

BLZ MRR COMPL NEONATAL 54

[illegible]

Field	Question	Answer	
	<i>Question relevant when: selected(\${NEO_BIRTH_WEIGHT} , '2')</i>		
NEO_BIRTH_WEIGHT_3_TEXT2 <i>(required)</i>	Weight of the baby at the time of birth, in pounds: <i>Question relevant when: selected(\${NEO_BIRTH_WEIGHT} , '3')</i>		
NEO_BIRTH_WEIGHT_4_TEXT3 <i>(required)</i>	Weight of the baby at the time of birth, in ounces: <i>Question relevant when: selected(\${NEO_BIRTH_WEIGHT} , '4')</i>		
NEO_BIRTH_WHERE <i>(required)</i>	Where did the birth occur?	1	In this health facility
		2	In another health facility
		3	In the home
		4	En route to this facility
		6	Other (specify):
		995	Not recorded
Neonatal Complications > fieldlist_neo_icd_code			
note_neo_icd_code	Review the Hospital Admissions and Exit Record Sheet (or BHIS) and record the diagnostic ICD-10 codes that are included. (for example W55.2 or S10.87) <i>Not recorded = -1</i>		
NEO_ICD1_CODE <i>(required)</i>	Principal ICD-10 code		
NEO_ICD2_CODE <i>(required)</i>	Second ICD-10 code		
NEO_ICD3_CODE <i>(required)</i>	Third ICD-10 code		
NEO_ICD4_CODE <i>(required)</i>	Fourth ICD-10 code		
NEO_ICD5_CODE <i>(required)</i>	Fifth ICD-10 code		
Neonatal Complications > fieldlist_neo_icd_diag			
<i>Group relevant when: not(\${NEO_ICD1_CODE} = "-1") or not(\${NEO_ICD2_CODE} = "-1") or not(\${NEO_ICD3_CODE} = "-1") or not(\${NEO_ICD4_CODE} = "-1") or not(\${NEO_ICD5_CODE} = "-1")</i>			
note_neo_icd_diag	Review the Hospital Admissions and Exit Record Sheet (or BHIS) and record the discharge diagnosis corresponding to each ICD-10 code. <i>Not recorded = -1</i>		
NEO_ICD1_DIAG <i>(required)</i>	Discharge diagnosis for principal ICD-10 code <i>Question relevant when: not(\${NEO_ICD1_CODE} = "-1")</i>		
NEO_ICD2_DIAG <i>(required)</i>	Discharge diagnosis for second ICD-10 code <i>Question relevant when: not(\${NEO_ICD2_CODE} = "-1")</i>		
NEO_ICD3_DIAG <i>(required)</i>	Discharge diagnosis for third ICD-10 code <i>Question relevant when: not(\${NEO_ICD3_CODE} = "-1")</i>		
NEO_ICD4_DIAG <i>(required)</i>	Discharge diagnosis for fourth ICD-10 code <i>Question relevant when: not(\${NEO_ICD4_CODE} = "-1")</i>		
NEO_ICD5_DIAG <i>(required)</i>	Discharge diagnosis for fifth ICD-10 code <i>Question relevant when: not(\${NEO_ICD5_CODE} = "-1")</i>		
MRR_SELECTION <i>(required)</i>	Method used to select the medical record:	1	Sample determined by IHME (including backups)
		2	Electronic sample at the health facility
		3	Manual sample at the health facility
		995	Other (specify):
MRR_SELECTION_BACKUP <i>(required)</i>	Was this record from the original sample determined by IHME? <i>Question relevant when: selected(\${MRR_SELECTION} , '1')</i>	1	Yes
		2	No, this was a backup medical record determined by IHME
		995	Other (specify):
MRR_NEO_COMP <i>(required)</i>	Did the baby have any of the following complications? <i>Select all that apply.</i>	SEP	Sepsis
		LBW	Low birth weight
		ASP	Birth asphyxia
		PRE	Prematurity
		NO	None of the above
note_no_compl_ineligible	You indicated the baby did not have any complications. Please review only records of sepsis, asphyxia, prematurity and low birth weight. <i>Question relevant when: \${calc_no_compl_ineligible} = 1</i>		
Neonatal Complications > group_one_of_complications_eligible			
<i>Group relevant when: \${calc_no_compl_ineligible} = 0</i>			
MRR_AGE_BABY <i>(required)</i>	Is the age of the child recorded?	2	Yes, in months
		1	Yes, in days
		0	Yes, in hours
		-1	Not recorded

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MRR_AGE_BABY_MON <i>(required)</i>	Age in months: <i>Question relevant when: selected(\${MRR_AGE_BABY} , '2')</i>																																							
MRR_AGE_BABY_DAY <i>(required)</i>	Age in days: <i>Question relevant when: selected(\${MRR_AGE_BABY} , '1')</i>																																							
MRR_AGE_BABY_HR <i>(required)</i>	Age in hours: <i>Question relevant when: selected(\${MRR_AGE_BABY} , '0')</i>																																							
MRR_AGE_MOM <i>(required)</i>	Is the age of the mother recorded?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Yes	-1	Not recorded																																		
1	Yes																																							
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MRR_AGE_MOM_YR <i>(required)</i>	Age in years: <i>Question relevant when: selected(\${MRR_AGE_MOM} , '1')</i>																																							
MRR_MOM_LITERACY <i>(required)</i>	Read and write (mother):	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Yes	0	No	-1	Not recorded																																
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MRR_MOM_EDU <i>(required)</i>	Education:	<table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Primary</td></tr><tr><td>3</td><td>Secondary</td></tr><tr><td>5</td><td>University</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	None	2	Primary	3	Secondary	5	University	-1	Not recorded																												
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MRR_MOM_MAR_STAT <i>(required)</i>	Marital status:	<table><tr><td>1</td><td>Married</td></tr><tr><td>2</td><td>Single</td></tr><tr><td>3</td><td>Common law wife</td></tr><tr><td>5</td><td>Divorced</td></tr><tr><td>6</td><td>Widowed</td></tr><tr><td>995</td><td>Other (specify):</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Married	2	Single	3	Common law wife	5	Divorced	6	Widowed	995	Other (specify):	-1	Not recorded																								
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MRR_MOM_ETHNICITY <i>(required)</i>	Ethnicity:	<table><tr><td>1</td><td>Creole</td></tr><tr><td>2</td><td>East Indian</td></tr><tr><td>3</td><td>Garifuna</td></tr><tr><td>4</td><td>Chinese / Taiwanese</td></tr><tr><td>5</td><td>Mayan (Mopan, Yucatec, Ketchl)</td></tr><tr><td>6</td><td>Caucasian</td></tr><tr><td>7</td><td>Mestizo</td></tr><tr><td>8</td><td>Mennonite</td></tr><tr><td>995</td><td>Other (specify):</td></tr><tr><td>-1</td><td>Not recorded</td></tr></table>	1	Creole	2	East Indian	3	Garifuna	4	Chinese / Taiwanese	5	Mayan (Mopan, Yucatec, Ketchl)	6	Caucasian	7	Mestizo	8	Mennonite	995	Other (specify):	-1	Not recorded																		
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MRR_MOM_BOOKING <i>(required)</i>	Booking facility identified on the CLAP form:	<table><tr><td>05</td><td>August Pine Ridge Health Center</td></tr><tr><td>20</td><td>Caledonia Health Center</td></tr><tr><td>17</td><td>Corozal Community Hospital</td></tr><tr><td>18</td><td>Corozal Health Center (Urban)</td></tr><tr><td>42</td><td>Georgeville Health Center</td></tr><tr><td>06</td><td>Guinea Grass Health Center</td></tr><tr><td>21</td><td>Libertad Health Center</td></tr><tr><td>01</td><td>Northern Regional Hospital</td></tr><tr><td>02</td><td>Orange Walk Health Center (Urban)</td></tr><tr><td>23</td><td>Progreso Health Center</td></tr><tr><td>46</td><td>San Antonio Health Center</td></tr><tr><td>04</td><td>San Felipe Health Center</td></tr><tr><td>39</td><td>San Ignacio Community Hospital</td></tr><tr><td>40</td><td>San Ignacio Health Center (Urban)</td></tr><tr><td>19</td><td>San Narciso Health Center</td></tr><tr><td>45</td><td>San Pedro Health Center</td></tr><tr><td>22</td><td>Sarteneja Health Center</td></tr><tr><td>33</td><td>Valley of Peace Health Center</td></tr><tr><td>31</td><td>Western Regional Hospital</td></tr></table>	05	August Pine Ridge Health Center	20	Caledonia Health Center	17	Corozal Community Hospital	18	Corozal Health Center (Urban)	42	Georgeville Health Center	06	Guinea Grass Health Center	21	Libertad Health Center	01	Northern Regional Hospital	02	Orange Walk Health Center (Urban)	23	Progreso Health Center	46	San Antonio Health Center	04	San Felipe Health Center	39	San Ignacio Community Hospital	40	San Ignacio Health Center (Urban)	19	San Narciso Health Center	45	San Pedro Health Center	22	Sarteneja Health Center	33	Valley of Peace Health Center	31	Western Regional Hospital
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Field	Question	Answer	
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other, specify
		-1	Not recorded
MRR_MOM_SICKLE <i>(required)</i>	Sickle Cell status:	2	AS
		1	SS
		0	Neg
		-1	Not recorded
MRR_MOM_DIST <i>(required)</i>	What district is the woman from:	2001	Orange Walk
		2002	Corozal District
		2004	Cayo District
		995	Other (specify):
		-1	Not recorded
NEO_ADM_REFFROM <i>(required)</i>	Was the baby referred/transferred from another medical facility?	1	Yes
		0	No
NEO_REF_ACCOMFROM <i>(required)</i>	Was the baby accompanied by a health facility worker? <i>Question relevant when: selected(\${NEO_ADM_REFFROM} , '1')</i>	1	Yes, by a doctor
		2	Yes, by a nurse
		995	Yes, by another worker
		0	No
		-1	Not recorded
NEO_REF_DATEFROM_SPEC <i>(required)</i>	Date the baby was referred/transferred from another facility: <i>DD/MM/YYYY</i> <i>Question relevant when: selected(\${NEO_ADM_REFFROM} , '1')</i>		
NEO_REF_TIMEFROM_SPEC <i>(required)</i>	Time the baby was referred/transferred from another facility: <i>HH:MM</i> <i>Question relevant when: selected(\${NEO_ADM_REFFROM} , '1')</i>		
NEO_REF_NAMEFROM <i>(required)</i>	Where was the baby referred/transferred from? <i>Question relevant when: selected(\${NEO_ADM_REFFROM} , '1')</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
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Field	Question	Answer	
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		60	National Hospital Belize City (KMHM)
		995	Other, specify
		-1	Not recorded
NEO_REF_TYPEFROM <i>(required)</i>	Type of facility the baby was referred/transferred from: <i>Question relevant when: selected(\${NEO_ADM_REFFROM} , '1')</i>	1	Health Clinic / Health Post / Mobile Unit / Polyclinic
		2	Community Hospital
		3	Regional Hospital
		995	Other (specify):
		-1	Not recorded
NEO_REF_WEIGHTFROM <i>(required)</i>	Is the weight before the referral/transfer recorded? <i>Select all that apply.</i> <i>Question relevant when: selected(\${NEO_ADM_REFFROM} , '1')</i>	1	Yes, in grams
		2	Yes, in kilograms
		3	Yes, in pounds
		4	Yes, in ounces
		995	Not recorded
Neonatal Complications > group_one_of_complications_eligible > fieldlist_neo_ref_weightfrom <i>Group relevant when: not(selected(\${NEO_REF_WEIGHTFROM} , '995'))</i>			
NEO_REF_WEIGHTFROM_1_SPEC <i>(required)</i>	Weight of the baby before the referral/transfer, in grams: <i>Question relevant when: selected(\${NEO_REF_WEIGHTFROM} , '1')</i>		
NEO_REF_WEIGHTFROM_2_TEXT <i>(required)</i>	Weight of the baby before the referral/transfer, in kilograms: <i>Question relevant when: selected(\${NEO_REF_WEIGHTFROM} , '2')</i>		
NEO_REF_WEIGHTFROM_3_TEXT2 <i>(required)</i>	Weight of the baby before the referral/transfer, in pounds: <i>Question relevant when: selected(\${NEO_REF_WEIGHTFROM} , '3')</i>		
NEO_REF_WEIGHTFROM_4_TEXT3 <i>(required)</i>	Weight of the baby before the referral/transfer, in ounces: <i>Question relevant when: selected(\${NEO_REF_WEIGHTFROM} , '4')</i>		
NEO_ADM_DATES <i>(required)</i>	Is the date of admission recorded?	1	Yes
		-1	Not recorded
NEO_ADM_DATES_DATE <i>(required)</i>	Date of admission: <i>Question relevant when: selected(\${NEO_ADM_DATES} , '1')</i>		
NEO_ADM_TIMES_SPEC <i>(required)</i>	Time of admission: HH:MM		
NEO_GESTAGES <i>(required)</i>	Is the gestational age of the baby recorded?	1	Yes
		-1	Not recorded
NEO_GESTAGES_SPEC <i>(required)</i>	Gestational age, in weeks: <i>Question relevant when: selected(\${NEO_GESTAGES} , '1')</i>		
NEO_GENDERS <i>(required)</i>	Gender of the baby:	1	Male
		2	Female
		-1	Not recorded
NEO_MOMCOMPLS <i>(required)</i>	Did the mother have the following complications? <i>Select all that apply.</i>	PRE	Pre eclampsia
		ECL	Eclampsia
		SEP	Sepsis
		HEM	Hemorrhage
		OTH	Other
		DK	No complications
		NR	Not recorded
NEO_MOMCOMPLS_PRE_SEVERE <i>(required)</i>	Did the mother have severe pre-eclampsia? <i>Question relevant when: selected(\${NEO_MOMCOMPLS} , 'PRE')</i>	1	Yes
		0	No
		-1	Not recorded
Neonatal Complications > group_one_of_complications_eligible > Sepsis <i>Group relevant when: selected(\${MRR_NEO_COMP} , 'SEP')</i>			
note_neo_sepsis	Note whether the following was recorded for the patient with <u>sepsis</u>.		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check			
label_neo_sep_check	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	1	Yes
		0	No
NEO_SEP_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	1	Yes
		0	No
NEO_SEP_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
NEO_SEP_CHECK_REG_PULS <i>(required)</i>	Pulse	1	Yes
		0	No

Field	Question	Answer	
NEO_SEP_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	1	Yes
		0	No
NEO_SEP_CHECK_REG_TEMP <i>(required)</i>	Temperature (T°)	1	Yes
		0	No
NEO_SEP_CHECK_REG_SKIN <i>(required)</i>	Skin color	1	Yes
		0	No
NEO_SEP_CHECK_REG_DIST <i>(required)</i>	Distal temperature <i>ex: distal coldness</i>	1	Yes
		0	No
NEO_SEP_CHECK_REG ABD <i>(required)</i>	Abdominal examination	1	Yes
		0	No
NEO_SEP_CHECK_REG_OTH1	Other check (specify):	1	Yes
		0	No
NEO_SEP_CHECK_REG_OTH2	Other check (specify):	1	Yes
		0	No
NEO_SEP_CHECK_REG_OTH3	Other check (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_bp Group relevant when: selected(\${NEO_SEP_CHECK_REG_BP} , '1')			
note_neo_sep_check_bp	Record the value, as well as the date and time of the first checkup for blood pressure (bp) .		
NEO_SEP_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: <i>The first number, eg: ___/xx</i>		
NEO_SEP_CHECK_NUM_BP DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: <i>The second number, eg: xx/___</i>		
NEO_SEP_CHECK_DATE_BP <i>(required)</i>	Date of blood pressure check: <i>DD/MM/YYYY</i>		
NEO_SEP_CHECK_TIME_BP <i>(required)</i>	Time of blood pressure check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_hr Group relevant when: selected(\${NEO_SEP_CHECK_REG_HR} , '1')			
note_neo_sep_check_hr	Record the value, as well as the date and time of the first checkup for heart rate (hr) .		
NEO_SEP_CHECK_NUM_HR <i>(required)</i>	Heart rate (hr):		
NEO_SEP_CHECK_DATE_HR <i>(required)</i>	Date of heart rate check: <i>DD/MM/YYYY</i>		
NEO_SEP_CHECK_TIME_HR <i>(required)</i>	Time of heart rate check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_puls Group relevant when: selected(\${NEO_SEP_CHECK_REG_PULS} , '1')			
note_neo_sep_check_puls	Record the value, as well as the date and time of the first checkup for pulse .		
NEO_SEP_CHECK_NUM_PULS <i>(required)</i>	Pulse:		
NEO_SEP_CHECK_DATE_PULS <i>(required)</i>	Date of pulse check: <i>DD/MM/YYYY</i>		
NEO_SEP_CHECK_TIME_PULS <i>(required)</i>	Time of pulse check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_resp Group relevant when: selected(\${NEO_SEP_CHECK_REG_RESP} , '1')			
note_neo_sep_check_resp	Record the value, as well as the date and time of the first checkup for respiratory rate (rr) .		
NEO_SEP_CHECK_NUM_RESP <i>(required)</i>	Respiratory rate (rr): <i>per minute</i>		
NEO_SEP_CHECK_DATE_RESP <i>(required)</i>	Date of respiratory rate check: <i>DD/MM/YYYY</i>		
NEO_SEP_CHECK_TIME_RESP <i>(required)</i>	Time of respiratory rate check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_temp Group relevant when: selected(\${NEO_SEP_CHECK_REG_TEMP} , '1')			
note_neo_sep_check_temp	Record the value, as well as the date and time of the first checkup for temperature (T°) .		
NEO_SEP_CHECK_NUM_TEMP <i>(required)</i>	Temperature (T°):		
NEO_SEP_CHECK_NUM_TEMP_TYPE <i>(required)</i>	Temperature type:	1	°C
		2	°F
NEO_SEP_CHECK_DATE_TEMP <i>(required)</i>	Date of temperature check: <i>DD/MM/YYYY</i>		
NEO_SEP_CHECK_TIME_TEMP <i>(required)</i>	Time of temperature check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_skin Group relevant when: selected(\${NEO_SEP_CHECK_REG_SKIN} , '1')			

