MA	LAYSIA	OITAN NA	NAL N	EONATAL RE	GISTRY	(CRF 20	11)		
Centre Name:				New Case		MNIND No.			
				Readmission		MNNR No. (Office use):	/		
				Transfer from, if relevan	it:	Centre:			
Date of Admission:		(dd/mm/yy)							
Admitted to neonatal w	vard:	Yes → (Proceed t	to complete all	sections in this CRF)	No → (Procee	d to complete [Sect	ions 1, 2, 4(No. 47)	and 5])	
■ Abandoned baby → (if	f box is ticked, i	tem #1, 4a, 6-16 not	mandatory)						
Instruction: Where check boxe	es 🔳 are pro	vided, check (√) one	e or more box	res. Where radio buttons	are provided	d, check ($$) one bo	x only.		
SECTION 1 : PATIE	NT PART	ICULARS &	MATERN	NAL HISTORY					
1. Name of mother:									
2. Name of baby (optional):									
3. RN of baby:									
4a. Mother's I/C	MyKad:								
* number:	Other ID document No: Specify document Passport Armed Force ID Driver's License Old IC Hospital F								
	type (if other				Police ID Card	Immigration	permit Other	s, specify:	
4b. Baby's MyKid number:	MyKid:								
5a. Date of birth of baby:	/			5b. Time of birth: (24-	hour format)		(enter the best esti		
* (dd/mm/yyyy) 6. Ethnic group of	Malay	Indian	Bumiputra	(mandatory for death cases) a Sabah, specify:		Other Malaysian	is unknown)		
* mother:	Chinese			a Sarawak, specify:		Non-citizen, spe			
7. Maternal age:		(years	;)						
8. GPA: (current pregnancy before delivery of		* Gravida:		* Parity:		* Abor	tion:		
this child) 9. Maternal diabetes (including		○ V		<u> </u>					
* gestational diabetes):	_	Yes No Unknown							
10. Maternal hypertension, chronic pregnancy induced:									
11. Maternal Eclampsia:	Yes		○ No	(Unknown				
12. Maternal chorioamnion	Yes		○ No	(Unknown				
13. Maternal Anaemia:		Yes		○ No	(Unknown			
14. Maternal abruptio placenta:		Yes		○ No					
15. Maternal bleeding plac * praevia:	Yes		○ No						
16. Cord prolapse:		Yes		⊚ No					
SECTION 2 : BIRTH	I HISTOR	Υ							
17. Antenatal steroid:				s No	(Unknown			
18. Intrapartum * antibiotic:	Yes			○ No	(Unknown			
19. Birth weight:		(grams	s)						
20a. Gestation:		(weeks	3)	20b. Gestational age based on: (if par		LMP Neonatal asse		trasound known	
21. Growth status:	SGA	(-,	(ii pai	alont diod,	LGA			
22. Gender:	○ Male			Female		Ambiguous/ Indeterminate			
23. Place of birth:	☐ Inborn ☐ Home					rnity home with specialist			
	Outborn	Health clinic Governmer				rnity home without specialist native Birthing Centre (ABC)			
		▶							
		GovernmerUniversity h				oute/ During transport ers, specify:			
	Private hospital			◯ Un		known			
24. Multiplicity:	SingletonTwinVaginal deliverySVD			Triplet Othe		, specify:			
25. Final mode of * delivery:	- Fi	SVD	_		, specify: -				
	Instrume		Vacuum	Forcep	○ Unknow	wn			
	u Laesarea	an section 💳 (Flective	(Emergency	1				

