

Appendix 1: SCN data extraction FORM

**ELIGIBILITY**

**Inclusion criteria:** All babies admitted to Victoria’s 5 NICUs and 40 SCNs, and born 5<sup>th</sup> Dec 2021–Dec 31<sup>st</sup> 2023.

**Exclusion criteria:** This collection does not include babies who were **admitted to NICU**, with any of the following: **<32 weeks’ gestation; <1500 g birthweight; ventilated >4 hrs; therapeutic hypothermia; and/or major surgery.**

Is this baby eligible for ANZNN NICU data collection?  Yes→stop now  No→continue  Unknown→continue

**MATERNAL**

Previous preterm birth:  No  Yes  Unknown  
(not include stillbirth)

**ANTENATAL**

Maternal antibiotics in labour (within 48 hours of birth):  
 No  Yes  Unknown

If Yes:

Antibiotic 1:		
Name:		
Date started:	/ /	Time: :
Date ceased:	/ /	Time: :
Antibiotic 2:		
Name:		
Date started:	/ /	Time: :
Date ceased:	/ /	Time: :
Antibiotic 3:		
Name:		
Date started:	/ /	Time: :
Date ceased:	/ /	Time: :

Antenatal corticosteroids:

None  Given <24 hours before birth (incomplete)  
 Complete  Given >7 days before birth  
 Unknown

**BABY AND BIRTH**

Date of birth: / / Time: :

Date of 1<sup>st</sup> SCN admission: / / Time: :

Admitted from:

This hospital (Delivery suite or Postnatal ward)  
 Other hospital, specify hospital:  
 Home (incl. by emergency department)

Intubated at resuscitation:  No  Yes  Unknown

Temperature at admission (to 1 decimal place): . °C

Base excess taken:  No  Yes  Unknown

If Yes:

Worst base excess (to 1 decimal place): . mmol/L
Time: :

(within 12 hours of birth)

**Cord lactate:**  No  Yes  Unknown

If Yes: Cord lactate (to 1 decimal place): . mmol/L

**First lactate (baby):**

No  Yes  Unknown

If Yes:

First lactate (baby) (to 1 decimal place): . mmol/L

Date of first lactate (baby): / / Time: :

(within 12 hours of birth)

**Hypoxic-ischaemic encephalopathy:**

None  
 Grade 1 (mild HIE)  
 Grade 2 (moderate HIE)  
 Grade 3 (severe HIE)  
 HIE diagnosed but grade unknown  
 Unknown

**Seizures:**  Yes  No

**RESPIRATORY**

Main indication for respiratory support

No support  Non-specific  HMD  
 Pneumonia  Meconium aspiration  PPHN  
 Apnoea  Congenital anomaly  Other  
 Peri-surgical  Newborn encephalopathy  
 Transient tachypnoea of newborn (TTN)  Unknown

**Surfactant:**  No  Yes  Unknown

If Yes:

Method of administration of first dose of surfactant

Unknown  Endotracheal tube  
 Catheter (e.g. MIST)  
 Other (e.g. laryngeal mask, aerosolisation)

Date of first dose of surfactant: / / Time: :

Numbers of doses of surfactant:

**Air leak requiring drainage:**  No  Yes  Unknown

If Yes:

Date of first air leak: / / Time: :

**RESPIRATORY SUPPORT**

**IPPV:** No Yes Unknown  
 If Yes:  
 Date intubated for ongoing ventilation:            /   /    Time:    :  
 Date final extubation from mechanical ventilation:            /   /    Time:    :  
 Remain ventilated/ongoing ventilation at time of final discharge: Yes No

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**Nasal CPAP:** No Yes Unknown  
 If Yes:  
 Date nasal CPAP commenced:            /   /    Time:    :  
 Date of final cessation of nasal CPAP:            /   /    Time:    :  
 Remain nasal CPAP at time of final discharge: Yes No

**Nasal high flow:** No Yes Unknown  
 If Yes:  
 Date nasal high flow commenced:            /   /    Time:    :  
 Date nasal high flow ceased:            /   /    Time:    :  
 Remain nasal high flow at time of final discharge: Yes No

**CARDIAC**

**Patent ductus arteriosus (PDA):**  
No Yes Not tested  
 If Yes:  
 Treatments for PDA (*tick all that apply*):  
Ibuprofen    Indomethacin  
Other (eg. Paracetamol)    Clinical trial  
Unknown    None

**INFECTION**

**Probiotics:** No Yes Unknown  
**Infection** (proven or suspected):  
No Yes Unknown  
 If Yes:  
 Specimen not taken  
 Or  
 Negative culture  
 Or

