



**Antibiotic Exposure and Duration**

1. Patient admitted to which unit:  NICU/SCN  NBN
2. Chart Number: \_\_\_\_\_
4. Admission Date: \_\_\_\_\_
5. Discharge Date: \_\_\_\_\_
6. Gestational age at delivery: \_\_\_\_\_ weeks \_\_\_\_\_ days
8. Was a blood culture drawn prior to the initiation of antibiotics?  
 Yes  
 No
- 8a. If yes, what was the result of the initial blood culture?  
 Negative  
 Positive
9. According to the patient medical administration record, did the infant receive a dose (s) of any antibiotics **within** the first 48 hours of life?  
 Yes  
 No
- 9a. If yes, indicate which antibiotic was administered.  
 Ampicillin  
 Gentamicin  
 Vancomycin  
 Cefotaxime  
 Antifungal  
 Other cephalosporin
- 9b. Antibiotic start date: \_\_\_\_\_
- 9c. Antibiotic stop date: \_\_\_\_\_
- 9d. Exact number of doses administered from start date to stop date: \_\_\_\_\_
- 9e. Dosing interval: \_\_\_\_\_

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**Antibiotic Stewardship/Neonatal Data Collection**



10. Was a second antibiotic administered to the infant within the first 48 hours of life?

- Yes
- No

10a. If yes, please indicate the antibiotic.

- Ampicillin
- Gentamicin
- Vancomycin
- Cefotaxime
- Antifungal
- Other cephalosporin

10b. Antibiotic start date: \_\_\_\_\_

10c. Antibiotic stop date: \_\_\_\_\_

10d. Exact number of doses administered from start date to stop date: \_\_\_\_

10e. Dosing interval: \_\_\_\_\_

13. Ethnicity

- White
- Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian & Other Pacific Islander
- American Indian or Alaska Native
- Multiracial
- Refused

14. Payor

- Medicaid
- BCBS/State
- Uninsured
- Other