Field	Question	Answer
note_neo_sep_check_skin	Record the date and time of the first checkup for skin color .	
NEO_SEP_CHECK_DATE_SKIN <i>(required)</i>	Date of skin color check: DD/MM/YYYY	
NEO_SEP_CHECK_TIME_SKIN <i>(required)</i>	Time of skin color check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_dist Group relevant when: selected(\${NEO_SEP_CHECK_REG_DIST} , '1')		
note_neo_sep_check_dist	Record the date and time of the first checkup for distal temperature .	
NEO_SEP_CHECK_DATE_DIST <i>(required)</i>	Date of distal temperature check: DD/MM/YYYY	
NEO_SEP_CHECK_TIME_DIST <i>(required)</i>	Time of distal temperature check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_abd Group relevant when: selected(\${NEO_SEP_CHECK_REG_ABD} , '1')		
note_neo_sep_check_abd	Record the date and time of the first abdominal examination .	
NEO_SEP_CHECK_DATE_ABD <i>(required)</i>	Date of abdominal examination: DD/MM/YYYY	
NEO_SEP_CHECK_TIME_ABD <i>(required)</i>	Time of abdominal examination: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_oth1 Group relevant when: selected(\${NEO_SEP_CHECK_REG_OTH1} , '1')		
note_neo_sep_check_oth1	Record the value, as well as the date and time of the first checkup for '[NEO_SEP_CHECK_OTH1_NAME]' .	
NEO_SEP_CHECK_NUM_OTH1	'[NEO_SEP_CHECK_OTH1_NAME]' check value:	
NEO_SEP_CHECK_DATE_OTH1	Date of '[NEO_SEP_CHECK_OTH1_NAME]' check: DD/MM/YYYY	
NEO_SEP_CHECK_TIME_OTH1	Time of '[NEO_SEP_CHECK_OTH1_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_oth2 Group relevant when: selected(\${NEO_SEP_CHECK_REG_OTH2} , '1')		
note_neo_sep_check_oth2	Record the value, as well as the date and time of the first checkup for '[NEO_SEP_CHECK_OTH2_NAME]' .	
NEO_SEP_CHECK_NUM_OTH2	'[NEO_SEP_CHECK_OTH2_NAME]' check value:	
NEO_SEP_CHECK_DATE_OTH2	Date of '[NEO_SEP_CHECK_OTH2_NAME]' check: DD/MM/YYYY	
NEO_SEP_CHECK_TIME_OTH2	Time of '[NEO_SEP_CHECK_OTH2_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_check_oth3 Group relevant when: selected(\${NEO_SEP_CHECK_REG_OTH3} , '1')		
note_neo_sep_check_oth3	Record the value, as well as the date and time of the first checkup for '[NEO_SEP_CHECK_OTH3_NAME]' .	
NEO_SEP_CHECK_NUM_OTH3	'[NEO_SEP_CHECK_OTH3_NAME]' check value:	
NEO_SEP_CHECK_DATE_OTH3	Date of '[NEO_SEP_CHECK_OTH3_NAME]' check: DD/MM/YYYY	
NEO_SEP_CHECK_TIME_OTH3	Time of '[NEO_SEP_CHECK_OTH3_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab		
label_neo_sep_lab	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	1 Yes
		0 No
NEO_SEP_LAB_REG_LEUC <i>(required)</i>	Leukocyte count	1 Yes
		0 No
NEO_SEP_LAB_REG_PROC <i>(required)</i>	C-reactive protein	1 Yes
		0 No
NEO_SEP_LAB_REG_ERY <i>(required)</i>	Erythrocyte sedimentation rate	1 Yes
		0 No
NEO_SEP_LAB_REG_OXY <i>(required)</i>	Oxygen saturation	1 Yes
		0 No
NEO_SEP_LAB_REG_PLQ <i>(required)</i>	Platelets	1 Yes
		0 No
NEO_SEP_LAB_REG_HGB <i>(required)</i>	Hemoglobin	1 Yes
		0 No
NEO_SEP_LAB_REG_HEMAT <i>(required)</i>	Hematocrit	1 Yes
		0 No
NEO_SEP_LAB_REG_BL <i>(required)</i>	Blood culture	1 Yes
		0 No

Field	Question	Answer	
NEO_SEP_LAB_REG_BAND <i>(required)</i>	Neutrophil band ratio	1	Yes
		0	No
NEO_SEP_LAB_REG_ABS <i>(required)</i>	Absolute neutrophil count	1	Yes
		0	No
NEO_SEP_LAB_REG_NEUT <i>(required)</i>	Neutrophil morphology	1	Yes
		0	No
NEO_SEP_LAB_REG_GLY <i>(required)</i>	Glycemia	1	Yes
		0	No
NEO_SEP_LAB_REG_CBC <i>(required)</i>	Complete blood count	1	Yes
		0	No
NEO_SEP_LAB_REG_OTH1	Other lab test (specify):	1	Yes
		0	No
NEO_SEP_LAB_REG_OTH2	Other lab test (specify):	1	Yes
		0	No
NEO_SEP_LAB_REG_OTH3	Other lab test (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_leuc Group relevant when: selected(\${NEO_SEP_LAB_REG_LEUC} , '1')			
note_neo_sep_lab_leuc	Record the value, as well as the date and time of the first lab test for leukocyte count.		
NEO_SEP_LAB_NUM_LEUC <i>(required)</i>	Leukocyte count: <i>x10 ^ 3 litro</i>		
NEO_SEP_LAB_DATE_LEUC <i>(required)</i>	Date of leukocyte count: <i>DD/MM/YYYY</i>		
NEO_SEP_LAB_TIME_LEUC <i>(required)</i>	Time of leukocyte count: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_proc Group relevant when: selected(\${NEO_SEP_LAB_REG_PROC} , '1')			
note_neo_sep_lab_proc	Record the value, as well as the date and time of the first lab test for C-reactive protein.		
NEO_SEP_LAB_NUM_PROC <i>(required)</i>	C-reactive protein: <i>mg/dL or +/-</i>		
NEO_SEP_LAB_DATE_PROC <i>(required)</i>	Date of C-reactive protein: <i>DD/MM/YYYY</i>		
NEO_SEP_LAB_TIME_PROC <i>(required)</i>	Time of C-reactive protein: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_ery Group relevant when: selected(\${NEO_SEP_LAB_REG_ERY} , '1')			
note_neo_sep_lab_ery	Record the value, as well as the date and time of the first lab test for erythrocyte sedimentation rate.		
NEO_SEP_LAB_NUM_ERY <i>(required)</i>	Erythrocyte sedimentation rate: <i>mm/h</i>		
NEO_SEP_LAB_DATE_ERY <i>(required)</i>	Date of erythrocyte sedimentation rate: <i>DD/MM/YYYY</i>		
NEO_SEP_LAB_TIME_ERY <i>(required)</i>	Time of erythrocyte sedimentation rate: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_oxy Group relevant when: selected(\${NEO_SEP_LAB_REG_OXY} , '1')			
note_neo_sep_lab_oxy	Record the value, as well as the date and time of the first lab test for oxygen saturation.		
NEO_SEP_LAB_NUM_OXY <i>(required)</i>	Oxygen saturation: %		
NEO_SEP_LAB_DATE_OXY <i>(required)</i>	Date of oxygen saturation: <i>DD/MM/YYYY</i>		
NEO_SEP_LAB_TIME_OXY <i>(required)</i>	Time of oxygen saturation: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_plq Group relevant when: selected(\${NEO_SEP_LAB_REG_PLQ} , '1')			
note_neo_sep_lab_plq	Record the value, as well as the date and time of the first lab test for platelets.		
NEO_SEP_LAB_NUM_PLQ <i>(required)</i>	Platelets:		
NEO_SEP_LAB_DATE_PLQ <i>(required)</i>	Date of platelets: <i>DD/MM/YYYY</i>		
NEO_SEP_LAB_TIME_PLQ <i>(required)</i>	Time of platelets: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_hgb Group relevant when: selected(\${NEO_SEP_LAB_REG_HGB} , '1')			
note_neo_sep_lab_hgb	Record the value, as well as the date and time of the first lab test for hemoglobin.		
NEO_SEP_LAB_NUM_HGB <i>(required)</i>	Hemoglobin:		

Field	Question	Answer
NEO_SEP_LAB_DATE_HGB <i>(required)</i>	Date of hemoglobin: DD/MM/YYYY	
NEO_SEP_LAB_TIME_HGB <i>(required)</i>	Time of hemoglobin: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_hemat Group relevant when: selected(\${NEO_SEP_LAB_REG_HEMAT} , '1')		
note_neo_sep_lab_hemat	Record the value, as well as the date and time of the first lab test for hematocrit .	
NEO_SEP_LAB_NUM_HEMAT <i>(required)</i>	Hematocrit:	
NEO_SEP_LAB_DATE_HEMAT <i>(required)</i>	Date of hematocrit: DD/MM/YYYY	
NEO_SEP_LAB_TIME_HEMAT <i>(required)</i>	Time of hematocrit: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_bl Group relevant when: selected(\${NEO_SEP_LAB_REG_BL} , '1')		
note_neo_sep_lab_bl	Record the value, as well as the date and time of the first lab test for blood culture .	
NEO_SEP_LAB_NUM_BL <i>(required)</i>	Blood culture:	
NEO_SEP_LAB_DATE_BL <i>(required)</i>	Date of blood culture: DD/MM/YYYY	
NEO_SEP_LAB_TIME_BL <i>(required)</i>	Time of blood culture: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_band Group relevant when: selected(\${NEO_SEP_LAB_REG_BAND} , '1')		
note_neo_sep_lab_band	Record the value, as well as the date and time of the first lab test for neutrophil band ratio .	
NEO_SEP_LAB_NUM_BAND <i>(required)</i>	Neutrophil band ratio:	
NEO_SEP_LAB_DATE_BAND <i>(required)</i>	Date of neutrophil band ratio: DD/MM/YYYY	
NEO_SEP_LAB_TIME_BAND <i>(required)</i>	Time of neutrophil band ratio: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_abs Group relevant when: selected(\${NEO_SEP_LAB_REG_ABS} , '1')		
note_neo_sep_lab_abs	Record the value, as well as the date and time of the first lab test for absolute neutrophil count .	
NEO_SEP_LAB_NUM_ABS <i>(required)</i>	Absolute neutrophil count:	
NEO_SEP_LAB_DATE_ABS <i>(required)</i>	Date of absolute neutrophil count: DD/MM/YYYY	
NEO_SEP_LAB_TIME_ABS <i>(required)</i>	Time of absolute neutrophil count: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_neut Group relevant when: selected(\${NEO_SEP_LAB_REG_NEUT} , '1')		
note_neo_sep_lab_neut	Record the value, as well as the date and time of the first lab test for neutrophil morphology .	
NEO_SEP_LAB_NUM_NEUT <i>(required)</i>	Neutrophil morphology:	
NEO_SEP_LAB_DATE_NEUT <i>(required)</i>	Date of neutrophil morphology: DD/MM/YYYY	
NEO_SEP_LAB_TIME_NEUT <i>(required)</i>	Time of neutrophil morphology: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_gly Group relevant when: selected(\${NEO_SEP_LAB_REG_GLY} , '1')		
note_neo_sep_lab_gly	Record the value, as well as the date and time of the first lab test for glycemia .	
NEO_SEP_LAB_NUM_GLY <i>(required)</i>	Glycemia: mg/dL	
NEO_SEP_LAB_DATE_GLY <i>(required)</i>	Date of glycemia: DD/MM/YYYY	
NEO_SEP_LAB_TIME_GLY <i>(required)</i>	Time of glycemia: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_cbc Group relevant when: selected(\${NEO_SEP_LAB_REG_CBC} , '1')		
note_neo_sep_lab_cbc	Record the value, as well as the date and time of the first lab test for complete blood count .	
NEO_SEP_LAB_NUM_CBC <i>(required)</i>	Complete blood count:	
NEO_SEP_LAB_DATE_CBC <i>(required)</i>	Date of complete blood count: DD/MM/YYYY	
NEO_SEP_LAB_TIME_CBC <i>(required)</i>	Time of complete blood count: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_oth1 Group relevant when: selected(\${NEO_SEP_LAB_REG_OTH1} , '1')		
note_neo_sep_lab_oth1	Record the value, as well as the date and time of the first lab test for '[NEO_SEP_LAB_OTH1_NAME]' .	
NEO_SEP_LAB_NUM_OTH1	'[NEO_SEP_LAB_OTH1_NAME]' lab test value:	

Field	Question	Answer
NEO_SEP_LAB_DATE_OTH1	Date of '[NEO_SEP_LAB_OTH1_NAME]' lab test: DD/MM/YYYY	
NEO_SEP_LAB_TIME_OTH1	Time of '[NEO_SEP_LAB_OTH1_NAME]' lab test: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_oth2 Group relevant when: selected(\${NEO_SEP_LAB_REG_OTH2} , '1')		
note_neo_sep_lab_oth2	Record the value, as well as the date and time of the first lab test for '[NEO_SEP_LAB_OTH2_NAME]' .	
NEO_SEP_LAB_NUM_OTH2	'[NEO_SEP_LAB_OTH2_NAME]' lab test value:	
NEO_SEP_LAB_DATE_OTH2	Date of '[NEO_SEP_LAB_OTH2_NAME]' lab test: DD/MM/YYYY	
NEO_SEP_LAB_TIME_OTH2	Time of '[NEO_SEP_LAB_OTH2_NAME]' lab test: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_lab_oth3 Group relevant when: selected(\${NEO_SEP_LAB_REG_OTH3} , '1')		
note_neo_sep_lab_oth3	Record the value, as well as the date and time of the first lab test for '[NEO_SEP_LAB_OTH3_NAME]' .	
NEO_SEP_LAB_NUM_OTH3	'[NEO_SEP_LAB_OTH3_NAME]' lab test value:	
NEO_SEP_LAB_DATE_OTH3	Date of '[NEO_SEP_LAB_OTH3_NAME]' lab test: DD/MM/YYYY	
NEO_SEP_LAB_TIME_OTH3	Time of '[NEO_SEP_LAB_OTH3_NAME]' lab test: HH:MM	
NEO_SEP_CONSULT <i>(required)</i>	Was the baby evaluated by a doctor at the time of admission?	<div>1 Yes</div> <div>0 No</div> <div>-1 Not recorded</div>
NEO_SEP_CON_EVER <i>(required)</i>	Was the baby ever evaluated by a doctor?	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_SPECIAL_EVER <i>(required)</i>	Was the baby ever evaluated by a specialist?	<div>1 Yes, marked with an 'ME' notation in the signature</div> <div>2 Yes, marked with a stamp</div> <div>995 Yes, marked with another method (specify):</div> <div>0 No</div> <div>-1 Not recorded</div>
NEO_SEP_SPECIAL_TYPE <i>(required)</i>	What type of specialist evaluated the baby? Question relevant when: selected(\${NEO_SEP_SPECIAL_EVER} , '1') or selected(\${NEO_SEP_SPECIAL_EVER} , '2') or selected(\${NEO_SEP_SPECIAL_EVER} , '995')	<div>1 Pediatrician</div> <div>2 Obstetrician</div> <div>3 Gynecologist</div> <div>4 OBGYN</div> <div>5 Surgeon</div> <div>6 Neonatologist</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
NEO_SEP_CONSULT_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a doctor: DD/MM/YYYY Question relevant when: selected(\${NEO_SEP_CON_EVER} , '1')	
NEO_SEP_CONSULT_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a doctor: HH:MM Question relevant when: selected(\${NEO_SEP_CON_EVER} , '1')	
NEO_SEP_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a specialist: DD/MM/YYYY Question relevant when: selected(\${NEO_SEP_SPECIAL_EVER} , '1') or selected(\${NEO_SEP_SPECIAL_EVER} , '2') or selected(\${NEO_SEP_SPECIAL_EVER} , '995')	
NEO_SEP_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a specialist: HH:MM Question relevant when: selected(\${NEO_SEP_SPECIAL_EVER} , '1') or selected(\${NEO_SEP_SPECIAL_EVER} , '2') or selected(\${NEO_SEP_SPECIAL_EVER} , '995')	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med		
label_neo_sep_med	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_AMP <i>(required)</i>	Ampicillin	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_AMIK <i>(required)</i>	Amikacine	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_SULB <i>(required)</i>	Sulbactam	<div>1 Yes</div> <div>0 No</div>

Field	Question	Answer
NEO_SEP_MED_ADM_PIP <i>(required)</i>	Piperacillin	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_CLIND <i>(required)</i>	Clindamycin	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_GEN <i>(required)</i>	Gentamicin	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_METRON <i>(required)</i>	Metronidazole	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_PENI <i>(required)</i>	Penicillin	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_PENICRY <i>(required)</i>	Crystalline Penicillin	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_TAZ <i>(required)</i>	Tazobactam	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_OAN	Other antibiotic (specify):	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_OME1	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
NEO_SEP_MED_ADM_OME2	Other medication (specify):	<div>1 Yes</div> <div>0 No</div>
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_amp <i>Group relevant when: selected(\${NEO_SEP_MED_ADM_AMP} , '1')</i>		
note_neo_sep_med_amp	Record the dose, as well as the date and time of the first administration of Ampicillin .	
NEO_SEP_MED_DOS_AMP <i>(required)</i>	Ampicillin dose:	
NEO_SEP_MED_UNIT_AMP <i>(required)</i>	Ampicillin dose unit:	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div> <div>-1 Not recorded</div>
NEO_SEP_MED_DATE_AMP <i>(required)</i>	Date of Ampicillin administration: DD/MM/YYYY	
NEO_SEP_MED_TIME_AMP <i>(required)</i>	Time of Ampicillin administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_amik		
<i>Group relevant when: selected(\${NEO_SEP_MED_ADM_AMIK} , '1')</i>		
note_neo_sep_med_amik	Record the dose, as well as the date and time of the first administration of Amikacine .	
NEO_SEP_MED_DOS_AMIK <i>(required)</i>	Amikacine dose:	
NEO_SEP_MED_UNIT_AMIK <i>(required)</i>	Amikacine dose unit:	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div> <div>-1 Not recorded</div>
NEO_SEP_MED_DATE_AMIK <i>(required)</i>	Date of Amikacine administration: DD/MM/YYYY	
NEO_SEP_MED_TIME_AMIK <i>(required)</i>	Time of Amikacine administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_sulb <i>Group relevant when: selected(\${NEO_SEP_MED_ADM_SULB} , '1')</i>		
note_neo_sep_med_sulb	Record the dose, as well as the date and time of the first administration of Sulbactam .	
NEO_SEP_MED_DOS_SULB <i>(required)</i>	Sulbactam dose:	
NEO_SEP_MED_UNIT_SULB <i>(required)</i>	Sulbactam dose unit:	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div>

