

Perinatal Quality Collaborative of North Carolina

cLOUDi Infant Patient Data Collection Form

(Inclusion criteria: all infants evaluated for NAS)

(updated November 12, 2020)

1. Patient Number: _____
 2. Month/Year: _____
 3. Infant is being cared for in:
 Newborn Nursery
 NICU
 4. 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
 5. Was infant ever breastfed?
 Yes
 No
 6. Was infant discharged home or transferred?
 Discharged home
 Transferred
- If discharged home continue to 7, if transferred skip to 12*
7. Was infant breastfeeding / receiving mother's milk at discharge?
 Yes
 No
 8. Was follow-up appoint scheduled prior to discharge?
 Yes
 No
 9. Was plan of safe care offered at discharge?
 Yes
 No



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10. Was plan of safe care accepted at discharge?
 Yes
 No
11. Was infant discharged home to biological mother?
 Yes
 No
12. Was infant at risk for NAS?
 Yes (continue form)
 No (skip to 17)
13. Was infant diagnosed with NAS?
 Yes
 No
14. How was infant cared for?
 Eat, Sleep, and Console (ESC)
 Modified Finnegan Scoring System
15. Did infant require pharmacological treatment?
 Yes
 No
- If no, skip to question 17:
- 15a. Was a medication used other than the primary designated medication?
 Yes
 No
- If ESC
- 15b. Did infant require scheduled medication dosing?
 Yes
 No
- If Finnegan
- 15c. Did infant receive rescue dose of medication
 Yes
 No
16. Was infant discharged home or on withdrawal supporting medication?
 Yes
 No
17. What was length of stay of infant in days? _____



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18. 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

19. Payor:

- Medicaid
- BCBS/State
- Uninsured
- Other