Perinatal Quality Collaborative of North Carolina

cLOUDi 3.0 Mom Patient Data Collection Form

1. Month/Year: ______________

2. Patient Number: ______________

3. Patient is:
   ____ White
   ____ Asian American
   ____ Black or African American
   ____ Hispanic or Latino
   ____ Native Hawaiian and Other Pacific Islander
   ____ American Indian or Alaska Native
   ____ Multiracial
   ____ Refused

4. Payor:
   ____ Medicaid
   ____ BCBS/State
   ____ Uninsured
   ____ Other

5. Was patient verbally screened at a prenatal visit for OUD using a validated verbal screening tool?
   ____ Yes
   ____ No
   ____ Unknown
   ____ Patient already in a treatment program

6. Was patient verbally screened for OUD on entry to the hospital using a validated verbal screening tool?
   ____ Yes
   ____ No
   ____ Unknown
   ____ Patient already in a treatment program

7. Did patient screen positive?
   ____ Yes (continue form)
   ____ Patient already in a treatment program (continue form)
   ____ No (stop here and enter result)
   ____ Unknown (stop here and enter result)
8. Was patient referred for SUD assessment?
   ______Yes
   ______No
   ______Patient already in a treatment program

9. Was patient referred to Social Work?
   ______Yes
   ______No

10. Did patient receive education regarding the risk for Neonatal Abstinence Syndrome and the treatment of Neonatal Abstinence Syndrome prior to delivery?
    ______Yes
    ______No

11. Was patient screened for maternal depression/anxiety during the delivery stay?
    ______Yes
    ______No

12. Did patient screen positive for maternal depression/anxiety?
    ______Yes
    ______Patient already in treatment
    ______No
    ______Unknown

13. If screened positive for maternal depression/anxiety and not in treatment, was a referral for treatment made?
    ______Yes
    ______No

14. Did patient receive Naloxone prior to discharge?
    ______Yes
    ______No