SECTION 2 : BI	RTH HISTORY (co	ntinue)							
26. Apgar score at 1 * min and 5 min (1-1	a) Score at 1 min:		☐ Unknown	b) Score at 5 min: (Please score even baby is intubated)	if the	Unknown			
27. Initial resuscitation		Yes	○ No	d) Cardiac compres	sion: Yes	⊚ No			
(applicable for inborn of	b) Bag-mask vent:	Yes	⊚ No	e) Adrenaline:	Yes	○ No			
	c) Endotracheal tube vent:	Yes	○ No						
28. Admission tempe * (mandatory only if admitted to	rature:		. (°C)						
SECTION 3 : NE	ONATAL EVENT								
29. Respiratory suppo									
*		No	a) CPAP done?	Yes No No					
		0 140				9 9			
			b) Conventional (ventilation:		of CPAP at your cen	day(s)			
				ř	No				
				i) Total duration o ventilation at you		day(s)			
			c) HFJV/HFOV:) Yes	No	<u>'</u>			
				i) Total duration o centre:	f HFJV/HFOV at you	day(s)			
			d) Nitric oxide:) No				
				i) Total duration o		ır , , ,			
				centre:		day(s)			
30. Total number of d * support at your ce			(days)						
31. Surfactant:	(444004400)	○ Yes →	< 1 hr	1- 2 hrs	(i) >	2 hrs			
32. Parenteral nutritio	on:	No Yes	(No No					
SECTION 4 · PE	ROBLEMS / DIAGN	OSES							
33. Respiratory :	■ Meconium aspiration s		☐ Pul	monary haemorrhage	☐ Pr	neumonia			
	Transient tachypnoea of newborn Pulmonary interstitial emphysema								
o	Yes		◎ No						
*									
	For babies < 32 weeks - State if O	2 / any form of CPA	AP or ventilatory support require	ed at Day 28 and 36 weeks co	orrected gestational age				
* oxygen and BPD:	a) Day 28: Yes No b) 36 weeks corrected age: Yes No								
51 5.	For babies ≥ 32 weeks, state if O2 / any form of CPAP or ventilatory support required at Day 28 and ≥56 postnatal days								
	a) Day 28:								
37.Cardiovascular:	PPHN:	Yes	○ No		① Ur	nknown			
38. PDA:		lone:			es				
	Nob) Indome	thacin/lbupro	fen:	⊚ Y	es No)			
	c) Ligation	1:		⊚ Y	es No)			
39. NEC (Stage 2	Yes a) Surgica	I treatment:		○ Y	es No				
and above).	O No		admission to your cen						
	(for outborn								
40. ROP: Retinal * Exam Done:	Yes	— → a) D	ate of first screening:		/	(dd/mm/yy)			
ZAGIII ZOIIOI	(If yes, worst stage of ROF	b) P	ost conceptional		(autocalculato)				
		:	ge at screening:		(autocalculate)	age 5 PLUS disease			
			aser therapy:	Stage 2 Stage 3					
			ryotherapy:	○ Y					
		1	trectomy:	○ Y					
			OP present prior to ac	, and the second	es No				
	No ─────				/oo				
	Not applicable	Арр	ointment given:		es 🔘 No)			
	Trot applicable								

SECTION 4: PROBLEMS / DIAGNOSES (cont.) 41. IVH: Yes If yes, worst grade: Grade 1 Grade 2 Grade 3 Grade 4 No VP shunt / reservoir insertion Not applicable (term infant) Ultrasound not done 42. Central venous line: Yes No 43. Seizures: Yes No 44. Confirmed Yes I) For first episode: sepsis: No After day 3 of life On or before day 3 of life II) Type of organism: (can tick more than one) Group B Streptococcus Fungal Acinetobacter Staphylococcus aureus Others, specify: MRSA CONS Klebsiella ESBL organisms Pseudomonas 45. Neonatal Yes No meningitis: 46. Hypoxic ischaemic None Mild Moderate Severe encephalopathy (HIE): 47. Congenital anomalies: 47a. Major congenital anomalies: 47b. Types of abnormalities (Check all that are present. Applies to all including 'known syndromes', 'not a recognised syndrome' or 'isolated major abnormality ') Syndrome CVS Skeletal dysplasia Down → ○ Cyanotic ○ Acyanotic (known) Edward Respiratory ECHO done Patau GIT Others, specify CNS Hydrocephalus Hydrops (Please refer to ICD 10): Hydrancephaly Renal Holoprosencephaly ■ Cleft → Others (Refer to ICD 10): ○ Lip ○ Palate ○ Lip and palate ■ Neural → Spina bifida Others, specify Tube Anencephaly Defect Encephalocoele Not a recognised syndrome Others (Refer to ICD 10): None of the above Isolated major abnormality **SECTION 5: OUTCOME** (enter the best estimated time of death if the exact time 48a. Date of discharge / transfer/ 48b. Time of death: (24-hour format) death: (dd/mm/yy) 49. Weight and growth a) Weight: (grams) status on discharge / death: b) Growth SGA AGA LGA status: 50. Feeding at discharge / death: Never fed ○ Human milk only ○ Formula only ○ Human milk with formula ○ No data / Unknown 51. Total duration of hospital (in completed days) (autocalculate) stay (Neonatal / Paeds Care): 52. Outcome: Home Social welfare home Other non Paeds Ward Still hospitalized as of 1st birthday Transfer to other hospitals a) Name of hospital: b) Reason for Social/ Logistic reason Acute medical / Growth / Stepdown care transfer: diagnostic services Others, specify: Lack of NICU bed Chronic/Palliative care Surgery c) Post transfer disposition: Home Transferred again to another hospital (Please fill this section if place transferred is not part of the NNR Network) Death Readmitted to your hospital ○ Dead → Place of death: Labour room/OT Neonatal unit In transit Others, specify: Name: Signature: (dd/mm/yy) Date:

 Version 8.6 (last updated on 23/12/2010)
 * Mandatory
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INTRAUTERINE GROWTH CURVES (COMPOSITE MALE/FEMALE) (APPENDIX 2)



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