



**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

(If > 34 0/7 weeks)

- 6a. Kaiser sepsis calculator used at delivery to evaluate risk for early onset sepsis?  
 Yes  No
- 6b. If yes, please indicate the associated risk category:  
 Well-appearing (keep drop down list of “Indications” available)  
 Equivocal (no drop down list available)  
 Clinical Illness (no drop down list available)

(If < 33 6/7 weeks, the above question is not shown.)

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7. Indications for prescribing antimicrobials: (able to choose more than one. You should be able to choose maternal risk factors, prematurity and abnormal CBC and CRP if all apply)
- Maternal risk factors
    - Rupture of membranes greater than 18 hours
    - Positive or unknown GBS
    - Maternal temp greater than 100.4°F
    - Preterm labor/premature rupture of membranes
    - Diagnosis of clinical chorioamnionitis
  - Prematurity only (once a Prematurity option is checked, the other Prematurity options should disappear)
  - Prematurity and respiratory distress only
  - Other signs/symptoms of sepsis
    - Tachypnea
    - Temperature instability
    - Pallor
    - Poor perfusion
    - Decreased level of consciousness
    - Apnea
    - Bradycardia
    - Metabolic acidosis
    - Abdominal distention
  - Abnormal Chest Xray
  - Abnormal CBC results drawn within the first 48 hours of life (able to choose more than one)
    - abnormal WBC count
    - abnormal ANC
    - abnormal I:T ratio
  - Abnormal CRP results drawn within the first 48 hours of life
  - Abnormal procalcitonin level within the first 48 hours of life
  - None of the above risk factors present
8. Was a blood culture drawn prior to the initiation of antimicrobials?
- Yes
  - No
- 8a. If yes, what was the result of the initial blood culture?
- Negative
  - Positive

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9. According to the patient medical administration record, did the infant receive a dose (s) of any antimicrobials **within** the first 48 hours of life?

- Yes
- No

9a. If yes, indicate which antimicrobial was administered.

- Ampicillin
- Gentamicin
- Vancomycin
- Cefotaxime
- Antifungal
- Other antimicrobial

9b. Antimicrobial start date: \_\_\_\_\_

9c. Antimicrobial stop date: \_\_\_\_\_

9d. Exact number of doses administered from start date to stop date: \_\_\_\_

9e. Dosing interval: \_\_\_\_\_

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

- Yes
- No

10a. If yes, please indicate the antimicrobial was administered.

- Ampicillin
- Gentamicin
- Vancomycin
- Cefotaxime
- Antifungal
- Other antimicrobial

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

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

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

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

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11. Was any antimicrobial continued past 48 hours from the initial dose despite a negative blood culture?
- Yes
  - No
- 11a. If yes, please indicate the rationale for continuing antimicrobial:
- Prematurity only (once a Prematurity option is checked, the other Prematurity options should disappear)
  - Prematurity and respiratory distress only
  - Other signs/symptoms of sepsis
    - Tachypnea
    - Temperature instability
    - Pallor
    - Poor perfusion
    - Decreased level of consciousness
    - Apnea
    - Bradycardia
    - Metabolic acidosis
    - Abdominal distention
  - Abnormal Chest Xray
  - Abnormal CBC results drawn within the first 48 hours of life (able to choose more than one)
    - abnormal WBC count
    - abnormal ANC
    - abnormal I:T ratio
  - Abnormal CRP results drawn within the first 48 hours of life
  - Abnormal procalcitonin level within the first 48 hours of life
  - None of the above risk factors present
12. Was parent/family education provided? (able to choose more than one)
- Written
  - Verbal
  - Teach back
  - None
13. Ethnicity
- White
  - Asian American
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian & Other Pacific Islander
  - American Indian or Alaska Native
  - Multiracial
  - Refused

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14. Payor

- Medicaid
- BCBS/State
- Uninsured
- Other