

NeoIPC – Core Module (VLBW/VPT Infants)

Master Data Collection Form



Patient	
NeoIPC-ID (if necessary):	
Patient-ID:	
Patient name:	
Birthweight:	grams
Gestational age:	(weeks and days)
Admission date:	
Admission type:	
<input type="radio"/> Inborn Infant <input type="radio"/> Transfer <24h postnatal <input type="radio"/> Transfer ≥24h postnatal: Day _____ (day of life)	
Multiple birth:	
<input type="radio"/> Yes, number of infants: <input type="radio"/> No	
Sex:	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	
Delivery type:	
<input type="radio"/> Vaginal <input type="radio"/> Caesarean section (elective) <input type="radio"/> Caesarean section (emergency)	
End of Surveillance	
Surveillance end date:	
Reason:	
<input type="radio"/> Discharge Home/ Transfer <input type="radio"/> Death	
Patient days:	
CVC-days:	
PVC-days:	
INV-days:	
NIV-days:	
Antibiotic days (total):	
Antibiotic days (per substance)	
AB-1: _____	: _____ Days
AB-2: _____	: _____ Days
AB-3: _____	: _____ Days
AB-4: _____	: _____ Days
AB-5: _____	: _____ Days
AB-6: _____	: _____ Days
Human milk days:	
Probiotic days:	
Kangaroo care days:	
Comments:	

For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.

You can select only one option.

You can select multiple options.