Field	Question	Answer																
		<table> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	7	mcg	-1	Not recorded												
7	mcg																	
-1	Not recorded																	
NEO_SEP_MED_DATE_SULB <i>(required)</i>	Date of Sulbactam administration: DD/MM/YYYY																	
NEO_SEP_MED_TIME_SULB <i>(required)</i>	Time of Sulbactam administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_pip Group relevant when: selected(\${NEO_SEP_MED_ADM_PIP} , '1')																		
note_neo_sep_med_pip	Record the dose, as well as the date and time of the first administration of Piperacillin .																	
NEO_SEP_MED_DOS_PIP <i>(required)</i>	Piperacillin dose:																	
NEO_SEP_MED_UNIT_PIP <i>(required)</i>	Piperacillin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
1	mg/kg																	
2	mg																	
3	g																	
4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_SEP_MED_DATE_PIP <i>(required)</i>	Date of Piperacillin administration: DD/MM/YYYY																	
NEO_SEP_MED_TIME_PIP <i>(required)</i>	Time of Piperacillin administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_clind Group relevant when: selected(\${NEO_SEP_MED_ADM_CLIND} , '1')																		
note_neo_sep_med_clind	Record the dose, as well as the date and time of the first administration of Clindamycin .																	
NEO_SEP_MED_DOS_CLIND <i>(required)</i>	Clindamycin dose:																	
NEO_SEP_MED_UNIT_CLIND <i>(required)</i>	Clindamycin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
1	mg/kg																	
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4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_SEP_MED_DATE_CLIND <i>(required)</i>	Date of Clindamycin administration: DD/MM/YYYY																	
NEO_SEP_MED_TIME_CLIND <i>(required)</i>	Time of Clindamycin administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_gen Group relevant when: selected(\${NEO_SEP_MED_ADM_GEN} , '1')																		
note_neo_sep_med_gen	Record the dose, as well as the date and time of the first administration of Gentamicin .																	
NEO_SEP_MED_DOS_GEN <i>(required)</i>	Gentamicin dose:																	
NEO_SEP_MED_UNIT_GEN <i>(required)</i>	Gentamicin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
1	mg/kg																	
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4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_SEP_MED_DATE_GEN <i>(required)</i>	Date of Gentamicin administration: DD/MM/YYYY																	
NEO_SEP_MED_TIME_GEN <i>(required)</i>	Time of Gentamicin administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_metron Group relevant when: selected(\${NEO_SEP_MED_ADM_METRON} , '1')																		
note_neo_sep_med_metron	Record the dose, as well as the date and time of the first administration of Metronidazole .																	
NEO_SEP_MED_DOS_METRON <i>(required)</i>	Metronidazole dose:																	
NEO_SEP_MED_UNIT_METRON <i>(required)</i>	Metronidazole dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL				
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2	mg																	
3	g																	
4	UI																	
5	cc																	
6	mL																	

Field	Question	Answer	
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_METRON <i>(required)</i>	Date of Metronidazole administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_METRON <i>(required)</i>	Time of Metronidazole administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_peni Group relevant when: selected(\${NEO_SEP_MED_ADM_PENI} , '1')			
note_neo_sep_med_peni	Record the dose, as well as the date and time of the first administration of Penicillin .		
NEO_SEP_MED_DOS_PENI <i>(required)</i>	Penicillin dose:		
NEO_SEP_MED_UNIT_PENI <i>(required)</i>	Penicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_PENI <i>(required)</i>	Date of Penicillin administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_PENI <i>(required)</i>	Time of Penicillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_penicry Group relevant when: selected(\${NEO_SEP_MED_ADM_PENICRY} , '1')			
note_neo_sep_med_penicry	Record the dose, as well as the date and time of the first administration of Crystalline Penicillin .		
NEO_SEP_MED_DOS_PENICRY <i>(required)</i>	Crystalline Penicillin dose:		
NEO_SEP_MED_UNIT_PENICRY <i>(required)</i>	Crystalline Penicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_PENICRY <i>(required)</i>	Date of Crystalline Penicillin administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_PENICRY <i>(required)</i>	Time of Crystalline Penicillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_taz Group relevant when: selected(\${NEO_SEP_MED_ADM_TAZ} , '1')			
note_neo_sep_med_taz	Record the dose, as well as the date and time of the first administration of tazobactam .		
NEO_SEP_MED_DOS_TAZ <i>(required)</i>	tazobactam dose:		
NEO_SEP_MED_UNIT_TAZ <i>(required)</i>	Tazobactam dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_TAZ <i>(required)</i>	Date of tazobactam administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_TAZ <i>(required)</i>	Time of tazobactam administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_oan Group relevant when: selected(\${NEO_SEP_MED_ADM_OAN} , '1')			
note_neo_sep_med_oan	Record the dose, as well as the date and time of the first administration of '[NEO_SEP_MED_OAN_NAME]' .		
NEO_SEP_MED_DOS_OAN	'[NEO_SEP_MED_OAN_NAME]' dose:		
NEO_SEP_MED_UNIT_OAN	'[NEO_SEP_MED_OAN_NAME]' dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI

Field	Question	5 cc Answer	
		6	mL
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_OAN	Date of '[NEO_SEP_MED_OAN_NAME]' administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_OAN	Time of '[NEO_SEP_MED_OAN_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_ome1 Group relevant when: selected(\${NEO_SEP_MED_ADM_OME1} , '1')			
note_neo_sep_med_ome1	Record the dose, as well as the date and time of the first administration of '[NEO_SEP_MED_OME1_NAME]' .		
NEO_SEP_MED_DOS_OME1	'[NEO_SEP_MED_OME1_NAME]' dose:		
NEO_SEP_MED_UNIT_OME1	'[NEO_SEP_MED_OME1_NAME]' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_OME1	Date of '[NEO_SEP_MED_OME1_NAME]' administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_OME1	Time of '[NEO_SEP_MED_OME1_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_med_ome2 Group relevant when: selected(\${NEO_SEP_MED_ADM_OME2} , '1')			
note_neo_sep_med_ome2	Record the dose, as well as the date and time of the first administration of '[NEO_SEP_MED_OME2_NAME]' .		
NEO_SEP_MED_DOS_OME2	'[NEO_SEP_MED_OME2_NAME]' dose:		
NEO_SEP_MED_UNIT_OME2	'[NEO_SEP_MED_OME2_NAME]' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_SEP_MED_DATE_OME2	Date of '[NEO_SEP_MED_OME2_NAME]' administration: DD/MM/YYYY		
NEO_SEP_MED_TIME_OME2	Time of '[NEO_SEP_MED_OME2_NAME]' administration: HH:MM		
NEO_SEP_MEDICATIONS <i>(required)</i>	Were any of the above mentioned medications administered at the same time during this hospitalization?	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Sepsis > fieldlist_neo_sep_other_comps			
label_neo_sep_other_comps	Note if there were any other complications with the baby:	1	Yes
		0	No
NEO_SEP_OTHER_COMP_MULT1 <i>(required)</i>	Multi-organ failure	1	Yes
		0	No
NEO_SEP_OTHER_COMP_HEMO <i>(required)</i>	Hemodynamic failure	1	Yes
		0	No
NEO_SEP_OTHER_COMP_SHOCK <i>(required)</i>	Septic shock	1	Yes
		0	No
NEO_SEP_OTHER_COMP_OTH <i>(required)</i>	Other	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight Group relevant when: selected(\${MRR_NEO_COMP} , 'LBW')			
note_neo_lbwt	Note whether the following was recorded for the patient with <u>low birth weight</u>.		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbwt_gest_method			
label_lbwt_gest_method	Please check the method of gestational age assessment: <i>Select all that apply.</i>	1	Yes
		0	No
NEO_LBW_GEST_METHOD_1 <i>(required)</i>	LMP (last menstrual period)	1	Yes
		0	No

Field	Question	Answer
NEO_LBW_GEST_METHOD_2 <i>(required)</i>	ECO / Ultrasound	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_GEST_METHOD_3 <i>(required)</i>	Ballard test	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_GEST_METHOD_4 <i>(required)</i>	Head circumference	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_GEST_METHOD_5 <i>(required)</i>	Capurro test	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_GEST_METHOD_995 <i>(required)</i>	Other	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CLASSIFICATION <i>(required)</i>	Classification according to weight:	<div>1 Low weight</div> <div>2 Very low weight</div> <div>3 Extreme low weight</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check		
label_neo_lbw_check	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_PULS <i>(required)</i>	Pulse	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_TEMP <i>(required)</i>	Temperature (T°)	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_WT <i>(required)</i>	Weight	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_HT <i>(required)</i>	Length/height	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_HEAD <i>(required)</i>	Head circumference	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_DOW <i>(required)</i>	Downes score	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_SIL <i>(required)</i>	Silverman score	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_AP1 <i>(required)</i>	APGAR at 1 minute	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_AP5 <i>(required)</i>	APGAR at 5 minutes	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_SKIN <i>(required)</i>	Skin color	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_ABD <i>(required)</i>	Abdominal examination	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_OTH1	Other check (specify):	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_OTH2	Other check (specify):	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_CHECK_REG_OTH3	Other check (specify):	<div>1 Yes</div> <div>0 No</div>
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_bp		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_BP} , '1')		
note_neo_lbw_check_bp	Record the value, as well as the date and time of the first checkup for blood pressure (bp) .	
NEO_LBW_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: The first number, eg: ____/xx	
NEO_LBW_CHECK_NUM_BP_DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: The second number, eg: xx/____	
NEO_LBW_CHECK_DATE_BP <i>(required)</i>	Date of blood pressure check:	

Field	Question	Answer
	DD/MM/YYYY	
NEO_LBW_CHECK_TIME_BP <i>(required)</i>	Time of blood pressure check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_hr Group relevant when: selected(\${NEO_LBW_CHECK_REG_HR} , '1')		
note_neo_lbw_check_hr	Record the value, as well as the date and time of the first checkup for heart rate (hr) .	
NEO_LBW_CHECK_NUM_HR <i>(required)</i>	Heart rate (hr):	
NEO_LBW_CHECK_DATE_HR <i>(required)</i>	Date of heart rate check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_HR <i>(required)</i>	Time of heart rate check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_puls		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_PULS} , '1')		
note_neo_lbw_check_puls	Record the value, as well as the date and time of the first checkup for pulse .	
NEO_LBW_CHECK_NUM_PULS <i>(required)</i>	Pulse:	
NEO_LBW_CHECK_DATE_PULS <i>(required)</i>	Date of pulse check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_PULS <i>(required)</i>	Time of pulse check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_resp		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_RESP} , '1')		
note_neo_lbw_check_resp	Record the value, as well as the date and time of the first checkup for respiratory rate (rr) .	
NEO_LBW_CHECK_NUM_RESP <i>(required)</i>	Respiratory rate (rr): per minute	
NEO_LBW_CHECK_DATE_RESP <i>(required)</i>	Date of respiratory rate check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_RESP <i>(required)</i>	Time of respiratory rate check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_temp		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_TEMP} , '1')		
note_neo_lbw_check_temp	Record the value, as well as the date and time of the first checkup for temperature (T°) .	
NEO_LBW_CHECK_NUM_TEMP <i>(required)</i>	Temperature (T°):	
NEO_LBW_CHECK_NUM_TEMP_TYPE <i>(required)</i>	Temperature type:	1 °C
		2 °F
NEO_LBW_CHECK_DATE_TEMP <i>(required)</i>	Date of temperature check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_TEMP <i>(required)</i>	Time of temperature check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_wt		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_WT} , '1')		
note_neo_lbw_check_wt	Record the value, as well as the date and time of the first checkup for weight .	
NEO_LBW_CHECK_NUM_WT <i>(required)</i>	Weight:	
NEO_LBW_CHECK_NUM_WT_TYPE <i>(required)</i>	Weight type:	1 kg
		3 pounds (lb)
		2 oz
		4 gr
NEO_LBW_CHECK_DATE_WT <i>(required)</i>	Date of weight check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_WT <i>(required)</i>	Time of weight check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_ht		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_HT} , '1')		
note_neo_lbw_check_ht	Record the value, as well as the date and time of the first checkup for length/height .	
NEO_LBW_CHECK_NUM_HT <i>(required)</i>	Length/height: cm	
NEO_LBW_CHECK_DATE_HT <i>(required)</i>	Date of length/height check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_HT <i>(required)</i>	Time of length/height check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_head		
Group relevant when: selected(\${NEO_LBW_CHECK_REG_HEAD} , '1')		
note_neo_lbw_check_head	Record the value, as well as the date and time of the first checkup for head circumference .	
NEO_LBW_CHECK_NUM_HEAD <i>(required)</i>	Head circumference: cm	
NEO_LBW_CHECK_DATE_HEAD <i>(required)</i>	Date of head circumference check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_HEAD <i>(required)</i>	Time of head circumference check: HH:MM	

Field	Question	Answer
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_dow <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_DOW} , '1')</i>		
note_neo_lbw_check_dow	Record the value, as well as the date and time of the first checkpoint for Downes score .	
NEO_LBW_CHECK_NUM_DOW <i>(required)</i>	Downes score:	
NEO_LBW_CHECK_DATE_DOW <i>(required)</i>	Date of Downes score check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_DOW <i>(required)</i>	Time of Downes score check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_sil <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_SIL} , '1')</i>		
note_neo_lbw_check_sil	Record the value, as well as the date and time of the first checkpoint for Silverman score .	
NEO_LBW_CHECK_NUM_SIL <i>(required)</i>	Silverman score:	
NEO_LBW_CHECK_DATE_SIL <i>(required)</i>	Date of Silverman score check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_SIL <i>(required)</i>	Time of Silverman score check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_ap1 <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_AP1} , '1')</i>		
note_neo_lbw_check_ap1	Record the value, as well as the date and time of the first checkpoint for APGAR at 1 minute .	
NEO_LBW_CHECK_NUM_AP1 <i>(required)</i>	APGAR at 1 minute:	
NEO_LBW_CHECK_DATE_AP1 <i>(required)</i>	Date of APGAR at 1 minute check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_AP1 <i>(required)</i>	Time of APGAR at 1 minute check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_ap5 <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_AP5} , '1')</i>		
note_neo_lbw_check_ap5	Record the value, as well as the date and time of the first checkpoint for APGAR at 5 minute .	
NEO_LBW_CHECK_NUM_AP5 <i>(required)</i>	APGAR at 5 minutes:	
NEO_LBW_CHECK_DATE_AP5 <i>(required)</i>	Date of APGAR at 5 minutes check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_AP5 <i>(required)</i>	Time of APGAR at 5 minutes check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_skin <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_SKIN} , '1')</i>		
note_neo_lbw_check_skin	Record the date and time of the first checkpoint for skin color .	
NEO_LBW_CHECK_DATE_SKIN <i>(required)</i>	Date of skin color check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_SKIN <i>(required)</i>	Time of skin color check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_abd <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_ABD} , '1')</i>		
note_neo_lbw_check_abd	Record the date and time of the first abdominal examination .	
NEO_LBW_CHECK_DATE_ABD <i>(required)</i>	Date of abdominal examination: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_ABD <i>(required)</i>	Time of abdominal examination: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_oth1 <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_OTH1} , '1')</i>		
note_neo_lbw_check_oth1	Record the value, as well as the date and time of the first checkpoint for '[NEO_LBW_CHECK_OTH1_NAME]' .	
NEO_LBW_CHECK_NUM_OTH1	'[NEO_LBW_CHECK_OTH1_NAME]' check value:	
NEO_LBW_CHECK_DATE_OTH1	Date of '[NEO_LBW_CHECK_OTH1_NAME]' check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_OTH1	Time of '[NEO_LBW_CHECK_OTH1_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_oth2 <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_OTH2} , '1')</i>		
note_neo_lbw_check_oth2	Record the value, as well as the date and time of the first checkpoint for '[NEO_LBW_CHECK_OTH2_NAME]' .	
NEO_LBW_CHECK_NUM_OTH2	'[NEO_LBW_CHECK_OTH2_NAME]' check value:	
NEO_LBW_CHECK_DATE_OTH2	Date of '[NEO_LBW_CHECK_OTH2_NAME]' check: DD/MM/YYYY	
NEO_LBW_CHECK_TIME_OTH2	Time of '[NEO_LBW_CHECK_OTH2_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_check_oth3 <i>Group relevant when: selected(\${NEO_LBW_CHECK_REG_OTH3} , '1')</i>		

