

Perinatal Quality Collaborative of North Carolina

cLOUDi Infant Patient Data Collection Form

(Inclusion criteria: substance exposed infants)

1. Patient Number: _____
2. Month/Year: _____
3. Did infant have substance exposure? (click all that apply):
 - _____ a Methadone
 - _____ b Buprenorphine (Suboxone, Subutex)
 - _____ c Morphine
 - _____ d Heroin
 - _____ e Other opiates (codeine, fentanyl, opium, oxycodone, meperidine, hydromorphone, hydrocodone, Propoxyphene)
 - _____ f Marijuana
 - _____ g Cocaine
 - _____ h SSRIs
 - _____ i Fetal Alcohol Syndrome / Alcohol Related Birth Defects
 - _____ j Tobacco
 - _____ k Other
 - _____ l No exposure

If 3 l no exposure, stop here, do not enter in Delphi, if 3 a-k, continue form

4. Was infant ever breastfed?
 - _____ Yes
 - _____ No

If 3 i-k skip to 16

5. Was infant discharged home or transferred?
 - _____ Discharged home
 - _____ Transferred

If discharged home continue to 6, if transferred skip to 11

6. Was infant breastfeeding / receiving mother's milk at discharge?
 - _____ Yes
 - _____ No
7. Was follow-up appoint scheduled prior to discharge?
 - _____ Yes
 - _____ No
8. Was plan of safe care offered at discharge?
 - _____ Yes
 - _____ No



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9. Was plan of safe care accepted at discharge?
 Yes
 No
10. Was infant discharged home to biological mother?
 Yes
 No
11. Was infant at risk for NAS?
 Yes (continue form)
 No (skip to 16)
12. Was infant diagnosed with NAS?
 Yes
 No
13. How was infant cared for?
 Eat, Sleep, and Console (ESC)
 Modified Finnegan Scoring System
14. Did infant require pharmacological treatment?
 Yes
 No
- If no, skip to question 16:
- 14a. Was a medication used other than the primary designated medication?
 Yes
 No
- If ESC
- 14b. Did infant require scheduled medication dosing?
 Yes
 No
- If Finnegan
- 14c. Did infant receive rescue dose of medication
 Yes
 No
15. Was infant discharged home or on withdrawal supporting medication?
 Yes
 No
16. What was length of stay of infant in days?



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17. Infant is:
- White
 - Asian American
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian and Other Pacific Islander
 - American Indian or Alaska Native
 - Multiracial
 - Refused

18. Payor:
- Medicaid
 - BCBS/State
 - Uninsured
 - Other