Organism (type and date of specimen)

Organism	Site of specimen*	Date of specimen
		/ /
		/ /
		/ /

\* Blood, CSF, urine, stool, swab (specify)

**Antibiotics/antiviral:** No Yes Unknown  
 If Yes:

Antibiotic/antiviral 1  
 Name  
 Date started:    /   /    Time:    :  
 Date ceased:    /   /    Time:    :  
 Antibiotic/antiviral 2:  
 Name  
 Date started:    /   /    Time:    :  
 Date ceased:    /   /    Time:    :  
 Antibiotic/antiviral 3:  
 Name  
 Date started:    /   /    Time:    :  
 Date ceased:    /   /    Time:    :

**NUTRITION**

Parenteral nutrition: No Yes Unknown  
 If Yes:

Date parenteral nutrition commenced:            /   /    Time:    :  
 Date parenteral nutrition ceased:            /   /    Time:    :  
 Remain parenteral nutrition at time of final discharge: Yes No

**FEEDING**

Breast milk feeding at onset of enteral feeds: No Yes Unknown  
 Donor breast milk in any quantity: No Yes Unknown  
 Breast milk (any) at discharge to home:  
Breast milk only    Formula (powdered milk) only  
Both    Not recorded

**IVH AND CRANIAL ULTRASOUND**

<p><b>Left IVH</b>                  (worst grade in first 14 days)  <input type="checkbox"/> None  <input type="checkbox"/> Grade 1  <input type="checkbox"/> Grade 2  <input type="checkbox"/> Grade 3  <input type="checkbox"/> Grade 4 localised</p>	<p><b>Right IVH</b>                  worst grade in first 14 days)  <input type="checkbox"/> None  <input type="checkbox"/> Grade 1  <input type="checkbox"/> Grade 2  <input type="checkbox"/> Grade 3  <input type="checkbox"/> Grade 4 localised  <input type="checkbox"/> Grade 4 extensive</p>
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- Grade 4 extensive  Note examined  
 Note examined

**Cerebellar haemorrhage:**

- None  Left hemisphere only  
 Right hemisphere only  Vermis only  
 Bilateral hemisphere  Either or both hemisphere AND vermis  
 Not examined

**6 week head ultrasound (4 to 8 weeks)**

- No  Yes  Unknown

If Yes:

Date: / /

Left cysts:

- None  
 Porencephalic cyst(s)  
 PVL primarily confined to one of : anterior frontal, posterior frontal, parietal, temporal or occipital region  
 Extensive leukomalacia involving two or more of the above regions  
 Unknown

Right cysts:

- None  
 Porencephalic cyst(s)  
 PVL primarily confined to one of : anterior frontal, posterior frontal, parietal, temporal or occipital region  
 Extensive leukomalacia involving two or more of the above regions  
 Unknown

**OTHER SUGGESTED ITEMS:**

**Hypoglycaemia:**  No  Yes  Unknown

If Yes:

Lowest blood glucose (to 1 decimal place): . mmol/L

Date Lowest blood glucose: / / Time: :

Treatment (tick all that apply):

- Glucose gel  
 Extra milk (either breast and/or formula)  
 IV glucose

Signs:

- Seizures  
 Other/s, please specify:  
 None

**Neonatal abstinence syndrome (NAS):**

- No  Yes  Unknown

If Yes:

Due to which maternal medications/substance use? Specify:

Or

- Unknown medications/substance

Any treatments given for NAS:

- No  Yes  Unknown

If Yes to treatment, please specify:

**Jaundice:**  No  Yes  Unknown

If Yes:

Test date of highest level : / / Time: :

Highest total bilirubin: mmol/L

Treatment:

- Phototherapy only  
 Exchange transfusion +/- phototherapy  
 None

**Vitamin K given:**  No  Yes  Unknown

**Final destination from this hospital**

- Transferred to another hospital

Specify hospital:

Date of transfer: / /

or

- Death (Date: / / )

or

- Discharge to home (Date: / / )

**How many admissions altogether to this SCN?**

- Only one admission  
 Two or more admissions

If two or more, record admission and discharge dates for the 2<sup>nd</sup> and subsequent admissions (maximum 3 admissions)

Date of 2<sup>nd</sup> SCN admission: / /

Date of 2<sup>nd</sup> SCN discharge: / /

Date of 3<sup>rd</sup> SCN admission: / /

Date of 3<sup>rd</sup> SCN discharge: / /