Field	Question	Answer								
note_neo_lbw_check_oth3	Record the value, as well as the date and time of the first checkup for '[NEO_LBW_CHECK_OTH3_NAME]' .									
NEO_LBW_CHECK_NUM_OTH3	'[NEO_LBW_CHECK_OTH3_NAME]' check value:									
NEO_LBW_CHECK_DATE_OTH3	Date of '[NEO_LBW_CHECK_OTH3_NAME]' check: DD/MM/YYYY									
NEO_LBW_CHECK_TIME_OTH3	Time of '[NEO_LBW_CHECK_OTH3_NAME]' check: HH:MM									
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_lab										
label_neo_lbw_lab	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
NEO_LBW_LAB_REG_OXY <i>(required)</i>	Oxygen saturation	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
NEO_LBW_LAB_REG_GLY <i>(required)</i>	Glycemia	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
NEO_LBW_LAB_REG_OTH1	Other lab test (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
NEO_LBW_LAB_REG_OTH2	Other lab test (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
NEO_LBW_LAB_REG_OTH3	Other lab test (specify):	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_lab_oxy <i>Group relevant when: selected(\${NEO_LBW_LAB_REG_OXY} , '1')</i>										
note_neo_lbw_lab_oxy	Record the value, as well as the date and time of the first lab test for oxygen saturation .									
NEO_LBW_LAB_NUM_OXY <i>(required)</i>	Oxygen saturation: %									
NEO_LBW_LAB_DATE_OXY <i>(required)</i>	Date of oxygen saturation: DD/MM/YYYY									
NEO_LBW_LAB_TIME_OXY <i>(required)</i>	Time of oxygen saturation: HH:MM									
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_lab_gly <i>Group relevant when: selected(\${NEO_LBW_LAB_REG_GLY} , '1')</i>										
note_neo_lbw_lab_gly	Record the value, as well as the date and time of the first lab test for glycemia .									
NEO_LBW_LAB_NUM_GLY <i>(required)</i>	Glycemia: mg/dL									
NEO_LBW_GLY_TYPE <i>(required)</i>	What type of test was used for glycemia?	<table> <tr><td>1</td><td>Test strip</td></tr> <tr><td>2</td><td>Blood test</td></tr> <tr><td>995</td><td>Other (specify):</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Test strip	2	Blood test	995	Other (specify):	-1	Not recorded
1	Test strip									
2	Blood test									
995	Other (specify):									
-1	Not recorded									
NEO_LBW_LAB_DATE_GLY <i>(required)</i>	Date of glycemia: DD/MM/YYYY									
NEO_LBW_LAB_TIME_GLY <i>(required)</i>	Time of glycemia: HH:MM									
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_lab_oth1 <i>Group relevant when: selected(\${NEO_LBW_LAB_REG_OTH1} , '1')</i>										
note_neo_lbw_lab_oth1	Record the value, as well as the date and time of the first lab test for '[NEO_LBW_LAB_OTH1_NAME]' .									
NEO_LBW_LAB_NUM_OTH1	'[NEO_LBW_LAB_OTH1_NAME]' lab test value:									
NEO_LBW_LAB_DATE_OTH1	Date of '[NEO_LBW_LAB_OTH1_NAME]' lab test: DD/MM/YYYY									
NEO_LBW_LAB_TIME_OTH1	Time of '[NEO_LBW_LAB_OTH1_NAME]' lab test: HH:MM									
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_lab_oth2 <i>Group relevant when: selected(\${NEO_LBW_LAB_REG_OTH2} , '1')</i>										
note_neo_lbw_lab_oth2	Record the value, as well as the date and time of the first lab test for '[NEO_LBW_LAB_OTH2_NAME]' .									
NEO_LBW_LAB_NUM_OTH2	'[NEO_LBW_LAB_OTH2_NAME]' lab test value:									
NEO_LBW_LAB_DATE_OTH2	Date of '[NEO_LBW_LAB_OTH2_NAME]' lab test: DD/MM/YYYY									
NEO_LBW_LAB_TIME_OTH2	Time of '[NEO_LBW_LAB_OTH2_NAME]' lab test: HH:MM									
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_lab_oth3 <i>Group relevant when: selected(\${NEO_LBW_LAB_REG_OTH3} , '1')</i>										
note_neo_lbw_lab_oth3	Record the value, as well as the date and time of the first lab test for '[NEO_LBW_LAB_OTH3_NAME]' .									
NEO_LBW_LAB_NUM_OTH3	'[NEO_LBW_LAB_OTH3_NAME]' lab test value:									

Field	Question	Answer	
NEO_LBW_LAB_DATE_OTH3	Date of '[NEO_LBW_LAB_OTH3_NAME]' lab test: DD/MM/YYYY		
NEO_LBW_LAB_TIME_OTH3	Time of '[NEO_LBW_LAB_OTH3_NAME]' lab test: HH:MM		
NEO_LBW_CONSULT <i>(required)</i>	Was the baby evaluated by a doctor at the time of admission?	1	Yes
		0	No
		-1	Not recorded
NEO_LBW_CON_EVER <i>(required)</i>	Was the baby ever evaluated by a doctor?	1	Yes
		0	No
NEO_LBW_SPECIAL_EVER <i>(required)</i>	Was the baby ever evaluated by a specialist?	1	Yes, marked with an 'ME' notation in the signature
		2	Yes, marked with a stamp
		995	Yes, marked with another method (specify):
		0	No
		-1	Not recorded
NEO_LBW_SPECIAL_TYPE <i>(required)</i>	What type of specialist evaluated the baby? <i>Question relevant when: selected(\${NEO_LBW_SPECIAL_EVER} , '1') or selected(\${NEO_LBW_SPECIAL_EVER} , '2') or selected(\${NEO_LBW_SPECIAL_EVER} , '995')</i>	1	Pediatrician
		2	Obstetrician
		3	Gynecologist
		4	OBGYN
		5	Surgeon
		6	Neonatologist
		995	Other (specify):
-1	Not recorded		
NEO_LBW_CONSULT_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a doctor: DD/MM/YYYY <i>Question relevant when: selected(\${NEO_LBW_CON_EVER} , '1')</i>		
NEO_LBW_CONSULT_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a doctor: HH:MM <i>Question relevant when: selected(\${NEO_LBW_CON_EVER} , '1')</i>		
NEO_LBW_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a specialist: DD/MM/YYYY <i>Question relevant when: selected(\${NEO_LBW_SPECIAL_EVER} , '1') or selected(\${NEO_LBW_SPECIAL_EVER} , '2') or selected(\${NEO_LBW_SPECIAL_EVER} , '995')</i>		
NEO_LBW_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a specialist: HH:MM <i>Question relevant when: selected(\${NEO_LBW_SPECIAL_EVER} , '1') or selected(\${NEO_LBW_SPECIAL_EVER} , '2') or selected(\${NEO_LBW_SPECIAL_EVER} , '995')</i>		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbwt_proc_oxy			
label_neo_lbwt_proc_oxy	Please note if the following oxygen application procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1	Yes
		0	No
NEO_LBW_PROC_OXY_AMBU <i>(required)</i>	Ambu	1	Yes
		0	No
NEO_LBW_PROC_OXY_POSVENT <i>(required)</i>	Positive pressure ventilation	1	Yes
		0	No
NEO_LBW_PROC_OXY_VENTMEC <i>(required)</i>	Mechanical ventilation	1	Yes
		0	No
NEO_LBW_PROC_OXY_BOLSA <i>(required)</i>	Resuscitation bag	1	Yes
		0	No
NEO_LBW_PROC_OXY_100 <i>(required)</i>	Oxygen at 100%	1	Yes
		0	No
NEO_LBW_PROC_OXY_MASKOXY <i>(required)</i>	Oxygen mask	1	Yes
		0	No
NEO_LBW_PROC_OXY_MASK <i>(required)</i>	Mask	1	Yes
		0	No
NEO_LBW_PROC_OXY_MASKRES <i>(required)</i>	Mask with reservoir	1	Yes
		0	No
NEO_LBW_PROC_OXY_CAMP <i>(required)</i>	Oxygen hood	1	Yes
		0	No
NEO_LBW_PROC_OXY_HELMET <i>(required)</i>	Cephalic helmet	1	Yes
		0	No
NEO_LBW_PROC_OXY_CAMPCEF <i>(required)</i>	Cephalic hood	1	Yes
		0	No

Field	Question	Answer	
NEO_LBW_PROC_OXY_CYL <i>(required)</i>	Oxygen cylinder	1	Yes
		0	No
NEO_LBW_PROC_OXY_CYLCAP <i>(required)</i>	Oxygen cylinder with cap	1	Yes
		0	No
NEO_LBW_PROC_OXY_CPAP <i>(required)</i>	Oxygen CPAP	1	Yes
		0	No
NEO_LBW_PROC_OXY_BIG <i>(required)</i>	Bigotera (nasal prong)	1	Yes
		0	No
NEO_LBW_PROC_OXY_NASAL <i>(required)</i>	Nasal tips	1	Yes
		0	No
NEO_LBW_PROC_OXY_CATH <i>(required)</i>	Tips/oxygen catheter	1	Yes
		0	No
NEO_LBW_PROC_OXY_CANULA <i>(required)</i>	Cannula	1	Yes
		0	No
NEO_LBW_PROC_OXY_VENT <i>(required)</i>	Venturi system	1	Yes
		0	No
NEO_LBW_PROC_OXY_OTH <i>(required)</i>	Other method of oxygen (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_proc_heat			
label_neo_lbw_proc_heat	Please note if the following heat application procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1	Yes
		0	No
NEO_LBW_PROC_HEAT_INC <i>(required)</i>	Incubator	1	Yes
		0	No
NEO_LBW_PROC_HEAT_WRAP <i>(required)</i>	Wrapped in sheets/blankets/towels	1	Yes
		0	No
NEO_LBW_PROC_HEAT_WARMSHEET <i>(required)</i>	Warm sheets	1	Yes
		0	No
NEO_LBW_PROC_HEAT_LAMP <i>(required)</i>	Radiant heat lamp	1	Yes
		0	No
NEO_LBW_PROC_HEAT_WARMER <i>(required)</i>	Radiant warmer	1	Yes
		0	No
NEO_LBW_PROC_HEAT_KANG <i>(required)</i>	Kangaroo mother care	1	Yes
		0	No
NEO_LBW_PROC_HEAT_PLASTIC <i>(required)</i>	Transparent plastic bag	1	Yes
		0	No
NEO_LBW_PROC_HEAT_BACIN <i>(required)</i>	Bassinette with radiant heat	1	Yes
		0	No
NEO_LBW_PROC_HEAT_SERVO <i>(required)</i>	Servo	1	Yes
		0	No
NEO_LBW_PROC_HEAT_SERVOCUNA <i>(required)</i>	Servocuna	1	Yes
		0	No
NEO_LBW_PROC_HEAT_OTH <i>(required)</i>	Other method of heat application (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_proc_other			
label_neo_lbw_proc_other	Please note if the following other procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1	Yes
		0	No
NEO_LBW_PROC_OTH_SEC <i>(required)</i>	Secretion suction	1	Yes
		0	No
NEO_LBW_PROC_OTH_INTUB <i>(required)</i>	Endotracheal intubation	1	Yes
		0	No
NEO_LBW_PROC_OTH_OTH <i>(required)</i>	Other procedures (specify):	1	Yes
		0	No
NEO_LBW_CPR <i>(required)</i>	Was CPR (neonatal resuscitation) performed on the baby immediately after delivery?	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_babyfood			
label_neo_lbw_babyfood	Please check how the baby was fed: <i>Please note all options appropriately according to the record.</i>	1	Yes
		0	No
NEO_LBW_BABYFOOD_BF <i>(required)</i>	Breastfeeding	1	Yes
		0	No

Field	Question	Answer	
NEO_LBW_BABYFOOD_GLUCOSEIV <i>(required)</i>	Glucose serum IV	1	Yes
		0	No
NEO_LBW_BABYFOOD_IV <i>(required)</i>	Intravenous feeding (other)	1	Yes
		0	No
NEO_LBW_BABYFOOD_ORAL <i>(required)</i>	Oral glucose serum [oral drink with glucose]	1	Yes
		0	No
NEO_LBW_BABYFOOD_FORMULA <i>(required)</i>	Formula	1	Yes
		0	No
NEO_LBW_BABYFOOD_OTH <i>(required)</i>	Other procedures	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbwt_med			
label_neo_lbwt_med	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	1	Yes
		0	No
NEO_LBW_MED_ADM_AMP <i>(required)</i>	Ampicillin	1	Yes
		0	No
NEO_LBW_MED_ADM_AMIK <i>(required)</i>	Amikacine	1	Yes
		0	No
NEO_LBW_MED_ADM_SULB <i>(required)</i>	Sulbactam	1	Yes
		0	No
NEO_LBW_MED_ADM_PIP <i>(required)</i>	Piperacillin	1	Yes
		0	No
NEO_LBW_MED_ADM_CLIND <i>(required)</i>	Clindamycin	1	Yes
		0	No
NEO_LBW_MED_ADM_GEN <i>(required)</i>	Gentamicin	1	Yes
		0	No
NEO_LBW_MED_ADM_METRON <i>(required)</i>	Metronidazole	1	Yes
		0	No
NEO_LBW_MED_ADM_PENI <i>(required)</i>	Penicillin	1	Yes
		0	No
NEO_LBW_MED_ADM_PENICRY <i>(required)</i>	Crystalline Penicillin	1	Yes
		0	No
NEO_LBW_MED_ADM_TAZ <i>(required)</i>	Tazobactam	1	Yes
		0	No
NEO_LBW_MED_ADM_OAN	Other antibiotic (specify):	1	Yes
		0	No
NEO_LBW_MED_ADM_DIFENIL	Diphenylhydantoin	1	Yes
		0	No
NEO_LBW_MED_ADM_DIAZE	Diazepam	1	Yes
		0	No
NEO_LBW_MED_ADM_OCON	Other anticonvulsants (specify):	1	Yes
		0	No
NEO_LBW_MED_ADM_OME1	Other medication (specify):	1	Yes
		0	No
NEO_LBW_MED_ADM_OME2	Other medication (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbwt_med_amp Group relevant when: selected(\${NEO_LBW_MED_ADM_AMP} , '1')			
note_neo_lbwt_med_amp	Record the dose, as well as the date and time of the first administration of Ampicillin .		
NEO_LBW_MED_DOS_AMP <i>(required)</i>	Ampicillin dose:		
NEO_LBW_MED_UNIT_AMP <i>(required)</i>	Ampicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_AMP <i>(required)</i>	Date of Ampicillin administration: DD/MM/YYYY		

Field	Question	Answer																
NEO_LBW_MED_TIME_AMP <i>(required)</i>	Time of Ampicillin administration: <i>HH:MM</i>																	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_amik <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_AMIK} , '1')</i>																		
note_neo_lbw_med_amik	Record the dose, as well as the date and time of the first administration of Amikacine .																	
NEO_LBW_MED_DOS_AMIK <i>(required)</i>	Amikacine dose:																	
NEO_LBW_MED_UNIT_AMIK <i>(required)</i>	Amikacine dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg	-1	Not recorded
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3	g																	
4	Ul																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_LBW_MED_DATE_AMIK <i>(required)</i>	Date of Amikacine administration: <i>DD/MM/YYYY</i>																	
NEO_LBW_MED_TIME_AMIK <i>(required)</i>	Time of Amikacine administration: <i>HH:MM</i>																	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_sulb <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_SULB} , '1')</i>																		
note_neo_lbw_med_sulb	Record the dose, as well as the date and time of the first administration of Sulbactam .																	
NEO_LBW_MED_DOS_SULB <i>(required)</i>	Sulbactam dose:																	
NEO_LBW_MED_UNIT_SULB <i>(required)</i>	Sulbactam dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg	-1	Not recorded
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2	mg																	
3	g																	
4	Ul																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_LBW_MED_DATE_SULB <i>(required)</i>	Date of Sulbactam administration: <i>DD/MM/YYYY</i>																	
NEO_LBW_MED_TIME_SULB <i>(required)</i>	Time of Sulbactam administration: <i>HH:MM</i>																	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_pip <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_PIP} , '1')</i>																		
note_neo_lbw_med_pip	Record the dose, as well as the date and time of the first administration of Piperacillin .																	
NEO_LBW_MED_DOS_PIP <i>(required)</i>	Piperacillin dose:																	
NEO_LBW_MED_UNIT_PIP <i>(required)</i>	Piperacillin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg	-1	Not recorded
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2	mg																	
3	g																	
4	Ul																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_LBW_MED_DATE_PIP <i>(required)</i>	Date of Piperacillin administration: <i>DD/MM/YYYY</i>																	
NEO_LBW_MED_TIME_PIP <i>(required)</i>	Time of Piperacillin administration: <i>HH:MM</i>																	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_clind <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_CLIND} , '1')</i>																		
note_neo_lbw_med_clind	Record the dose, as well as the date and time of the first administration of Clindamycin .																	
NEO_LBW_MED_DOS_CLIND <i>(required)</i>	Clindamycin dose:																	
NEO_LBW_MED_UNIT_CLIND <i>(required)</i>	Clindamycin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>Ul</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	Ul	5	cc	6	mL	7	mcg	-1	Not recorded
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2	mg																	
3	g																	
4	Ul																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_LBW_MED_DATE_CLIND <i>(required)</i>	Date of Clindamycin administration: <i>DD/MM/YYYY</i>																	

Field	Question	Answer	
NEO_LBW_MED_TIME_CLIND <i>(required)</i>	Time of Clindamycin administration: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_gen <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_GEN} , '1')</i>			
note_neo_lbw_med_gen	Record the dose, as well as the date and time of the first administration of Gentamicin .		
NEO_LBW_MED_DOS_GEN <i>(required)</i>	Gentamicin dose:		
NEO_LBW_MED_UNIT_GEN <i>(required)</i>	Gentamicin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_GEN <i>(required)</i>	Date of Gentamicin administration: <i>DD/MM/YYYY</i>		
NEO_LBW_MED_TIME_GEN <i>(required)</i>	Time of Gentamicin administration: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_metron <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_METRON} , '1')</i>			
note_neo_lbw_med_metron	Record the dose, as well as the date and time of the first administration of Metronidazole .		
NEO_LBW_MED_DOS_METRON <i>(required)</i>	Metronidazole dose:		
NEO_LBW_MED_UNIT_METRON <i>(required)</i>	Metronidazole dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_METRON <i>(required)</i>	Date of Metronidazole administration: <i>DD/MM/YYYY</i>		
NEO_LBW_MED_TIME_METRON <i>(required)</i>	Time of Metronidazole administration: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_peni <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_PENI} , '1')</i>			
note_neo_lbw_med_peni	Record the dose, as well as the date and time of the first administration of Penicillin .		
NEO_LBW_MED_DOS_PENI <i>(required)</i>	Penicillin dose:		
NEO_LBW_MED_UNIT_PENI <i>(required)</i>	Penicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_PENI <i>(required)</i>	Date of Penicillin administration: <i>DD/MM/YYYY</i>		
NEO_LBW_MED_TIME_PENI <i>(required)</i>	Time of Penicillin administration: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_penicry <i>Group relevant when: selected(\${NEO_LBW_MED_ADM_PENICRY} , '1')</i>			
note_neo_lbw_med_penicry	Record the dose, as well as the date and time of the first administration of Crystalline Penicillin .		
NEO_LBW_MED_DOS_PENICRY <i>(required)</i>	Crystalline Penicillin dose:		
NEO_LBW_MED_UNIT_PENICRY <i>(required)</i>	Crystalline Penicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded

