# **High Risk Follow-Up Clinic Database Elements - NLPPP**

#### **Infant Information**

Reason(s) for Follow-up

Name

Gender

Date of Birth

**Gestational Age** 

Date of Admission

Birth Weight

Birth Length

Address

Postal Code

Phone Number

Hospital of birth

Province of birth

Birth Hospital Chart Number

Janeway Chart Number

Birth Mother's MCP Number (linkage)

Birth Mother's Account Number (linkage)

Physicians (GP,OB/GYN, Neo, Peds)

## Background, Pregnancy and Labor and Delivery Information

Mother's Name, Age, Education, Occupation, Medical History

Father's Name, Age, Education, Occupation, Medical History

**Marital Status** 

**Prenatal Care** 

Gravida

Parity

**Previous Abortions** 

**Previous Stillbirths** 

**Previous Neonatal Deaths** 

**Smoking** 

Second Hand Smoke

Alcohol

**Substances** 

Medications during Pregnancy

#### **Obstetric History**

Gestational Diabetes/Hypertension

Preexisting Diabetes/Hypertension

Type of Labour

**Rupture of Membranes** 

**Antenatal Steroids** 

Chorioamnionitis

Group B Strep

Magnesium Sulfate

**Antibiotics** 

Anaesthesia

Mode of Delivery

Presentation

Forceps/Vacuum

**Apgar Scores** 

Resuscitation

**Chest Compression** 

**Drugs for Resuscitation** 

ETT (Suction of Meconium)

ETT (Ventilation)

Peep

**BLES** 

### **Significant Perinatal Events**

Hydrocephalus

Venous Infarct

Gastro-esophageal reflux

Apnea/Bradycardia

Major CHD

Pneumothorax

**Chest Tube** 

HMD/RDS

Sepsis

**ROP** 

BPD

Hypoglycemia

Meconium Aspiration Syndrome

UA/UV line

Pneumonia

Anemia

Hyperbilirubinemia

Surgery

**Congenital Anomalies** 

### **Developmental Outcomes (Yes, No, Suspect)**

Normal Development

Vision Concerns

**Hearing Concerns** 

**Speech Concerns** 

**Behaviour Concerns** 

Global Developmental Delay

Specific Developmental Delay

**Gross Motor** 

Fine Motor

Cerebral Palsy

Gross Motor Function Classification System for Cerebral Palsy

Referrals

Other Concerns (e.g. History, Physical, Social)