ARE OF THE LPI DAT

Perinatal Quality Collaborative of North Carolina

Care of the Late Preterm Infant



- 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)
 - o AmeriHealth Caritas NC
 - o Healthy Blue of NC
 - o UnitedHealthcare of NC
 - Wellcare of NC
 - o 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)





ARE OF THE LPI DAT

Perinatal Quality Collaborative of North Carolina

Care of the Late Preterm Infant

- 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 <u>discharged</u> 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)







CARE OF THE LPI DAT

Perinatal Quality Collaborative of North Carolina

Care of the Late Preterm Infant



- 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)
 - Vec
 - 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?

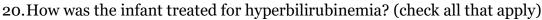
_____(enter lab value in mg/dL)



Perinatal Quality Collaborative of North Carolina

Care of the Late Preterm Infant

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



- 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



OF THE LPI DAT



Perinatal Quality Collaborative of North Carolina

Care of the Late Preterm Infant



Monthly Data

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