Field	Question	Answer
NEO_LBW_MED_DATE_PENICRY <i>(required)</i>	Date of Crystalline Penicillin administration: DD/MM/YYYY	
NEO_LBW_MED_TIME_PENICRY <i>(required)</i>	Time of Crystalline Penicillin administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_taz Group relevant when: selected(\${NEO_LBW_MED_ADM_TAZ} , '1')		
note_neo_lbw_med_taz	Record the dose, as well as the date and time of the first administration of tazobactam .	
NEO_LBW_MED_DOS_TAZ <i>(required)</i>	Tazobactam dose:	
NEO_LBW_MED_UNIT_TAZ <i>(required)</i>	Tazobactam dose unit:	1 mg/kg
		2 mg
		3 g
		4 UI
		5 cc
		6 mL
		7 mcg
		-1 Not recorded
NEO_LBW_MED_DATE_TAZ <i>(required)</i>	Date of tazobactam administration: DD/MM/YYYY	
NEO_LBW_MED_TIME_TAZ <i>(required)</i>	Time of tazobactam administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_oan Group relevant when: selected(\${NEO_LBW_MED_ADM_OAN} , '1')		
note_neo_lbw_med_oan	Record the dose, as well as the date and time of the first administration of '[NEO_LBW_MED_OAN_NAME]' .	
NEO_LBW_MED_DOS_OAN <i>(required)</i>	'[NEO_LBW_MED_OAN_NAME]' dose:	
NEO_LBW_MED_UNIT_OAN <i>(required)</i>	'[NEO_LBW_MED_OAN_NAME]' dose unit:	1 mg/kg
		2 mg
		3 g
		4 UI
		5 cc
		6 mL
		7 mcg
		-1 Not recorded
NEO_LBW_MED_DATE_OAN <i>(required)</i>	Date of '[NEO_LBW_MED_OAN_NAME]' administration: DD/MM/YYYY	
NEO_LBW_MED_TIME_OAN <i>(required)</i>	Time of '[NEO_LBW_MED_OAN_NAME]' administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_difenil Group relevant when: selected(\${NEO_LBW_MED_ADM_DIFENIL} , '1')		
note_neo_lbw_med_difenil	Record the dose, as well as the date and time of the first administration of Diphenylhydantoin .	
NEO_LBW_MED_DOS_DIFENIL <i>(required)</i>	Diphenylhydantoin dose:	
NEO_LBW_MED_UNIT_DIFENIL <i>(required)</i>	Diphenylhydantoin dose unit:	1 mg/kg
		2 mg
		3 g
		4 UI
		5 cc
		6 mL
		7 mcg
		-1 Not recorded
NEO_LBW_MED_DATE_DIFENIL <i>(required)</i>	Date of Diphenylhydantoin administration: DD/MM/YYYY	
NEO_LBW_MED_TIME_DIFENIL <i>(required)</i>	Time of Diphenylhydantoin administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_diaze Group relevant when: selected(\${NEO_LBW_MED_ADM_DIAZE} , '1')		
note_neo_lbw_med_diaze	Record the dose, as well as the date and time of the first administration of Diazepam .	
NEO_LBW_MED_DOS_DIAZE <i>(required)</i>	Diazepam dose:	
NEO_LBW_MED_UNIT_DIAZE <i>(required)</i>	Diazepam dose unit:	1 mg/kg
		2 mg
		3 g
		4 UI
		5 cc
		6 mL

Field	Question	7 mcg Answer	
		-1	Not recorded
NEO_LBW_MED_DATE_DIAZE <i>(required)</i>	Date of Diazepam administration: DD/MM/YYYY		
NEO_LBW_MED_TIME_DIAZE <i>(required)</i>	Time of Diazepam administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_ocon Group relevant when: selected(\${NEO_LBW_MED_ADM_OCON} , '1')			
note_neo_lbw_med_ocon	Record the dose, as well as the date and time of the first administration of 'NEO_LBW_MED_OCON_NAME' .		
NEO_LBW_MED_DOS_OCON <i>(required)</i>	'NEO_LBW_MED_OCON_NAME' dose:		
NEO_LBW_MED_UNIT_OCON <i>(required)</i>	'NEO_LBW_MED_OCON_NAME' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_OCON <i>(required)</i>	Date of '[NEO_LBW_MED_OCON_NAME]' administration: DD/MM/YYYY		
NEO_LBW_MED_TIME_OCON <i>(required)</i>	Time of '[NEO_LBW_MED_OCON_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_ome1 Group relevant when: selected(\${NEO_LBW_MED_ADM_OME1} , '1')			
note_neo_lbw_med_ome1	Record the dose, as well as the date and time of the first administration of 'NEO_LBW_MED_OME1_NAME' .		
NEO_LBW_MED_DOS_OME1 <i>(required)</i>	'NEO_LBW_MED_OME1_NAME' dose:		
NEO_LBW_MED_UNIT_OME1 <i>(required)</i>	'NEO_LBW_MED_OME1_NAME' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_OME1 <i>(required)</i>	Date of '[NEO_LBW_MED_OME1_NAME]' administration: DD/MM/YYYY		
NEO_LBW_MED_TIME_OME1 <i>(required)</i>	Time of '[NEO_LBW_MED_OME1_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_med_ome2 Group relevant when: selected(\${NEO_LBW_MED_ADM_OME2} , '1')			
note_neo_lbw_med_ome2	Record the dose, as well as the date and time of the first administration of 'NEO_LBW_MED_OME2_NAME' .		
NEO_LBW_MED_DOS_OME2 <i>(required)</i>	'NEO_LBW_MED_OME2_NAME' dose:		
NEO_LBW_MED_UNIT_OME2 <i>(required)</i>	'NEO_LBW_MED_OME2_NAME' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_LBW_MED_DATE_OME2 <i>(required)</i>	Date of '[NEO_LBW_MED_OME2_NAME]' administration: DD/MM/YYYY		
NEO_LBW_MED_TIME_OME2 <i>(required)</i>	Time of '[NEO_LBW_MED_OME2_NAME]' administration: HH:MM		
NEO_LBW_MEDICATIONS <i>(required)</i>	Were any of the above mentioned medications administered at the same time during this hospitalization?	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Low birth weight > fieldlist_neo_lbw_other_comp			
label_neo_lbw_other_comp	What other complications did the baby have (excluding sepsis, asphyxia, low birth weight, and prematurity)?	1	Yes
		0	No
NEO_LBW_OTHER_COMP_PNEU <i>(required)</i>	Pneumonia	1	Yes
		0	No

Field	Question	Answer
NEO_LBW_OTHER_COMP_DIA <i>(required)</i>	Diarrhea	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_OTHER_COMP_CONV <i>(required)</i>	Convulsions	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_OTHER_COMP_HIPO <i>(required)</i>	Hypoglycemia	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_OTHER_COMP_NEURO <i>(required)</i>	Neurological complications	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_OTHER_COMP_OTH <i>(required)</i>	Other	<div>1 Yes</div> <div>0 No</div>
NEO_LBW_OTHER_COMP_NONE <i>(required)</i>	None	<div>1 Yes</div> <div>0 No</div>
Neonatal Complications > group_one_of_complications_eligible > Prematurity <i>Group relevant when: selected(\${MRR_NEO_COMP} , 'PRE')</i>		
note_neo_pre	Note whether the following was recorded for the patient with <u>prematurity</u>.	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_gest_method		
label_pre_gest_method	Please check the method of gestational age assessment: <i>Select all that apply.</i>	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_GEST_METHOD_1 <i>(required)</i>	LMP (last menstrual period)	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_GEST_METHOD_2 <i>(required)</i>	ECO / Ultrasound	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_GEST_METHOD_3 <i>(required)</i>	Ballard test	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_GEST_METHOD_4 <i>(required)</i>	Head circumference	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_GEST_METHOD_5 <i>(required)</i>	Capurro test	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_GEST_METHOD_995 <i>(required)</i>	Other	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CLASSIFICATION <i>(required)</i>	Classification of the newborn according to gestational age:	<div>1 Small</div> <div>2 Large</div> <div>3 Adequate</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check		
label_neo_pre_check	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_PULS <i>(required)</i>	Pulse	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_TEMP <i>(required)</i>	Temperature (T°)	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_WT <i>(required)</i>	Weight	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_HT <i>(required)</i>	Length/height	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_HEAD <i>(required)</i>	Head circumference	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_DOW <i>(required)</i>	Downes score	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_SIL <i>(required)</i>	Silverman score	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_CHECK_REG_AP1 <i>(required)</i>	APGAR at 1 minute	<div>1 Yes</div>

Field	Question	0 No Answer		
NEO_PRE_CHECK_REG_AP5 <i>(required)</i>	APGAR at 5 minutes	1	Yes	
		0	No	
NEO_PRE_CHECK_REG_SKIN <i>(required)</i>	Skin color	1	Yes	
		0	No	
NEO_PRE_CHECK_REG_ABD <i>(required)</i>	Abdominal examination	1	Yes	
		0	No	
NEO_PRE_CHECK_REG_OTH1	Other check (specify):	1	Yes	
		0	No	
NEO_PRE_CHECK_REG_OTH2	Other check (specify):	1	Yes	
		0	No	
NEO_PRE_CHECK_REG_OTH3	Other check (specify):	1	Yes	
		0	No	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_bp Group relevant when: selected(\${NEO_PRE_CHECK_REG_BP} , '1')				
note_neo_pre_check_bp	Record the value, as well as the date and time of the first checkup for blood pressure (bp) .			
NEO_PRE_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: The first number, eg: ___/xx			
NEO_PRE_CHECK_NUM_BP_DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: The second number, eg: xx/___			
NEO_PRE_CHECK_DATE_BP <i>(required)</i>	Date of blood pressure check: DD/MM/YYYY			
NEO_PRE_CHECK_TIME_BP <i>(required)</i>	Time of blood pressure check: HH:MM			
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_hr Group relevant when: selected(\${NEO_PRE_CHECK_REG_HR} , '1')				
note_neo_pre_check_hr	Record the value, as well as the date and time of the first checkup for heart rate (hr) .			
NEO_PRE_CHECK_NUM_HR <i>(required)</i>	Heart rate (hr):			
NEO_PRE_CHECK_DATE_HR <i>(required)</i>	Date of heart rate check: DD/MM/YYYY			
NEO_PRE_CHECK_TIME_HR <i>(required)</i>	Time of heart rate check: HH:MM			
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_puls Group relevant when: selected(\${NEO_PRE_CHECK_REG_PULS} , '1')				
note_neo_pre_check_puls	Record the value, as well as the date and time of the first checkup for pulse .			
NEO_PRE_CHECK_NUM_PULS <i>(required)</i>	Pulse:			
NEO_PRE_CHECK_DATE_PULS <i>(required)</i>	Date of pulse check: DD/MM/YYYY			
NEO_PRE_CHECK_TIME_PULS <i>(required)</i>	Time of pulse check: HH:MM			
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_resp Group relevant when: selected(\${NEO_PRE_CHECK_REG_RESP} , '1')				
note_neo_pre_check_resp	Record the value, as well as the date and time of the first checkup for respiratory rate (rr) .			
NEO_PRE_CHECK_NUM_RESP <i>(required)</i>	Respiratory rate (rr): per minute			
NEO_PRE_CHECK_DATE_RESP <i>(required)</i>	Date of respiratory rate check: DD/MM/YYYY			
NEO_PRE_CHECK_TIME_RESP <i>(required)</i>	Time of respiratory rate check: HH:MM			
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_temp Group relevant when: selected(\${NEO_PRE_CHECK_REG_TEMP} , '1')				
note_neo_pre_check_temp	Record the value, as well as the date and time of the first checkup for respiratory rate (rr) .			
NEO_PRE_CHECK_NUM_TEMP <i>(required)</i>	Temperature (T°):			
NEO_PRE_CHECK_NUM_TEMP_TYPE <i>(required)</i>	Temperature type:	1	°C	
		2	°F	
NEO_PRE_CHECK_DATE_TEMP <i>(required)</i>	Date of temperature check: DD/MM/YYYY			
NEO_PRE_CHECK_TIME_TEMP <i>(required)</i>	Time of temperature check: HH:MM			
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_wt Group relevant when: selected(\${NEO_PRE_CHECK_REG_WT} , '1')				
note_neo_pre_check_wt	Record the value, as well as the date and time of the first checkup for weight .			
NEO_PRE_CHECK_NUM_WT <i>(required)</i>	Weight:			
NEO_PRE_CHECK_NUM_WT_TYPE <i>(required)</i>	Weight type:	1	kg	
		3	pounds (lb)	
		2	oz	

Field	Question	Answer
		4 gr
NEO_PRE_CHECK_DATE_WT <i>(required)</i>	Date of weight check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_WT <i>(required)</i>	Time of weight check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_ht Group relevant when: selected(\${NEO_PRE_CHECK_REG_HT} , '1')		
note_neo_pre_check_ht	Record the value, as well as the date and time of the first checkup for length/height .	
NEO_PRE_CHECK_NUM_HT <i>(required)</i>	Length/height: cm	
NEO_PRE_CHECK_DATE_HT <i>(required)</i>	Date of length/height check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_HT <i>(required)</i>	Time of length/height check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_head Group relevant when: selected(\${NEO_PRE_CHECK_REG_HEAD} , '1')		
note_neo_pre_check_head	Record the value, as well as the date and time of the first checkup for head circumference .	
NEO_PRE_CHECK_NUM_HEAD <i>(required)</i>	Head circumference: cm	
NEO_PRE_CHECK_DATE_HEAD <i>(required)</i>	Date of head circumference check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_HEAD <i>(required)</i>	Time of head circumference check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_dow Group relevant when: selected(\${NEO_PRE_CHECK_REG_DOW} , '1')		
note_neo_pre_check_dow	Record the value, as well as the date and time of the first checkup for Downes score .	
NEO_PRE_CHECK_NUM_DOW <i>(required)</i>	Downes score:	
NEO_PRE_CHECK_DATE_DOW <i>(required)</i>	Date of Downes score check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_DOW <i>(required)</i>	Time of Downes score check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_sil Group relevant when: selected(\${NEO_PRE_CHECK_REG_SIL} , '1')		
note_neo_pre_check_sil	Record the value, as well as the date and time of the first checkup for Silverman score .	
NEO_PRE_CHECK_NUM_SIL <i>(required)</i>	Silverman score:	
NEO_PRE_CHECK_DATE_SIL <i>(required)</i>	Date of Silverman score check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_SIL <i>(required)</i>	Time of Silverman score check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_ap1 Group relevant when: selected(\${NEO_PRE_CHECK_REG_AP1} , '1')		
note_neo_pre_check_ap1	Record the value, as well as the date and time of the first checkup for APGAR at 1 minute .	
NEO_PRE_CHECK_NUM_AP1 <i>(required)</i>	APGAR at 1 minute:	
NEO_PRE_CHECK_DATE_AP1 <i>(required)</i>	Date of APGAR at 1 minute check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_AP1 <i>(required)</i>	Time of APGAR at 1 minute check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_ap5 Group relevant when: selected(\${NEO_PRE_CHECK_REG_AP5} , '1')		
note_neo_pre_check_ap5	Record the value, as well as the date and time of the first checkup for APGAR at 5 minute .	
NEO_PRE_CHECK_NUM_AP5 <i>(required)</i>	APGAR at 5 minutes:	
NEO_PRE_CHECK_DATE_AP5 <i>(required)</i>	Date of APGAR at 5 minutes check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_AP5 <i>(required)</i>	Time of APGAR at 5 minutes check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_skin Group relevant when: selected(\${NEO_PRE_CHECK_REG_SKIN} , '1')		
note_neo_pre_check_skin	Record the date and time of the first checkup for skin color .	
NEO_PRE_CHECK_DATE_SKIN <i>(required)</i>	Date of skin color check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_SKIN <i>(required)</i>	Time of skin color check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_abd Group relevant when: selected(\${NEO_PRE_CHECK_REG_ABD} , '1')		
note_neo_pre_check_abd	Record the date and time of the first abdominal examination .	
NEO_PRE_CHECK_DATE_ABD <i>(required)</i>	Date of abdominal examination: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_ABD <i>(required)</i>	Time of abdominal examination:	

