

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

Newborn Hypoglycemia Prevention and Care  
NICU Data Collection



1. Chart Number: \_\_\_\_\_
2. Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_
3. Discharge Date: \_\_\_\_\_ Time: \_\_\_\_\_
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 infant receive IV fluids?
  - Yes
  - No
- 7a. If #7 YES: Date IV infusion started: \_\_\_\_\_ Time IV infusion started \_\_\_\_\_
- 7b. If #7 YES: Date IV infusion stopped: \_\_\_\_\_ Time IV infusion stopped: \_\_\_\_\_
8. Was newborn offered feed or supplementation? (even if receiving IV fluids)
  - Yes
  - No

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8a. If #8 YES, indicate type of feeding or supplementation newborn received: (check all that apply)

- Colostrum
- Donor breastmilk
- Glucose Gel
- Formula

9. Was parent or family educated regarding hypoglycemia that is documented in the EMR/chart?

- Yes
- No