessment <input type="radio"/> Unknown
21. Growth status: *	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA		
22. Gender: *	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Ambiguous/ Indeterminate		
23. Place of birth: *	<input type="radio"/> Inborn <input type="radio"/> Home <input type="radio"/> Maternity home with specialist <input type="radio"/> Outborn → <input type="radio"/> Health clinic <input type="radio"/> Maternity home without specialist <input type="radio"/> Government hospital with specialist <input type="radio"/> Alternative Birthing Centre (ABC) <input type="radio"/> District <input type="radio"/> General <input type="radio"/> Urban <input type="radio"/> Rural <input type="radio"/> Government hospital without specialist <input type="radio"/> Enroute/ During transport <input type="radio"/> University hospital <input type="radio"/> Others, specify: _____ <input type="radio"/> Private hospital <input type="radio"/> Unknown		
24. Multiplicity: *	<input type="radio"/> Singleton <input type="radio"/> Twin <input type="radio"/> Triplet <input type="radio"/> Others, specify: _____		
25. Final mode of delivery: *	<input type="radio"/> Vaginal delivery → <input type="radio"/> SVD <input type="radio"/> Breech <input type="radio"/> Others, specify: → _____ <input type="radio"/> Instrumental → <input type="checkbox"/> Vacuum <input type="checkbox"/> Forcep <input type="radio"/> Unknown <input type="radio"/> Caesarean section → <input type="radio"/> Elective <input type="radio"/> Emergency		

SECTION 2 : BIRTH HISTORY (continue)

26. Apgar score at 1 min and 5 min (1-10) :	a) Score at 1 min: <input type="text"/> <input type="checkbox"/> Unknown	b) Score at 5 min: (Please score even if the baby is intubated) <input type="text"/> <input type="checkbox"/> Unknown
27. Initial resuscitation : (applicable for inborn only)	a) Oxygen: <input type="radio"/> Yes <input type="radio"/> No	d) Cardiac compression: <input type="radio"/> Yes <input type="radio"/> No
	b) Bag-mask vent: <input type="radio"/> Yes <input type="radio"/> No	
	c) Endotracheal tube vent: <input type="radio"/> Yes <input type="radio"/> No	
28. Admission temperature: * (mandatory only if admitted to Neonatal Ward)	<input type="text"/> <input type="text"/> <input type="text"/> (°C)	

SECTION 3 : NEONATAL EVENT

29. Respiratory support: *	<input type="radio"/> Yes → <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a) CPAP done?</td> <td style="width: 10%;"> <input type="radio"/> Yes <input type="radio"/> No </td> <td style="width: 60%;"> i) Early CPAP within 1 hour from birth: <input type="radio"/> Yes <input type="radio"/> No ii) Total duration of CPAP at your centre: <input type="text"/> day(s) </td> </tr> <tr> <td>b) 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"/> day(s) </td> </tr> <tr> <td>c) 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"/> day(s) </td> </tr> <tr> <td>d) 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"/> day(s) </td> </tr> </table>	a) CPAP done?	<input type="radio"/> Yes <input type="radio"/> No	i) Early CPAP within 1 hour from birth: <input type="radio"/> Yes <input type="radio"/> No ii) Total duration of CPAP at your centre: <input type="text"/> day(s)	b) Conventional ventilation:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of conventional ventilation at your centre: <input type="text"/> day(s)	c) HFJV/HFOV:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of HFJV/HFOV at your centre: <input type="text"/> day(s)	d) Nitric oxide:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of Nitric oxide at your centre: <input type="text"/> day(s)
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d) Nitric oxide:	<input type="radio"/> Yes <input type="radio"/> No	i) Total duration of Nitric oxide at your centre: <input type="text"/> day(s)												
30. Total number of days on ventilation support at your centre: * (autocalculate)	<input type="text"/> <input type="text"/> <input type="text"/> (days)													
31. 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													
32. Parenteral nutrition:	<input type="radio"/> Yes <input type="radio"/> No													

