Neonatal Hypoglycemia Prevention and Care

NICU Data Dictionary

The purpose of the Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to elements visible when the reporting forms are printed.

The inclusion criteria for this data collection set is all symptomatic newborns with signs and symptoms of hypoglycemia and asymptomatic newborns at-risk for hypoglycemia within the first 48 hours of life, greater than or equal to 35 weeks' gestation. This data set should include only those infants cared for in the NICU with the sole diagnosis of hypoglycemia.

A NICU data collection form will be completed on every newborn transferred or admitted to the NICU for the sole diagnosis of hypoglycemia, regardless if newborn received treatment in the newborn nursery.

Those infants excluded from this data set should be newborns with multiple diagnoses in addition to hypoglycemia.

This Dictionary defines the basic elements of entries for all information

1. **Chart Number:** Please do not enter the medical record number. Please enter a number that you determine internally. (i.e. NICU1)

2. **Admission Date:** The date the infant was admitted to your NICU
    Format: mm/dd/yyyy
   Admission Time: The time the infant was admitted to your NICU
   Format: hours/minutes

3. **Discharge Date:** date the infant was discharged from your NICU
    Format: mm/dd/yyyy
   Discharge Time: The time the infant physically left your NICU
   Format: hours/minutes

4. **Gestational age at delivery**: The number of weeks and days of gestation an infant is born at. For example, an infant may be born at 35 weeks and 5 days gestation.

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? Answer YES, if infant received a continuous infusion of IV fluids as treatment for hypoglycemia

7a. If #7 YES: Date IV infusion started: _____ Time IV infusion started: _____
                Format: mm/dd/yyyy   Format: hours/minutes

7b. If #7 YES: Date IV infusion stopped: _____ Time IV infusion stopped: ____
                Format: mm/dd/yyyy   Format: hours/minutes

8. Was newborn offered feed or supplementation? (even if receiving IV fluids). Answer YES, if infant received oral feed, NG feed, or supplementation in addition to continuous IV fluid treatment

8a. If #8 YES, indicate type of feeding or supplementation newborn received: (check all that apply).
    Colostrum/Pumped breastmilk
    Donor breastmilk
    Glucose Gel
    Formula

9. Is there documentation in the EMR/chart that the parent or family was educated regarding hypoglycemia? Answer YES, if documentation of parent of family education can be found in the chart/EMR regarding hypoglycemia.