



AIM cLOUDi Infant Data Dictionary

The purpose of the AIM cLOUDi Data Dictionary is to develop consistency in data entry. This Data Dictionary refers to all elements on the AIM cLOUDi Infant Data Collection Forms.

Inclusion criteria: all infants evaluated for NAS.

Infant Data Collection Form

(Updated January1, 2023)

- 1) **Patient Number:** Enter a unique identifier based on the system you develop locally. This ID **SHOULD NOT** be the medical record number or a date
- 2) **Month/Year:** Enter the month /year the patient was admitted
- 3) **Infant is being cared for in:** enter whether Newborn Nursery or NICU
- 4) **Did infant have substance exposure? (click all that apply):** Mark all exposures of which you are aware.
- 5) **Was infant ever breastfed?** Answer YES, if there is any documented attempt to breastfeed regardless of success and regardless of length of feeding
- 6) **Was infant discharged home or transferred?** If discharged home continue to next question, if transferred skip to question 12
- 7) **Was infant breastfeeding / receiving mother's milk at discharge?** Answer YES, if last 3 feeds prior to discharge were breastfeeding or pumped breastmilk
- 8) **Was follow-up appoint scheduled prior to discharge?** Follow up appointment noted in record or discharge summary
- 9) **Was plan of safe care offered at discharge?** As required by state and federal mandate, was a plan of safe care offered to the mother by the care team
- 10) **Was plan of safe care accepted at discharge?** The plan of safe care is voluntary. A mother may refuse it. It is possible it may not be accepted until after discharge. If such a plan was accepted pre-discharge, yes. If no, no. If unknown, unknown?
- 11) **Was infant discharged home to biological mother?**
- 12) **Was infant at risk for NAS?** If 'Yes' continue to next question, if 'No', skip to question 17 Was it known prenatally or as a result of maternal disclosure that the infant

was at risk for NAS prior to birth? If so, yes. If not known or risk not disclosed by the mother, then no.

13) **Was infant diagnosed with NAS?** Some infants will be observed for NAS but never develop symptoms. Did this infant develop symptoms which led to the actual diagnosis of NAS?

14) **How was infant cared for?** Was ESC or Finnegan methodology employed in caring for the infant?

15) **Did infant require pharmacological treatment?** Different hospitals may use different primary medications. Likely medications are either morphine, methadone, or clonidine. If 'Yes' continue, if 'No' skip to question 17

15a) **Was a medication used other than the primary designated medication?** Each hospital participating in cLOUDi has been asked to determine what will be the standard, primary first line medication for treating NAS. If only the designated primary med, then no. If a different medication then yes. Different hospitals may use different primary medications. Likely medications are either morphine, methadone, or clonidine

15b) **Did infant require scheduled medication dosing?** Answer this question ONLY if infant was cared for by ESC. ESC is based on an approach that incorporates non-pharmacologic methods with as needed medication for care of NAS infants. Difficult cases not responsive to ESC may end up requiring scheduled pharmacologic treatment.

15c) **Did infant receive rescue dose of medication?** Answer this question ONLY if infant was cared for by Modified Finnegan Scoring - Finnegan scoring begins treatment of infants for NAS at specified levels. At those levels infants are placed on a scheduled medication protocol which will be weaned over time. Difficult cases may require rescue doses of medication.

16) **Was infant discharged home on withdrawal supporting medication?** At some hospitals infants meeting certain conditions may be discharged home on medications with close follow up by providers. Such medications might include morphine, methadone or phenobarbital. If infant was discharged home on a medication treating NAS yes. If not, no?

17) **What was length of stay of infant in days?** Time infant spent in the hospital from admission to discharge.

18) **Infant is:** The patient's racial/ethnic background. Patients of Indian or Middle Eastern descent should be listed as "Asian."

19) **Payor:** The entity paying for delivery services

20) **Infant evaluated for NAS due to** – select whether infant was evaluated due to maternal history, screening, etc. OR infant’s clinical presentation

21) **Was mother in a treatment program?** Yes or No

22) **Have parents/caregivers been counselled about safe sleep practices?** Was safe sleep discussed with parents/caregivers? Provision of brochure is insufficient for a ‘yes’ answer