

Reviewer:

Date:

NPM:

SCN Medical Record Review



Demographics

Infant Encounter # Admission date: Sex:
 Audit reason: Mom Encounter # Level of care: Nsy Obs IMC NICU
 Date PNC start: Discharge/Transfer Date:

Delivery

Mother

Age:
 Labor Duration:
 Prenatal Care:
 Mode of Delivery:
 Ant. Steroids
 Maternal complications:
 Social Service Consult done:
 Other Relevant Hx:

Birth Location:
Neonate:
 Birth Weight: grams
 Gestation Age: weeks
 Head Circum:
 Apgars 1min 5 min
 Additional if applicable
 Resuscitation beyond first 5 steps:
Vital Signs: birth/ 1st set
 Temp:
 HR:
 RR:
 POX:
 B/P:

Vital Signs: at/after 1 hr
 Temp
 HR:
 RR:
 POX
 B/p if taken:
 Abx ordered post del
Time ordered:
Time given:
 Appr Time given
 Cord Ph & BE
 Admitting DX/cong anom.

Consults immediately after delivery:
 Reason:
 Done in appropriate time frame:
 If infant stayed at Shannon were there any complications:
 NEC: X-ray arrival in 30 min of Urgent Request
 IVH Grade I -II
 IVH Grade 3-4 ECHO arrival in 30 min of Urgent Request
 PDA:
 Did infant qualify for ROP exam: Date of ROP exam:
 Exam done by:
 Other interventions:
 Pedi arrive within 30 min Urgent Req:

Hospital Course

Respiratory Support Needed:
 Pneumothoraces:
 Endotracheal Intubation:
 # of Intubation Attempts:
 ETT Size:
 ET placement verified by x-ray:

Screenings: Nutrition:
 Duration on Vent:
Any of the following used:
 BCPAP:
 Vapotherm:
 Vent CPAP:
 Other:

P/T or OT or ST
 Lactation consult done:
 Breastfeeding:
 Formula fdg:
 Breast with supplem:
 EBM:

Social Serv: Clergy/White Rose:
 EBM fortified: Hypoglycemia Protocol
 NG/OG fdg: All PO or BR fdg:
 Mom pumping within 6 hrs of birth:
 Central Line placed: type(s)
 CLABsi Infection site:

List any surgeries/procedures:

D/C Disposition

All Enteral Feedings: Oxygen: A/B Monitor:
 Discharge Education Provided: BR fdg @ d/c Formula @ d/c
 Developmental follow up (ECI)scheduled (if applicable):
 ROP follow-up scheduled as applicable: mm Other F/U

Neonate Expired: **Discharged CPS/foster:**
Transferred to a Higher Level of Care Due To:
 Prematurity: Size (<1,500g):
 Ventilated >24: Congenital Anomaly:
 HIE/WBTH: Other:

Quality Assurance Process

NMD/NPM Surveyor's Midas Report
Assessment of Overall Quality
 Appropriate: Opportunities to Improve:
 Questionable: Refer to QAPI Comm
 Comments:

Reviewed by: NMD:	NPM:	Committee:	Peer Review:	Other:
Quality of care Issues Identified:	Loop Closure Addressed	System/Process Issues Identified:	Loop Closure Addressed	

Additional Comments/Recommendations:

Signature Neonatal Program Manager

Signature: Neonatal Medical Director