

# Perinatal Quality Collaborative of North Carolina

## cLOUDi 3.0 Infant Patient Data Collection Form

(Inclusion criteria: all infants evaluated for NAS)

(updated August 29, 2022)

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 Methamphetamine  
 m 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



cLOUDi Infant Data



# cloudi Infant Data

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



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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
20. Infant evaluated for NAS due to
- \_\_\_\_\_ Maternal history
  - \_\_\_\_\_ Infant's clinical presentation
21. Was mother in a treatment program?
- \_\_\_\_\_ Yes
  - \_\_\_\_\_ No
22. Have parents/caregivers been counselled about safe sleep practices?
- \_\_\_\_\_ Yes
  - \_\_\_\_\_ No