1. Chart Number: _______________

2. Admission Date: _______________

3. Discharge Date: _______________

4. Gestational age at delivery: ______ weeks ______ days

5. Ethnicity
   - White
   - Asian American
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian & Other Pacific Islander
   - American Indian or Alaska Native
   - Multiracial
   - Refused

6. Payor
   - Medicaid
   - BCBS/State
   - Uninsured
   - Other

7. Did newborn require transfer to a higher level of care or transfer to another facility?
   - Yes
   - No

8. Did newborn receive IV fluids in NBN?
   - Yes
   - No

9. Did newborn attempt to breastfeed within the first 60 minutes of life?
   - Yes
   - No
10. Did newborn receive any of the following supplementation:
   Colostrum
   Donor breastmilk
   Glucose Gel
   Formula

11. Did newborn receive ANY skin to skin within first 4 hours of life?
   Yes
   No

12. Was parent or family educated regarding hypoglycemia that is documented in the
    EMR/chart?
    Yes
    No

13. Did the newborn only receive breastmilk for the last 3 feeds prior to discharge?
    Yes
    No
    Unable to determine, newborn transferred to outside facility

14. Did the newborn develop hypoglycemia?
    Yes
    No