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
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? __________
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