Field	Question	Answer
	HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_oth1 Group relevant when: selected(\${NEO_PRE_CHECK_REG_OTH1} , '1')		
note_neo_pre_check_oth1	Record the value, as well as the date and time of the first check up for '[NEO_PRE_CHECK_OTH1_NAME]' .	
NEO_PRE_CHECK_NUM_OTH1	'[NEO_PRE_CHECK_OTH1_NAME]' check value:	
NEO_PRE_CHECK_DATE_OTH1	Date of '[NEO_PRE_CHECK_OTH1_NAME]' check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_OTH1	Time of '[NEO_PRE_CHECK_OTH1_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_oth2 Group relevant when: selected(\${NEO_PRE_CHECK_REG_OTH2} , '1')		
note_neo_pre_check_oth2	Record the value, as well as the date and time of the first check up for '[NEO_PRE_CHECK_OTH2_NAME]' .	
NEO_PRE_CHECK_NUM_OTH2	'[NEO_PRE_CHECK_OTH2_NAME]' check value:	
NEO_PRE_CHECK_DATE_OTH2	Date of '[NEO_PRE_CHECK_OTH2_NAME]' check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_OTH2	Time of '[NEO_PRE_CHECK_OTH2_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_check_oth3 Group relevant when: selected(\${NEO_PRE_CHECK_REG_OTH3} , '1')		
note_neo_pre_check_oth3	Record the value, as well as the date and time of the first check up for '[NEO_PRE_CHECK_OTH3_NAME]' .	
NEO_PRE_CHECK_NUM_OTH3	'[NEO_PRE_CHECK_OTH3_NAME]' check value:	
NEO_PRE_CHECK_DATE_OTH3	Date of '[NEO_PRE_CHECK_OTH3_NAME]' check: DD/MM/YYYY	
NEO_PRE_CHECK_TIME_OTH3	Time of '[NEO_PRE_CHECK_OTH3_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_lab		
label_neo_pre_lab	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	1 Yes
		0 No
NEO_PRE_LAB_REG_OXY <i>(required)</i>	Oxygen saturation	1 Yes
		0 No
NEO_PRE_LAB_REG_GLY <i>(required)</i>	Glycemia	1 Yes
		0 No
NEO_PRE_LAB_REG_OTH1	Other lab test (specify):	1 Yes
		0 No
NEO_PRE_LAB_REG_OTH2	Other lab test (specify):	1 Yes
		0 No
NEO_PRE_LAB_REG_OTH3	Other lab test (specify):	1 Yes
		0 No
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_lab_oxy Group relevant when: selected(\${NEO_PRE_LAB_REG_OXY} , '1')		
note_neo_pre_lab_oxy	Record the value, as well as the date and time of the first lab test for oxygen saturation .	
NEO_PRE_LAB_NUM_OXY <i>(required)</i>	Oxygen saturation: %	
NEO_PRE_LAB_DATE_OXY <i>(required)</i>	Date of oxygen saturation: DD/MM/YYYY	
NEO_PRE_LAB_TIME_OXY <i>(required)</i>	Time of oxygen saturation: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_lab_gly Group relevant when: selected(\${NEO_PRE_LAB_REG_GLY} , '1')		
note_neo_pre_lab_gly	Record the value, as well as the date and time of the first lab test for glycemia .	
NEO_PRE_LAB_NUM_GLY <i>(required)</i>	Glycemia: mg/dL	
NEO_PRE_GLY_TYPE <i>(required)</i>	What type of test was used for glycemia?	1 Test strip
		2 Blood test
		995 Other (specify):
		-1 Not recorded
NEO_PRE_LAB_DATE_GLY <i>(required)</i>	Date of glycemia: DD/MM/YYYY	
NEO_PRE_LAB_TIME_GLY <i>(required)</i>	Time of glycemia: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_lab_oth1 Group relevant when: selected(\${NEO_PRE_LAB_REG_OTH1} , '1')		

Field	Question	Answer
note_neo_pre_lab_oth1	Record the value, as well as the date and time of the first lab test for '[NEO_PRE_LAB_OTH1_NAME]' .	
NEO_PRE_LAB_NUM_OTH1	'[NEO_PRE_LAB_OTH1_NAME]' lab test value:	
NEO_PRE_LAB_DATE_OTH1	Date of '[NEO_PRE_LAB_OTH1_NAME]' lab test: DD/MM/YYYY	
NEO_PRE_LAB_TIME_OTH1	Time of '[NEO_PRE_LAB_OTH1_NAME]' lab test: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_lab_oth2 Group relevant when: selected(\${NEO_PRE_LAB_REG_OTH2} , '1')		
note_neo_pre_lab_oth2	Record the value, as well as the date and time of the first lab test for '[NEO_PRE_LAB_OTH2_NAME]' .	
NEO_PRE_LAB_NUM_OTH2	[NEO_PRE_LAB_OTH2_NAME]' lab test value:	
NEO_PRE_LAB_DATE_OTH2	Date of '[NEO_PRE_LAB_OTH2_NAME]' lab test: DD/MM/YYYY	
NEO_PRE_LAB_TIME_OTH2	Time of '[NEO_PRE_LAB_OTH2_NAME]' lab test: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_lab_oth3 Group relevant when: selected(\${NEO_PRE_LAB_REG_OTH3} , '1')		
note_neo_pre_lab_oth3	Record the value, as well as the date and time of the first lab test for '[NEO_PRE_LAB_OTH3_NAME]' .	
NEO_PRE_LAB_NUM_OTH3	[NEO_PRE_LAB_OTH3_NAME]' lab test value:	
NEO_PRE_LAB_DATE_OTH3	Date of '[NEO_PRE_LAB_OTH3_NAME]' lab test: DD/MM/YYYY	
NEO_PRE_LAB_TIME_OTH3	Time of '[NEO_PRE_LAB_OTH3_NAME]' lab test: HH:MM	
NEO_PRE_CONSULT <i>(required)</i>	Was the baby evaluated by a doctor at the time of admission?	1 Yes
		0 No
		-1 Not recorded
NEO_PRE_CON_EVER <i>(required)</i>	Was the baby ever evaluated by a doctor?	1 Yes
		0 No
NEO_PRE_SPECIAL_EVER <i>(required)</i>	Was the baby ever evaluated by a specialist?	1 Yes, marked with an 'ME' notation in the signature
		2 Yes, marked with a stamp
		995 Yes, marked with another method (specify):
		0 No
		-1 Not recorded
NEO_PRE_SPECIAL_TYPE <i>(required)</i>	What type of specialist evaluated the baby? Question relevant when: selected(\${NEO_PRE_SPECIAL_EVER} , '1') or selected(\${NEO_PRE_SPECIAL_EVER} , '2') or selected(\${NEO_PRE_SPECIAL_EVER} , '995')	1 Pediatrician
		2 Obstetrician
		3 Gynecologist
		4 OBGYN
		5 Surgeon
		6 Neonatologist
		995 Other (specify):
NEO_PRE_CONSULT_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a doctor: DD/MM/YYYY Question relevant when: selected(\${NEO_PRE_CON_EVER} , '1')	-1 Not recorded
NEO_PRE_CONSULT_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a doctor: HH:MM Question relevant when: selected(\${NEO_PRE_CON_EVER} , '1')	
NEO_PRE_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a specialist: DD/MM/YYYY Question relevant when: selected(\${NEO_PRE_SPECIAL_EVER} , '1') or selected(\${NEO_PRE_SPECIAL_EVER} , '2') or selected(\${NEO_PRE_SPECIAL_EVER} , '995')	
NEO_PRE_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a specialist: HH:MM Question relevant when: selected(\${NEO_PRE_SPECIAL_EVER} , '1') or selected(\${NEO_PRE_SPECIAL_EVER} , '2') or selected(\${NEO_PRE_SPECIAL_EVER} , '995')	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_proc_oxy		
label_neo_pre_proc_oxy	Please note if the following oxygen application procedures were carried out: Please note all options appropriately according to the record.	1 Yes
		0 No
NEO_PRE_PROC_OXY_AMBU <i>(required)</i>	Ambu	1 Yes
		0 No
NEO_PRE_PROC_OXY_POSVENT <i>(required)</i>	Positive pressure ventilation	1 Yes

Field	Question	0 No Answer	
NEO_PRE_PROC_OXY_VENTMEC <i>(required)</i>	Mechanical ventilation	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_BOLSA <i>(required)</i>	Resuscitation bag	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_100 <i>(required)</i>	Oxygen at 100%	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_MASKOXY <i>(required)</i>	Oxygen mask	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_MASK <i>(required)</i>	Mask	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_MASKRES <i>(required)</i>	Mask with reservoir	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CAMP <i>(required)</i>	Oxygen hood	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_HELMET <i>(required)</i>	Cephalic helmet	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CAMPCEF <i>(required)</i>	Cephalic hood	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CYL <i>(required)</i>	Oxygen cylinder	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CYLCAP <i>(required)</i>	Oxygen cylinder with cap	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CPAP <i>(required)</i>	Oxygen CPAP	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_BIG <i>(required)</i>	Bigotera	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_NASAL <i>(required)</i>	Nasal tips	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CATH <i>(required)</i>	Tips/oxygen catheter	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_CANULA <i>(required)</i>	Cannula	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_VENT <i>(required)</i>	Venturi system	1 Yes	
		0 No	
NEO_PRE_PROC_OXY_OTH <i>(required)</i>	Other method of oxygen (specify):	1 Yes	
		0 No	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_proc_heat			
label_neo_pre_proc_heat	Please note if the following heat application procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_INC <i>(required)</i>	Incubator	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_WRAP <i>(required)</i>	Wrapped in sheets/blankets/towels	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_WARMSHEET <i>(required)</i>	Warm sheets	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_LAMP <i>(required)</i>	Radiant heat lamp	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_WARMER <i>(required)</i>	Radiant warmer	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_KANG <i>(required)</i>	Kangaroo mother care	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_PLASTIC <i>(required)</i>	Transparent plastic bag	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_BACIN <i>(required)</i>	Bassinette with radiant heat	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_SERVO <i>(required)</i>	Servo	1 Yes	
		0 No	
NEO_PRE_PROC_HEAT_SERVOCUNA <i>(required)</i>	Servocuna	1 Yes	

Field	Question	Answer
		0 No
NEO_PRE_PROC_HEAT_OTH <i>(required)</i>	Other method of heat application (specify):	1 Yes
		0 No
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_proc_other		
label_neo_pre_proc_other	Please note if the following other procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1 Yes
		0 No
NEO_PRE_PROC_OTH_SEC <i>(required)</i>	Secretion suction	1 Yes
		0 No
NEO_PRE_PROC_OTH_INTUB <i>(required)</i>	Endotracheal intubation	1 Yes
		0 No
NEO_PRE_PROC_OTH_OTH <i>(required)</i>	Other procedures (specify):	1 Yes
		0 No
NEO_PRE_CPR <i>(required)</i>	Was CPR performed on the baby immediately after delivery?	1 Yes
		0 No
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_babyfood		
label_neo_pre_babyfood	Please check how the baby was fed: <i>Please note all options appropriately according to the record.</i>	1 Yes
		0 No
NEO_PRE_BABYFOOD_BF <i>(required)</i>	Breastfeeding	1 Yes
		0 No
NEO_PRE_BABYFOOD_GLUCOSEIV <i>(required)</i>	Glucose serum IV	1 Yes
		0 No
NEO_PRE_BABYFOOD_IV <i>(required)</i>	Intravenous feeding (other)	1 Yes
		0 No
NEO_PRE_BABYFOOD_ORAL <i>(required)</i>	Oral glucose serum [oral drink with glucose]	1 Yes
		0 No
NEO_PRE_BABYFOOD_FORMULA <i>(required)</i>	Formula	1 Yes
		0 No
NEO_PRE_BABYFOOD_OTH <i>(required)</i>	Other procedures	1 Yes
		0 No
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med		
label_neo_pre_med	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	1 Yes
		0 No
NEO_PRE_MED_ADM_AMP <i>(required)</i>	Ampicillin	1 Yes
		0 No
NEO_PRE_MED_ADM_AMIK <i>(required)</i>	Amikacine	1 Yes
		0 No
NEO_PRE_MED_ADM_SULB <i>(required)</i>	Sulbactam	1 Yes
		0 No
NEO_PRE_MED_ADM_PIP <i>(required)</i>	Piperacillin	1 Yes
		0 No
NEO_PRE_MED_ADM_CLIND <i>(required)</i>	Clindamycin	1 Yes
		0 No
NEO_PRE_MED_ADM_GEN <i>(required)</i>	Gentamicin	1 Yes
		0 No
NEO_PRE_MED_ADM_METRON <i>(required)</i>	Metronidazole	1 Yes
		0 No
NEO_PRE_MED_ADM_PENI <i>(required)</i>	Penicillin	1 Yes
		0 No
NEO_PRE_MED_ADM_PENICRY <i>(required)</i>	Crystalline Penicillin	1 Yes
		0 No
NEO_PRE_MED_ADM_TAZ <i>(required)</i>	Tazobactam	1 Yes
		0 No
NEO_PRE_MED_ADM_ORS <i>(required)</i>	Packets/envelopes of oral rehydration salts	1 Yes
		0 No
NEO_PRE_MED_ADM_OAN	Other antibiotic (specify):	1 Yes
		0 No
NEO_PRE_MED_ADM_DIFENIL	Diphenylhydantoin	1 Yes
		0 No
NEO_PRE_MED_ADM_DIAZE	Diazepam	1 Yes

Field	Question	Answer	
		0	No
NEO_PRE_MED_ADM_OCON	Other anticonvulsants (specify):	1	Yes
		0	No
NEO_PRE_MED_ADM_OME1	Other medication (specify):	1	Yes
		0	No
NEO_PRE_MED_ADM_OME2	Other medication (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_amp Group relevant when: selected(\${NEO_PRE_MED_ADM_AMP} , '1')			
note_neo_pre_med_amp	Record the dose, as well as the date and time of the first administration of Ampicillin .		
NEO_PRE_MED_DOS_AMP (required)	Ampicillin dose:		
NEO_PRE_MED_UNIT_AMP (required)	Ampicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_AMP (required)	Date of Ampicillin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_AMP (required)	Time of Ampicillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_amik Group relevant when: selected(\${NEO_PRE_MED_ADM_AMIK} , '1')			
note_neo_pre_med_amik	Record the dose, as well as the date and time of the first administration of Amikacine .		
NEO_PRE_MED_DOS_AMIK (required)	Amikacine dose:		
NEO_PRE_MED_UNIT_AMIK (required)	Amikacine dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_AMIK (required)	Date of Amikacine administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_AMIK (required)	Time of Amikacine administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_sulb Group relevant when: selected(\${NEO_PRE_MED_ADM_SULB} , '1')			
note_neo_pre_med_sulb	Record the dose, as well as the date and time of the first administration of Sulbactam .		
NEO_PRE_MED_DOS_SULB (required)	Sulbactam dose:		
NEO_PRE_MED_UNIT_SULB (required)	Sulbactam dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_SULB (required)	Date of Sulbactam administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_SULB (required)	Time of Sulbactam administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_pip Group relevant when: selected(\${NEO_PRE_MED_ADM_PIP} , '1')			
note_neo_pre_med_pip	Record the dose, as well as the date and time of the first administration of Piperacillin .		
NEO_PRE_MED_DOS_PIP (required)	Piperacillin dose:		
NEO_PRE_MED_UNIT_PIP (required)	Piperacillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul

Field	Question	5 cc Answer	
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_PIP <i>(required)</i>	Date of Piperacillin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_PIP <i>(required)</i>	Time of Piperacillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_clind Group relevant when: selected(\${NEO_PRE_MED_ADM_CLIND} , '1')			
note_neo_pre_med_clind	Record the dose, as well as the date and time of the first administration of Clindamycin .		
NEO_PRE_MED_DOS_CLIND <i>(required)</i>	Clindamycin dose:		
NEO_PRE_MED_UNIT_CLIND <i>(required)</i>	Clindamycin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_CLIND <i>(required)</i>	Date of Clindamycin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_CLIND <i>(required)</i>	Time of Clindamycin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_gen Group relevant when: selected(\${NEO_PRE_MED_ADM_GEN} , '1')			
note_neo_pre_med_gen	Record the dose, as well as the date and time of the first administration of Gentamicin .		
NEO_PRE_MED_DOS_GEN <i>(required)</i>	Gentamicin dose:		
NEO_PRE_MED_UNIT_GEN <i>(required)</i>	Gentamicin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_GEN <i>(required)</i>	Date of Gentamicin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_GEN <i>(required)</i>	Time of Gentamicin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_metron Group relevant when: selected(\${NEO_PRE_MED_ADM_METRON} , '1')			
note_neo_pre_med_metron	Record the dose, as well as the date and time of the first administration of Metronidazole .		
NEO_PRE_MED_DOS_METRON <i>(required)</i>	Metronidazole dose:		
NEO_PRE_MED_UNIT_METRON <i>(required)</i>	Metronidazole dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_METRON <i>(required)</i>	Date of Metronidazole administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_METRON <i>(required)</i>	Time of Metronidazole administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_peni Group relevant when: selected(\${NEO_PRE_MED_ADM_PENI} , '1')			
note_neo_pre_med_peni	Record the dose, as well as the date and time of the first administration of Penicillin .		
NEO_PRE_MED_DOS_PENI <i>(required)</i>	Penicillin dose:		
NEO_PRE_MED_UNIT_PENI <i>(required)</i>	Penicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	UI
		-	

Field	Question	5 cc Answer	
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_PENI <i>(required)</i>	Date of Penicillin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_PENI <i>(required)</i>	Time of Penicillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_penicry Group relevant when: selected(\${NEO_PRE_MED_ADM_PENICRY} , '1')			
note_neo_pre_med_penicry	Record the dose, as well as the date and time of the first administration of Crystalline Penicillin.		
NEO_PRE_MED_DOS_PENICRY <i>(required)</i>	Crystalline Penicillin dose:		
NEO_PRE_MED_UNIT_PENICRY <i>(required)</i>	Crystalline Penicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_PENICRY <i>(required)</i>	Date of Crystalline Penicillin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_PENICRY <i>(required)</i>	Time of Crystalline Penicillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_taz Group relevant when: selected(\${NEO_PRE_MED_ADM_TAZ} , '1')			
note_neo_pre_med_taz	Record the dose, as well as the date and time of the first administration of Tazobactam.		
NEO_PRE_MED_DOS_TAZ <i>(required)</i>	Tazobactam dose:		
NEO_PRE_MED_UNIT_TAZ <i>(required)</i>	Tazobactam dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_TAZ <i>(required)</i>	Date of Tazobactam administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_TAZ <i>(required)</i>	Time of Tazobactam administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_ors Group relevant when: selected(\${NEO_PRE_MED_ADM_ORS} , '1')			
note_neo_pre_med_ors	Record the dose, as well as the date and time of the first administration of packets/envelopes of oral rehydration salts.		
NEO_PRE_MED_DOS_ORS <i>(required)</i>	Packets/envelopes of oral rehydration salts dose:		
NEO_PRE_MED_UNIT_ORS <i>(required)</i>	Packets/envelopes of oral rehydration salts dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_ORS <i>(required)</i>	Date of packets/envelopes of oral rehydration salts administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_ORS <i>(required)</i>	Time of packets/envelopes of oral rehydration salts administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_oan Group relevant when: selected(\${NEO_PRE_MED_ADM_OAN} , '1')			
note_neo_pre_med_oan	Record the dose, as well as the date and time of the first administration of '[NEO_PRE_MED_OAN_NAME]' .		
NEO_PRE_MED_DOS_OAN <i>(required)</i>	'[NEO_PRE_MED_OAN_NAME]' dose:		
NEO_PRE_MED_UNIT_OAN <i>(required)</i>	'[NEO_PRE_MED_OAN_NAME]' dose unit:	1	mg/kg
		2	mg

Field	Question	Answer	
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_OAN <i>(required)</i>	Date of '[NEO_PRE_MED_OAN_NAME]' administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_OAN <i>(required)</i>	Time of '[NEO_PRE_MED_OAN_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_difenil Group relevant when: selected(\${NEO_PRE_MED_ADM_DIFENIL} , '1')			
note_neo_pre_med_difenil	Record the dose, as well as the date and time of the first administration of Diphenylhydantoin .		
NEO_PRE_MED_DOS_DIFENIL <i>(required)</i>	Diphenylhydantoin dose:		
NEO_PRE_MED_UNIT_DIFENIL <i>(required)</i>	Diphenylhydantoin dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_DIFENIL <i>(required)</i>	Date of Diphenylhydantoin administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_DIFENIL <i>(required)</i>	Time of Diphenylhydantoin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_diaze Group relevant when: selected(\${NEO_PRE_MED_ADM_DIAZE} , '1')			
note_neo_pre_med_diaze	Record the dose, as well as the date and time of the first administration of Diazepam .		
NEO_PRE_MED_DOS_DIAZE <i>(required)</i>	Diazepam dose:		
NEO_PRE_MED_UNIT_DIAZE <i>(required)</i>	Diazepam dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_DIAZE <i>(required)</i>	Date of Diazepam administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_DIAZE <i>(required)</i>	Time of Diazepam administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_ocon Group relevant when: selected(\${NEO_PRE_MED_ADM_OCON} , '1')			
note_neo_pre_med_ocon	Record the dose, as well as the date and time of the first administration of '[NEO_PRE_MED_OCON_NAME]' .		
NEO_PRE_MED_DOS_OCON <i>(required)</i>	'[NEO_PRE_MED_OCON_NAME]' dose:		
NEO_PRE_MED_UNIT_OCON <i>(required)</i>	'[NEO_PRE_MED_OCON_NAME]' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_PRE_MED_DATE_OCON <i>(required)</i>	Date of '[NEO_PRE_MED_OCON_NAME]' administration: DD/MM/YYYY		
NEO_PRE_MED_TIME_OCON <i>(required)</i>	Time of '[NEO_PRE_MED_OCON_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_ome1 Group relevant when: selected(\${NEO_PRE_MED_ADM_OME1} , '1')			
note_neo_pre_med_ome1	Record the dose, as well as the date and time of the first administration of '[NEO_PRE_MED_OME1_NAME]' .		