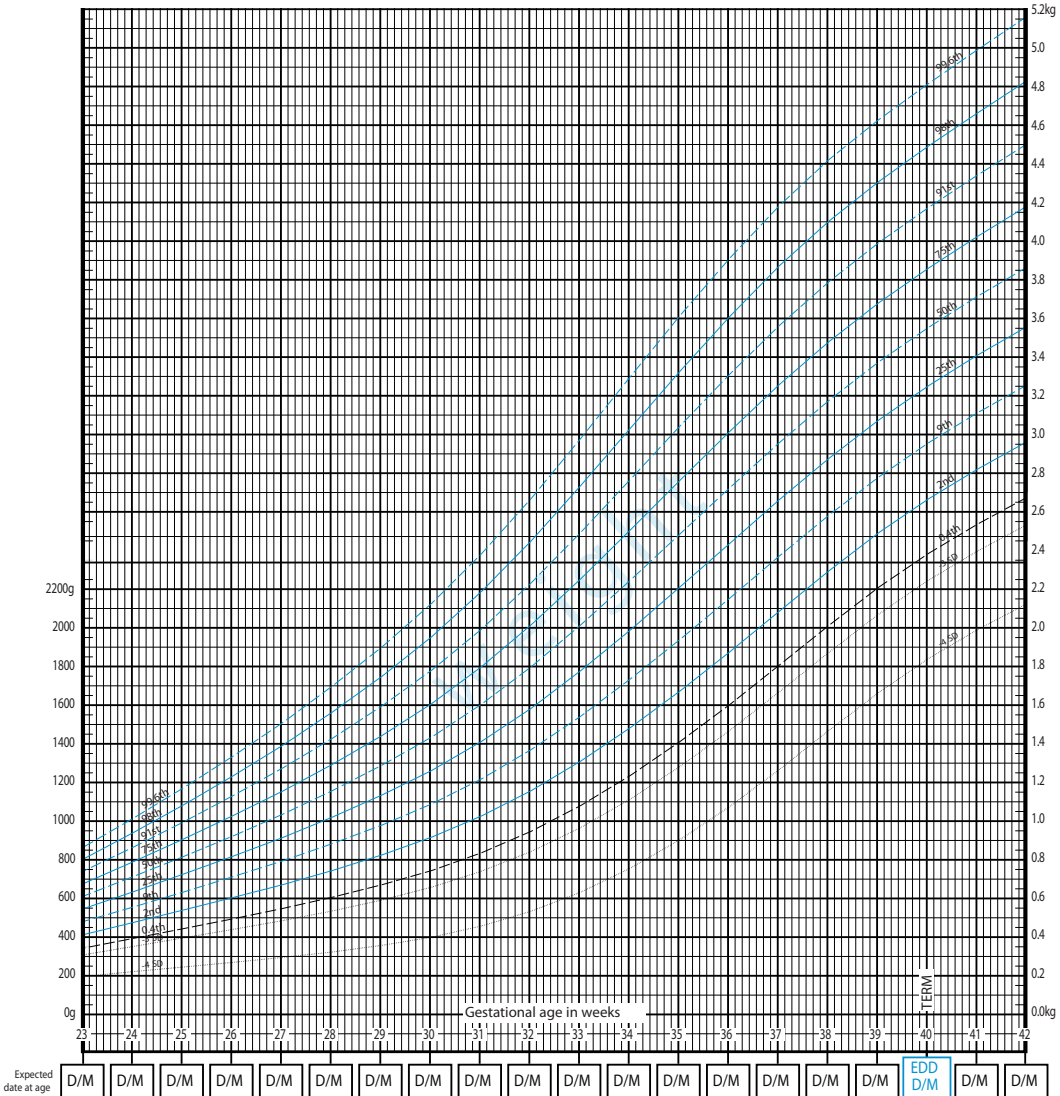
SECTION 4 : PROBLEMS / DIAGNOSES

33. Respiratory :	<input type="checkbox"/> Meconium aspiration syndrome <input type="checkbox"/> Pulmonary haemorrhage <input type="checkbox"/> Pneumonia <input type="checkbox"/> Transient tachypnoea of newborn <input type="checkbox"/> Pulmonary interstitial emphysema		
34. RDS:	<input type="radio"/> Yes <input type="radio"/> No		
35. Pneumothorax: *	<input type="radio"/> Yes → <input type="radio"/> No	Pneumothorax developed during: <input type="radio"/> CPAP <input type="radio"/> CMV <input type="radio"/> HFV	
36. Supplemental oxygen and BPD: *	For babies < 32 weeks - State if O ₂ / any form of CPAP or ventilatory support required at Day 28 and 36 weeks corrected gestational age		
	a) Day 28: <input type="radio"/> Yes <input type="radio"/> No	b) 36 weeks corrected age : <input type="radio"/> Yes <input type="radio"/> No	
	For babies ≥ 32 weeks, state if O ₂ / any form of CPAP or ventilatory support required at Day 28 and ≥56 postnatal days		
	a) Day 28: <input type="radio"/> Yes <input type="radio"/> No	b) ≥ Day 56: <input type="radio"/> Yes <input type="radio"/> No	
37. Cardiovascular: *	PPHN: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
38. PDA: *	<input type="radio"/> Yes → <input type="radio"/> No	a) ECHO done:	<input type="radio"/> Yes <input type="radio"/> No
		b) Indomethacin/Ibuprofen:	<input type="radio"/> Yes <input type="radio"/> No
		c) Ligation:	<input type="radio"/> Yes <input type="radio"/> No
39. NEC (Stage 2 and above): *	<input type="radio"/> Yes → <input type="radio"/> No	a) Surgical treatment:	<input type="radio"/> Yes <input type="radio"/> No
		b) NEC present before admission to your centre? (for outborn baby only)	<input type="radio"/> Yes <input type="radio"/> No
40. ROP: Retinal Exam Done: *	<input type="radio"/> Yes (If yes, worst stage of ROP):	a) Date of first screening:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)
		b) Post conceptual age at screening:	<input type="text"/> (autocalculate)
		c) <input type="radio"/> No ROP <input type="radio"/> Stage 1 <input type="radio"/> Stage 2 <input type="radio"/> Stage 3 <input type="radio"/> Stage 4 <input type="radio"/> Stage 5 <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) Vitrectomy:	<input type="radio"/> Yes <input type="radio"/> No
		g) ROP present prior to admission? (for outborn baby only)	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> No → <input type="radio"/> Not applicable	Appointment given:	

