

Perinatal Quality Collaborative of North Carolina

Care of the Late Preterm Infant



CARE OF THE LPTI DATA

Patient Data

1. Period of admission (month/year only)
2. Race/ethnicity
 - White
 - Black or African American
 - Asian American
 - Hispanic or Latino
 - Native Hawaiian and Other Pacific Islander
 - American Indian or Alaska Native
 - Multiracial
 - Refused
3. Payor
 - Medicaid (if checked, open list below)
 - AmeriHealth Caritas NC
 - Healthy Blue of NC
 - UnitedHealthcare of NC
 - Wellcare of NC
 - Carolina Complete Health
 - State Health Plan
 - Private insurance
 - Uninsured
 - Other
4. Chart number _____
(letters, numbers or symbols of any length)
5. Gestational age of infant
 - 35 0/7 – 35 6/7 weeks
 - 36 0/7 – 36 6/7 weeks
6. Indicate where infant was initially admitted
 - NBN
 - SCN/NICU

(If answer to question #6 is NBN, continue with questions #7)

(If answer to question #6 is SCN/NICU, skip to question #8)

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7. Did infant admitted to NBN require transfer to a higher level of care?

- Yes
- No

(If answer to question #7 is Yes, continue with question #8)

(If answer to question #7 is No, skip to question #10)

8. Was the infant transferred to a higher level of care OUTSIDE of your facility?

- Yes
- No

(If answer to question #8 is Yes, skip to question #10)

(If answer to question #8 is No, continue to question #9)

9. If infant was admitted directly to SCN/NICU or transferred to a higher level of care WITHIN your facility, what unit was the infant discharged from?

- NBN
- SCN/NICU

10. Regardless of where the infant was initially admitted, was the infant diagnosed with any of the following (choose all that apply):

- Respiratory distress
- Hypoglycemia
- Hyperbilirubinemia
- Poor feeding/nutrition
- NAS/NOWS
- Culture confirmed sepsis
- Other _____
- None

(If infant transferred to a higher level of care OUTSIDE of your facility, skip to question #26)

11. What was the feeding method after delivery?

- Parents own milk/pumped milk
- Formula
- Both formula and parents own milk/pumped milk

(If question #11 is answered with Parents own milk/pumped milk or both formula and parents own milk/pumped milk, continue with questions #12-#13)

(If question #11 is answered with formula, skip to question #14)

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12. Was a lactation consult ordered and completed for infant prior to discharge?
- Yes
 - No
 - We do not have lactation support at our facility
13. Was the infant breastfeeding at discharge? (Defined as the last three feeds prior to discharge including parents own milk or pumped milk)
- Yes
 - No
14. Enter birth weight (grams): _____ (max of 4 numbers and one decimal place, ie. 2046.5)
15. Enter discharge weight (grams): _____ (max of 4 numbers and one decimal place, ie. 2046.5)
16. Were TcB or TSB levels obtained with 48 hours of life or prior to discharge?
- Yes
 - No
- (If answer to question #16 is Yes, continue with questions #17-#18)
(If answer to question #16 is No, skip to question #21)
17. What was the last bilirubin level obtained prior to discharge?
_____ (enter lab value in mg/dL)
(max 2 numbers and a decimal point, ie 23.0)
(min number is 0.0 and max number is 25.0)
18. Was the infant treated for hyperbilirubinemia?
- Yes
 - No
- (If answer to question #18 is Yes, continue with question #19-#20)
(If answer to question #18 is No, skip to question #21)
19. What was the bilirubin level prior to treatment?
_____ (enter lab value in mg/dL)

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(max 2 numbers and a decimal point, ie 23.0)
(min number is 0.0 and max number is 25.0)



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20. How was the infant treated for hyperbilirubinemia? (check all that apply)

- IV fluids
- Phototherapy
- IVIG
- Breastmilk/breastfeeding withheld

21. Was education regarding a plan for safe sleep AT HOME discussed with the parent/caregiver and documented prior to discharge?

- Yes
- No

22. Was a follow up appointment for the infant scheduled (not only recommended to be made) prior to discharge?

- Yes
- No

23. Was the infant's length of stay less than 48 hours?

- Yes
- No

24. Was the infant readmitted within 30 days of discharge?

- Yes
- No
- Unable to determine

(If answer to question #24 is Yes, continue with question #25)

25. What was the reason for readmission? (choose all that apply)

- Feeding/nutrition issues including hypoglycemia
- Need for respiratory support
- Treatment for sepsis/infection
- Treatment of hyperbilirubinemia
- Other

26. Maternal Screening Test for syphilis completed during this admission:

- Yes - Test done / Results available
- Yes - Test done / Results not available or pending
- No - Test not done

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Monthly Data

- Total number of admissions to NBN
- Total number of admissions to SCN/NICU

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