Field	Question	Answer
NEO_PRE_MED_DOS_OME1 <i>(required)</i>	'[NEO_PRE_MED_OME1_NAME]' dose:	
NEO_PRE_MED_UNIT_OME1 <i>(required)</i>	'[NEO_PRE_MED_OME1_NAME]' dose unit:	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div> <div>-1 Not recorded</div>
NEO_PRE_MED_DATE_OME1 <i>(required)</i>	Date of '[NEO_PRE_MED_OME1_NAME]' administration: DD/MM/YYYY	
NEO_PRE_MED_TIME_OME1 <i>(required)</i>	Time of '[NEO_PRE_MED_OME1_NAME]' administration: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_med_ome2 Group relevant when: selected(\${NEO_PRE_MED_ADM_OME2} , '1')		
note_neo_pre_med_ome2	Record the dose, as well as the date and time of the first administration of '[NEO_PRE_MED_OME2_NAME]' .	
NEO_PRE_MED_DOS_OME2 <i>(required)</i>	'[NEO_PRE_MED_OME2_NAME]' dose:	
NEO_PRE_MED_UNIT_OME2 <i>(required)</i>	'[NEO_PRE_MED_OME2_NAME]' dose unit:	<div>1 mg/kg</div> <div>2 mg</div> <div>3 g</div> <div>4 UI</div> <div>5 cc</div> <div>6 mL</div> <div>7 mcg</div> <div>-1 Not recorded</div>
NEO_PRE_MED_DATE_OME2 <i>(required)</i>	Date of '[NEO_PRE_MED_OME2_NAME]' administration: DD/MM/YYYY	
NEO_PRE_MED_TIME_OME2 <i>(required)</i>	Time of '[NEO_PRE_MED_OME2_NAME]' administration: HH:MM	
NEO_PRE_MEDICATIONS <i>(required)</i>	Were any of the above mentioned medications administered at the same time during this hospitalization?	<div>1 Yes</div> <div>0 No</div>
Neonatal Complications > group_one_of_complications_eligible > Prematurity > fieldlist_neo_pre_other_comp		
label_neo_pre_other_comp	What other complications did the baby have (excluding sepsis, asphyxia, low birth weight, and prematurity)?	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_PNEU <i>(required)</i>	Pneumonia	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_DIA <i>(required)</i>	Diarrhea	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_CONV <i>(required)</i>	Convulsions	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_HIPO <i>(required)</i>	Hypoglycemia	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_NEURO <i>(required)</i>	Neurological complications	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_OTH <i>(required)</i>	Other	<div>1 Yes</div> <div>0 No</div>
NEO_PRE_OTHER_COMP_NONE <i>(required)</i>	None	<div>1 Yes</div> <div>0 No</div>
Neonatal Complications > group_one_of_complications_eligible > Asphyxia Group relevant when: selected(\${MRR_NEO_COMP} , 'ASP')		
note_neo_asp	Note whether the following was recorded for the patient with <u>asphyxia</u>.	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check		
label_neo_asp_check	Review the entire medical record to complete the next section. Please note whether the following checkups were done.	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_CHECK_REG_BP <i>(required)</i>	Blood pressure (bp)	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_CHECK_REG_HR <i>(required)</i>	Heart rate (hr)	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_CHECK_REG_PULS <i>(required)</i>	Pulse	<div>1 Yes</div> <div>0 No</div>

Field	Question	Answer	
NEO_ASP_CHECK_REG_RESP <i>(required)</i>	Respiratory rate (rr)	1	Yes
		0	No
NEO_ASP_CHECK_REG_TEMP <i>(required)</i>	Temperature (T°)	1	Yes
		0	No
NEO_ASP_CHECK_REG_AP1 <i>(required)</i>	APGAR at 1 minute	1	Yes
		0	No
NEO_ASP_CHECK_REG_AP5 <i>(required)</i>	APGAR at 5 minutes	1	Yes
		0	No
NEO_ASP_CHECK_REG_DOW <i>(required)</i>	Downes score	1	Yes
		0	No
NEO_ASP_CHECK_REG_SIL <i>(required)</i>	Silverman score	1	Yes
		0	No
NEO_ASP_CHECK_REG_SKIN <i>(required)</i>	Skin color	1	Yes
		0	No
NEO_ASP_CHECK_REG_ABD <i>(required)</i>	Abdominal examination	1	Yes
		0	No
NEO_ASP_CHECK_REG_OTH1	Other check (specify):	1	Yes
		0	No
NEO_ASP_CHECK_REG_OTH2	Other check (specify):	1	Yes
		0	No
NEO_ASP_CHECK_REG_OTH3	Other check (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_bp			
Group relevant when: selected(\${NEO_ASP_CHECK_REG_BP} , '1')			
note_neo_asp_check_bp	Record the value, as well as the date and time of the first checkup for blood pressure (bp) .		
NEO_ASP_CHECK_NUM_BP_SYST <i>(required)</i>	Blood pressure (bp) - systolic: <i>The first number, eg: ___/xx</i>		
NEO_ASP_CHECK_NUM_BP_DIAS <i>(required)</i>	Blood pressure (bp) - diastolic: <i>The second number, eg: xx/___</i>		
NEO_ASP_CHECK_DATE_BP <i>(required)</i>	Date of blood pressure check: <i>DD/MM/YYYY</i>		
NEO_ASP_CHECK_TIME_BP <i>(required)</i>	Time of blood pressure check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_hr			
Group relevant when: selected(\${NEO_ASP_CHECK_REG_HR} , '1')			
note_neo_asp_check_hr	Record the value, as well as the date and time of the first checkup for heart rate (hr) .		
NEO_ASP_CHECK_NUM_HR <i>(required)</i>	Heart rate (hr):		
NEO_ASP_CHECK_DATE_HR <i>(required)</i>	Date of heart rate check: <i>DD/MM/YYYY</i>		
NEO_ASP_CHECK_TIME_HR <i>(required)</i>	Time of heart rate check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_puls			
Group relevant when: selected(\${NEO_ASP_CHECK_REG_PULS} , '1')			
note_neo_asp_check_puls	Record the value, as well as the date and time of the first checkup for pulse .		
NEO_ASP_CHECK_NUM_PULS <i>(required)</i>	Pulse:		
NEO_ASP_CHECK_DATE_PULS <i>(required)</i>	Date of pulse check: <i>DD/MM/YYYY</i>		
NEO_ASP_CHECK_TIME_PULS <i>(required)</i>	Time of pulse check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_resp			
Group relevant when: selected(\${NEO_ASP_CHECK_REG_RESP} , '1')			
note_neo_asp_check_resp	Record the value, as well as the date and time of the first checkup for respiratory rate (rr) .		
NEO_ASP_CHECK_NUM_RESP <i>(required)</i>	Respiratory rate (rr): <i>per minute</i>		
NEO_ASP_CHECK_DATE_RESP <i>(required)</i>	Date of respiratory rate check: <i>DD/MM/YYYY</i>		
NEO_ASP_CHECK_TIME_RESP <i>(required)</i>	Time of respiratory rate check: <i>HH:MM</i>		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_temp			
Group relevant when: selected(\${NEO_ASP_CHECK_REG_TEMP} , '1')			
note_neo_asp_check_temp	Record the value, as well as the date and time of the first checkup for respiratory rate (rr) .		
NEO_ASP_CHECK_NUM_TEMP <i>(required)</i>	Temperature (T°):		
NEO_ASP_CHECK_NUM_TEMP_TYPE <i>(required)</i>	Temperature type:	1	°C
		2	°F

Field	Question	Answer
NEO_ASP_CHECK_DATE_TEMP <i>(required)</i>	Date of temperature check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_TEMP <i>(required)</i>	Time of temperature check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_ap1 <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_AP1} , '1')</i>		
note_neo_asp_check_ap1	Record the value, as well as the date and time of the first checkup for APGAR at 1 minute .	
NEO_ASP_CHECK_NUM_AP1 <i>(required)</i>	APGAR at 1 minute:	
NEO_ASP_CHECK_DATE_AP1 <i>(required)</i>	Date of APGAR at 1 minute check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_AP1 <i>(required)</i>	Time of APGAR at 1 minute check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_ap5 <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_AP5} , '1')</i>		
note_neo_asp_check_ap5	Record the value, as well as the date and time of the first checkup for APGAR at 5 minute .	
NEO_ASP_CHECK_NUM_AP5 <i>(required)</i>	APGAR at 5 minutes:	
NEO_ASP_CHECK_DATE_AP5 <i>(required)</i>	Date of APGAR at 5 minutes check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_AP5 <i>(required)</i>	Time of APGAR at 5 minutes check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_dow <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_DOW} , '1')</i>		
note_neo_asp_check_dow	Record the value, as well as the date and time of the first checkup for Downes score .	
NEO_ASP_CHECK_NUM_DOW <i>(required)</i>	Downes score:	
NEO_ASP_CHECK_DATE_DOW <i>(required)</i>	Date of Downes score check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_DOW <i>(required)</i>	Time of Downes score check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_sil <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_SIL} , '1')</i>		
note_neo_asp_check_sil	Record the value, as well as the date and time of the first checkup for Silverman score .	
NEO_ASP_CHECK_NUM_SIL <i>(required)</i>	Silverman score:	
NEO_ASP_CHECK_DATE_SIL <i>(required)</i>	Date of Silverman score check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_SIL <i>(required)</i>	Time of Silverman score check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_skin <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_SKIN} , '1')</i>		
note_neo_asp_check_skin	Record the date and time of the first checkup for skin color .	
NEO_ASP_CHECK_DATE_SKIN <i>(required)</i>	Date of skin color check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_SKIN <i>(required)</i>	Time of skin color check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_abd <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_ABD} , '1')</i>		
note_neo_asp_check_abd	Record the date and time of the first abdominal examination .	
NEO_ASP_CHECK_DATE_ABD <i>(required)</i>	Date of abdominal examination: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_ABD <i>(required)</i>	Time of abdominal examination: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_oth1 <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_OTH1} , '1')</i>		
note_neo_asp_check_oth1	Record the value, as well as the date and time of the first checkup for '[NEO_ASP_CHECK_OTH1_NAME]' .	
NEO_ASP_CHECK_NUM_OTH1	'[NEO_ASP_CHECK_OTH1_NAME]' check value:	
NEO_ASP_CHECK_DATE_OTH1	Date of '[NEO_ASP_CHECK_OTH1_NAME]' check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_OTH1	Time of '[NEO_ASP_CHECK_OTH1_NAME]' check: HH:MM	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_oth2 <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_OTH2} , '1')</i>		
note_neo_asp_check_oth2	Record the value, as well as the date and time of the first checkup for '[NEO_ASP_CHECK_OTH2_NAME]' .	
NEO_ASP_CHECK_NUM_OTH2	'[NEO_ASP_CHECK_OTH2_NAME]' check value:	
NEO_ASP_CHECK_DATE_OTH2	Date of '[NEO_ASP_CHECK_OTH2_NAME]' check: DD/MM/YYYY	
NEO_ASP_CHECK_TIME_OTH2	Time of '[NEO_ASP_CHECK_OTH2_NAME]' check: HH:MM	

Field	Question	Answer
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_check_oth3 <i>Group relevant when: selected(\${NEO_ASP_CHECK_REG_OTH3} , '1')</i>		
note_neo_asp_check_oth3	Record the value, as well as the date and time of the first checkup for '[NEO_ASP_CHECK_OTH3_NAME]' .	
NEO_ASP_CHECK_NUM_OTH3	'[NEO_ASP_CHECK_OTH3_NAME]' check value:	
NEO_ASP_CHECK_DATE_OTH3	Date of '[NEO_ASP_CHECK_OTH3_NAME]' check: <i>DD/MM/YYYY</i>	
NEO_ASP_CHECK_TIME_OTH3	Time of '[NEO_ASP_CHECK_OTH3_NAME]' check: <i>HH:MM</i>	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab		
label_neo_asp_lab	Review the entire medical record to complete the next section. Please note whether the following lab tests were done.	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_OXY <i>(required)</i>	Oxygen saturation level	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_LEUC <i>(required)</i>	Leukocyte count	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_PLQ <i>(required)</i>	Platelets	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_HGB <i>(required)</i>	Hemoglobin	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_PROC <i>(required)</i>	C-reactive protein	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_ERY <i>(required)</i>	Erythrocyte sedimentation rate	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_BL <i>(required)</i>	Blood culture	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_GLY <i>(required)</i>	Glycemia	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_OTH1	Other lab test (specify):	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_OTH2	Other lab test (specify):	<div>1 Yes</div> <div>0 No</div>
NEO_ASP_LAB_REG_OTH3	Other lab test (specify):	<div>1 Yes</div> <div>0 No</div>
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_oxy <i>Group relevant when: selected(\${NEO_ASP_LAB_REG_OXY} , '1')</i>		
note_neo_asp_lab_oxy	Record the value, as well as the date and time of the first lab test for oxygen saturation.	
NEO_ASP_LAB_NUM_OXY <i>(required)</i>	Oxygen saturation: %	
NEO_ASP_LAB_DATE_OXY <i>(required)</i>	Date of oxygen saturation: <i>DD/MM/YYYY</i>	
NEO_ASP_LAB_TIME_OXY <i>(required)</i>	Time of oxygen saturation: <i>HH:MM</i>	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_leuc <i>Group relevant when: selected(\${NEO_ASP_LAB_REG_LEUC} , '1')</i>		
note_neo_asp_lab_leuc	Record the value, as well as the date and time of the first lab test for leukocyte count.	
NEO_ASP_LAB_NUM_LEUC <i>(required)</i>	Leukocyte count: <i>x10 ^ 3 litro</i>	
NEO_ASP_LAB_DATE_LEUC <i>(required)</i>	Date of leukocyte count: <i>DD/MM/YYYY</i>	
NEO_ASP_LAB_TIME_LEUC <i>(required)</i>	Time of leukocyte count: <i>HH:MM</i>	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_plq <i>Group relevant when: selected(\${NEO_ASP_LAB_REG_PLQ} , '1')</i>		
note_neo_asp_lab_plq	Record the value, as well as the date and time of the first lab test for platelets.	
NEO_ASP_LAB_NUM_PLQ <i>(required)</i>	Platelets:	
NEO_ASP_LAB_DATE_PLQ <i>(required)</i>	Date of platelets: <i>DD/MM/YYYY</i>	
NEO_ASP_LAB_TIME_PLQ <i>(required)</i>	Time of platelets: <i>HH:MM</i>	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_hgb <i>Group relevant when: selected(\${NEO_ASP_LAB_REG_HGB} , '1')</i>		
note_neo_asp_lab_hgb	Record the value, as well as the date and time of the first lab test for hemoglobin.	
NEO_ASP_LAB_NUM_HGB <i>(required)</i>	Hemoglobin:	

