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
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

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