INTRAUTERINE GROWTH CURVES (COMPOSITE MALE/FEMALE) (APPENDIX 2)

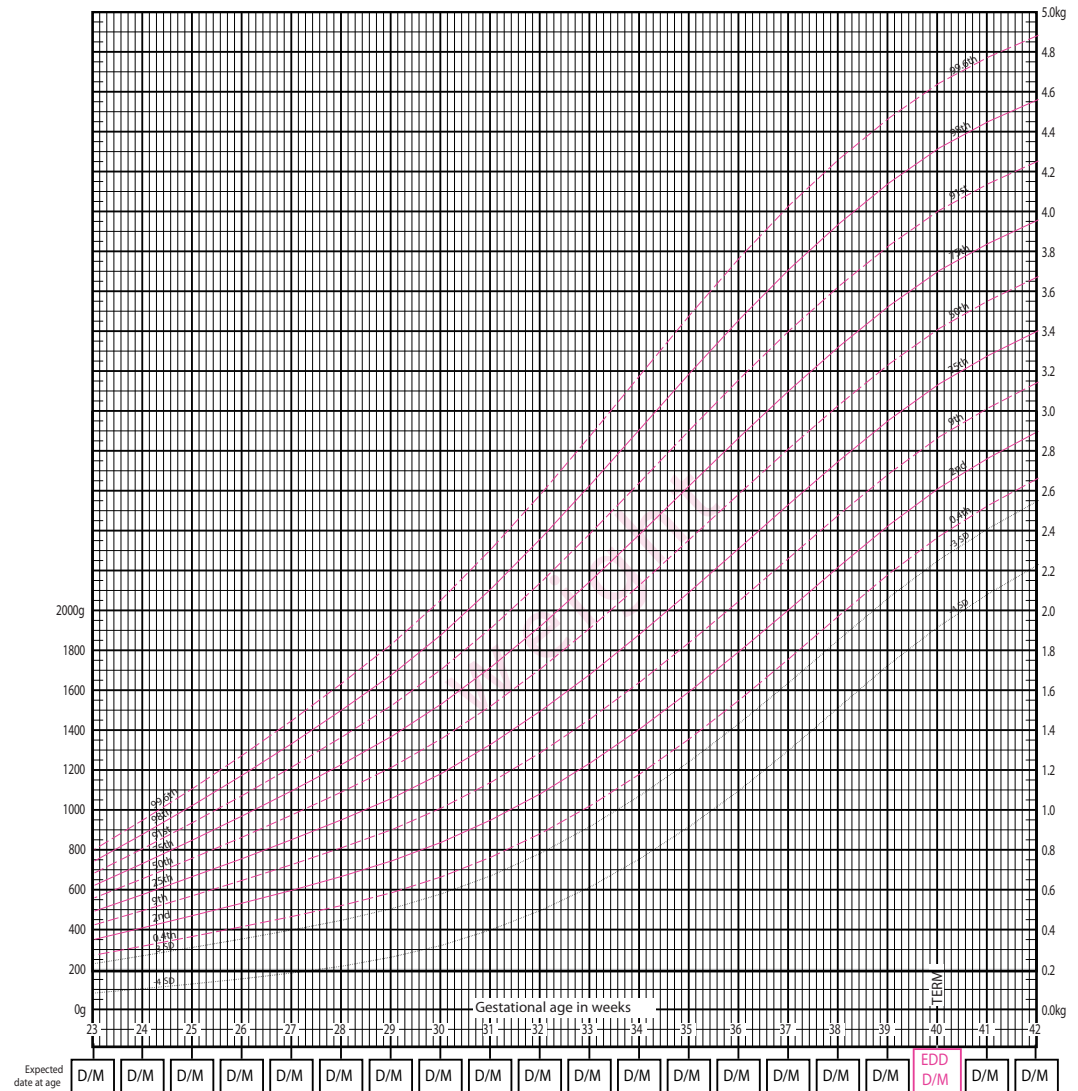
BOYS
23 to 42 weeks gestation

Gestational age in weeks



GIRLS
23 to 42 weeks gestation

Gestational age in weeks



Modified from source: UK-WHO Chart 2009©

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