

**PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA**  
**Newborn Hypoglycemia Prevention and Care Data Collection**

Newborn Hypoglycemia Prevention and Care  
Newborn Nursery Data Collection



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

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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