Field	Question	Answer				
NEO_ASP_LAB_DATE_HGB <i>(required)</i>	Date of hemoglobin: DD/MM/YYYY					
NEO_ASP_LAB_TIME_HGB <i>(required)</i>	Time of hemoglobin: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_proc Group relevant when: selected(\${NEO_ASP_LAB_REG_PROC} , '1')						
note_neo_asp_lab_proc	Record the value, as well as the date and time of the first lab test for C-reactive protein.					
NEO_ASP_LAB_NUM_PROC <i>(required)</i>	C-reactive protein: mg/dL or +/-					
NEO_ASP_LAB_DATE_PROC <i>(required)</i>	Date of C-reactive protein: DD/MM/YYYY					
NEO_ASP_LAB_TIME_PROC <i>(required)</i>	Time of C-reactive protein: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_ery Group relevant when: selected(\${NEO_ASP_LAB_REG_ERY} , '1')						
note_neo_asp_lab_ery	Record the value, as well as the date and time of the first lab test for erythrocyte sedimentation rate.					
NEO_ASP_LAB_NUM_ERY <i>(required)</i>	Erythrocyte sedimentation rate: mm/h					
NEO_ASP_LAB_DATE_ERY <i>(required)</i>	Date of erythrocyte sedimentation rate: DD/MM/YYYY					
NEO_ASP_LAB_TIME_ERY <i>(required)</i>	Time of erythrocyte sedimentation rate: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_bl Group relevant when: selected(\${NEO_ASP_LAB_REG_BL} , '1')						
note_neo_asp_lab_bl	Record the value, as well as the date and time of the first lab test for blood culture.					
NEO_ASP_LAB_NUM_BL <i>(required)</i>	Blood culture:					
NEO_ASP_LAB_DATE_BL <i>(required)</i>	Date of blood culture: DD/MM/YYYY					
NEO_ASP_LAB_TIME_BL <i>(required)</i>	Time of blood culture: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_gly Group relevant when: selected(\${NEO_ASP_LAB_REG_GLY} , '1')						
note_neo_asp_lab_gly	Record the value, as well as the date and time of the first lab test for glycemia.					
NEO_ASP_LAB_NUM_GLY <i>(required)</i>	Glycemia: mg/dL					
NEO_ASP_LAB_DATE_GLY <i>(required)</i>	Date of glycemia: DD/MM/YYYY					
NEO_ASP_LAB_TIME_GLY <i>(required)</i>	Time of glycemia: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_oth1 Group relevant when: selected(\${NEO_ASP_LAB_REG_OTH1} , '1')						
note_neo_asp_lab_oth1	Record the value, as well as the date and time of the first lab test for '[NEO_ASP_LAB_OTH1_NAME]'.					
NEO_ASP_LAB_NUM_OTH1	'[NEO_ASP_LAB_OTH1_NAME]' lab test value:					
NEO_ASP_LAB_DATE_OTH1	Date of '[NEO_ASP_LAB_OTH1_NAME]' lab test: DD/MM/YYYY					
NEO_ASP_LAB_TIME_OTH1	Time of '[NEO_ASP_LAB_OTH1_NAME]' lab test: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_oth2 Group relevant when: selected(\${NEO_ASP_LAB_REG_OTH2} , '1')						
note_neo_asp_lab_oth2	Record the value, as well as the date and time of the first lab test for '[NEO_ASP_LAB_OTH2_NAME]'.					
NEO_ASP_LAB_NUM_OTH2	'[NEO_ASP_LAB_OTH2_NAME]' lab test value:					
NEO_ASP_LAB_DATE_OTH2	Date of '[NEO_ASP_LAB_OTH2_NAME]' lab test: DD/MM/YYYY					
NEO_ASP_LAB_TIME_OTH2	Time of '[NEO_ASP_LAB_OTH2_NAME]' lab test: HH:MM					
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_lab_oth3 Group relevant when: selected(\${NEO_ASP_LAB_REG_OTH3} , '1')						
note_neo_asp_lab_oth3	Record the value, as well as the date and time of the first lab test for '[NEO_ASP_LAB_OTH3_NAME]'.					
NEO_ASP_LAB_NUM_OTH3	'[NEO_ASP_LAB_OTH3_NAME]' lab test value:					
NEO_ASP_LAB_DATE_OTH3	Date of '[NEO_ASP_LAB_OTH3_NAME]' lab test: DD/MM/YYYY					
NEO_ASP_LAB_TIME_OTH3	Time of '[NEO_ASP_LAB_OTH3_NAME]' lab test: HH:MM					
NEO_ASP_CONSULT <i>(required)</i>	Was the baby evaluated by a doctor at the time of admission?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes					
0	No					

Field	Question	Answer	
		-1	Not recorded
NEO_ASP_CON_EVER <i>(required)</i>	Was the baby ever evaluated by a doctor?	1	Yes
		0	No
NEO_ASP_SPECIAL_EVER <i>(required)</i>	Was the baby ever evaluated by a specialist?	1	Yes, marked with an 'ME' notation in the signature
		2	Yes, marked with a stamp
		995	Yes, marked with another method (specify):
		0	No
		-1	Not recorded
NEO_ASP_SPECIAL_TYPE <i>(required)</i>	What type of specialist evaluated the baby? <i>Question relevant when: selected(\${NEO_ASP_SPECIAL_EVER} , '1') or selected(\${NEO_ASP_SPECIAL_EVER} , '2') or selected(\${NEO_ASP_SPECIAL_EVER} , '995')</i>	1	Pediatrician
		2	Obstetrician
		3	Gynecologist
		4	OBGYN
		5	Surgeon
		6	Neonatologist
		995	Other (specify):
		-1	Not recorded
NEO_ASP_CONSULT_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a doctor: DD/MM/YYYY <i>Question relevant when: selected(\${NEO_ASP_CON_EVER} , '1')</i>		
NEO_ASP_CONSULT_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a doctor: HH:MM <i>Question relevant when: selected(\${NEO_ASP_CON_EVER} , '1')</i>		
NEO_ASP_CONSULT_SPECIAL_DATE_SPEC <i>(required)</i>	Date of the first evaluation by a specialist: DD/MM/YYYY <i>Question relevant when: selected(\${NEO_ASP_SPECIAL_EVER} , '1') or selected(\${NEO_ASP_SPECIAL_EVER} , '2') or selected(\${NEO_ASP_SPECIAL_EVER} , '995')</i>		
NEO_ASP_CONSULT_SPECIAL_TIME_SPEC <i>(required)</i>	Time of the first evaluation by a specialist: HH:MM <i>Question relevant when: selected(\${NEO_ASP_SPECIAL_EVER} , '1') or selected(\${NEO_ASP_SPECIAL_EVER} , '2') or selected(\${NEO_ASP_SPECIAL_EVER} , '995')</i>		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_cond			
label_neo_asp_cond	Record the condition of the baby:	1	Yes
		0	No
NEO_ASP_COND_AMINIO <i>(required)</i>	Meconium amniotic fluid	1	Yes
		0	No
NEO_ASP_COND_HIPO <i>(required)</i>	Hypotonic	1	Yes
		0	No
NEO_ASP_COND_NORESP <i>(required)</i>	Not breathing	1	Yes
		0	No
NEO_ASP_COND_CRY <i>(required)</i>	Not crying	1	Yes
		0	No
NEO_ASP_SECADO <i>(required)</i>	Note whether the baby was dried:	1	Yes
		-1	Not recorded
NEO_ASP_STIM <i>(required)</i>	Note whether the baby was stimulated:	1	Yes
		-1	Not recorded
NEO_ASP_RADIOGRAPHY <i>(required)</i>	Was a chest radiography (xray) done?	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_proc_oxy			
label_neo_asp_proc_oxy	Please note if the following oxygen application procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1	Yes
		0	No
NEO_ASP_PROC_OXY_AMBU <i>(required)</i>	Ambu	1	Yes
		0	No
NEO_ASP_PROC_OXY_POSVENT <i>(required)</i>	Positive pressure ventilation	1	Yes
		0	No
NEO_ASP_PROC_OXY_VENTMEC <i>(required)</i>	Mechanical ventilation	1	Yes
		0	No
NEO_ASP_PROC_OXY_BOLSA <i>(required)</i>	Resuscitation bag	1	Yes
		0	No
NEO_ASP_PROC_OXY_100 <i>(required)</i>	Oxygen at 100%	1	Yes

Field	Question	0 No Answer	
NEO_ASP_PROC_OXY_MASKOXY <i>(required)</i>	Oxygen mask	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_MASK <i>(required)</i>	Mask	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_MASKRES <i>(required)</i>	Mask with reservoir	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_HEADBOX <i>(required)</i>	Head box	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CONE <i>(required)</i>	Oxygen cone	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_HELMET <i>(required)</i>	Cephalic helmet	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CAMPCEF <i>(required)</i>	Oxygen hood	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CYL <i>(required)</i>	Oxygen cylinder	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CYLCAP <i>(required)</i>	Oxygen cylinder with cap	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CPAP <i>(required)</i>	Oxygen CPAP	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_TANK <i>(required)</i>	Oxygen tank	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_NASAL <i>(required)</i>	Nasal tips	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CATH <i>(required)</i>	Oxygen tips	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_CANULA <i>(required)</i>	Nasal cannula	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_VENT <i>(required)</i>	Venturi system	1 Yes	
		0 No	
NEO_ASP_PROC_OXY_OTH <i>(required)</i>	Other method of oxygen (specify):	1 Yes	
		0 No	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_proc_heat			
label_neo_asp_proc_heat	Please note if the following heat application procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_INC <i>(required)</i>	Incubator	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_WRAP <i>(required)</i>	Wrapped in sheets/blankets/towels	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_WARMSHEET <i>(required)</i>	Warm sheets	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_LAMP <i>(required)</i>	Radiant heat lamp	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_WARMER <i>(required)</i>	Radiant warmer	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_KANG <i>(required)</i>	Kangaroo mother care	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_PLASTIC <i>(required)</i>	Transparent plastic bag	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_BACIN <i>(required)</i>	Bassinette with radiant heat	1 Yes	
		0 No	
NEO_ASP_PROC_HEAT_OTH <i>(required)</i>	Other method of heat application (specify):	1 Yes	
		0 No	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_proc_other			
label_neo_asp_proc_other	Please note if the following other procedures were carried out: <i>Please note all options appropriately according to the record.</i>	1 Yes	
		0 No	
NEO_ASP_PROC_OTH_SEC <i>(required)</i>	Secretion suction	1 Yes	
		0 No	

Field	Question	Answer	
NEO_ASP_PROC_OTH_INTUB <i>(required)</i>	Endotracheal intubation	1	Yes
		0	No
NEO_ASP_PROC_OTH_MASSAGE <i>(required)</i>	Cardiac massage	1	Yes
		0	No
NEO_ASP_PROC_OTH_COMPRESSION <i>(required)</i>	Chest compressions	1	Yes
		0	No
NEO_ASP_PROC_OTH_OTH <i>(required)</i>	Other procedures (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med			
label_neo_asp_med	Review the entire medical record to complete the next section. Please note whether the following medications were administered.	1	Yes
		0	No
NEO_ASP_MED_ADM_AMP <i>(required)</i>	Ampicillin	1	Yes
		0	No
NEO_ASP_MED_ADM_AMIK <i>(required)</i>	Amikacine	1	Yes
		0	No
NEO_ASP_MED_ADM_SULB <i>(required)</i>	Sulbactam	1	Yes
		0	No
NEO_ASP_MED_ADM_PIP <i>(required)</i>	Piperacillin	1	Yes
		0	No
NEO_ASP_MED_ADM_GEN <i>(required)</i>	Gentamicin	1	Yes
		0	No
NEO_ASP_MED_ADM_OAN	Other antibiotic (specify):	1	Yes
		0	No
NEO_ASP_MED_ADM_OME1	Other medication (specify):	1	Yes
		0	No
NEO_ASP_MED_ADM_OME2	Other medication (specify):	1	Yes
		0	No
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_amp Group relevant when: selected(\${NEO_ASP_MED_ADM_AMP} , '1')			
note_neo_asp_med_amp	Record the dose, as well as the date and time of the first administration of Ampicillin .		
NEO_ASP_MED_DOS_AMP <i>(required)</i>	Ampicillin dose:		
NEO_ASP_MED_UNIT_AMP <i>(required)</i>	Ampicillin dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_ASP_MED_DATE_AMP <i>(required)</i>	Date of Ampicillin administration: DD/MM/YYYY		
NEO_ASP_MED_TIME_AMP <i>(required)</i>	Time of Ampicillin administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_amik Group relevant when: selected(\${NEO_ASP_MED_ADM_AMIK} , '1')			
note_neo_asp_med_amik	Record the dose, as well as the date and time of the first administration of Amikacine .		
NEO_ASP_MED_DOS_AMIK <i>(required)</i>	Amikacine dose:		
NEO_ASP_MED_UNIT_AMIK <i>(required)</i>	Amikacine dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_ASP_MED_DATE_AMIK <i>(required)</i>	Date of Amikacine administration: DD/MM/YYYY		
NEO_ASP_MED_TIME_AMIK <i>(required)</i>	Time of Amikacine administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_sulb Group relevant when: selected(\${NEO_ASP_MED_ADM_SULB} , '1')			

Field	Question	Answer																
note_neo_asp_med_sulb	Record the dose, as well as the date and time of the first administration of Sulbactam .																	
NEO_ASP_MED_DOS_SULB <i>(required)</i>	Sulbactam dose:																	
NEO_ASP_MED_UNIT_SULB <i>(required)</i>	Sulbactam dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
1	mg/kg																	
2	mg																	
3	g																	
4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_ASP_MED_DATE_SULB <i>(required)</i>	Date of Sulbactam administration: DD/MM/YYYY																	
NEO_ASP_MED_TIME_SULB <i>(required)</i>	Time of Sulbactam administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_pip Group relevant when: selected(\${NEO_ASP_MED_ADM_PIP} , '1')																		
note_neo_asp_med_pip	Record the dose, as well as the date and time of the first administration of Piperacillin .																	
NEO_ASP_MED_DOS_PIP <i>(required)</i>	Piperacillin dose:																	
NEO_ASP_MED_UNIT_PIP <i>(required)</i>	Piperacillin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
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2	mg																	
3	g																	
4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_ASP_MED_DATE_PIP <i>(required)</i>	Date of Piperacillin administration: DD/MM/YYYY																	
NEO_ASP_MED_TIME_PIP <i>(required)</i>	Time of Piperacillin administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_gen Group relevant when: selected(\${NEO_ASP_MED_ADM_GEN} , '1')																		
note_neo_asp_med_gen	Record the dose, as well as the date and time of the first administration of Gentamicin .																	
NEO_ASP_MED_DOS_GEN <i>(required)</i>	Gentamicin dose:																	
NEO_ASP_MED_UNIT_GEN <i>(required)</i>	Gentamicin dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
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2	mg																	
3	g																	
4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_ASP_MED_DATE_GEN <i>(required)</i>	Date of Gentamicin administration: DD/MM/YYYY																	
NEO_ASP_MED_TIME_GEN <i>(required)</i>	Time of Gentamicin administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_oan Group relevant when: selected(\${NEO_ASP_MED_ADM_OAN} , '1')																		
note_neo_asp_med_oan	Record the dose, as well as the date and time of the first administration of '[NEO_ASP_MED_OAN_NAME]' .																	
NEO_ASP_MED_DOS_OAN <i>(required)</i>	'[NEO_ASP_MED_OAN_NAME]' dose:																	
NEO_ASP_MED_UNIT_OAN <i>(required)</i>	'[NEO_ASP_MED_OAN_NAME]' dose unit:	<table> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> <tr><td>3</td><td>g</td></tr> <tr><td>4</td><td>UI</td></tr> <tr><td>5</td><td>cc</td></tr> <tr><td>6</td><td>mL</td></tr> <tr><td>7</td><td>mcg</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	mg/kg	2	mg	3	g	4	UI	5	cc	6	mL	7	mcg	-1	Not recorded
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2	mg																	
3	g																	
4	UI																	
5	cc																	
6	mL																	
7	mcg																	
-1	Not recorded																	
NEO_ASP_MED_DATE_OAN <i>(required)</i>	Date of '[NEO_ASP_MED_OAN_NAME]' administration: DD/MM/YYYY																	
NEO_ASP_MED_TIME_OAN <i>(required)</i>	Time of '[NEO_ASP_MED_OAN_NAME]' administration: HH:MM																	
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_ome1																		

Field	Question	Answer	
Group relevant when: selected(\${NEO_ASP_MED_ADM_OME1} , '1')			
note_neo_asp_med_ome1	Record the dose, as well as the date and time of the first administration of '[NEO_ASP_MED_OME1_NAME]' .		
NEO_ASP_MED_DOS_OME1 (required)	'[NEO_ASP_MED_OME1_NAME]' dose:		
NEO_ASP_MED_UNIT_OME1 (required)	'[NEO_ASP_MED_OME1_NAME]' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_ASP_MED_DATE_OME1 (required)	Date of '[NEO_ASP_MED_OME1_NAME]' administration: DD/MM/YYYY		
NEO_ASP_MED_TIME_OME1 (required)	Time of '[NEO_ASP_MED_OME1_NAME]' administration: HH:MM		
Neonatal Complications > group_one_of_complications_eligible > Asphyxia > fieldlist_neo_asp_med_ome2			
Group relevant when: selected(\${NEO_ASP_MED_ADM_OME2} , '1')			
note_neo_asp_med_ome2	Record the dose, as well as the date and time of the first administration of '[NEO_ASP_MED_OME2_NAME]' .		
NEO_ASP_MED_DOS_OME2 (required)	'[NEO_ASP_MED_OME2_NAME]' dose:		
NEO_ASP_MED_UNIT_OME2 (required)	'[NEO_ASP_MED_OME2_NAME]' dose unit:	1	mg/kg
		2	mg
		3	g
		4	Ul
		5	cc
		6	mL
		7	mcg
		-1	Not recorded
NEO_ASP_MED_DATE_OME2 (required)	Date of '[NEO_ASP_MED_OME2_NAME]' administration: DD/MM/YYYY		
NEO_ASP_MED_TIME_OME2 (required)	Time of '[NEO_ASP_MED_OME2_NAME]' administration: HH:MM		
NEO_ASP_MEDICATIONS (required)	Were any of the above mentioned medications administered at the same time during this hospitalization?	1	Yes
		-1	Not recorded
NEO_DISPOSITION (required)	Disposition:	1	Death in hospital
		2	Discharged home
		3	Transferred/referred to another facility
		4	Left against medical advice
		5	Unknown
		995	Other (specify):
		-1	Not recorded
NEO_REF_ACCOMTO (required)	Was the baby accompanied by a health facility worker? Question relevant when: selected(\${NEO_DISPOSITION} , '3')	1	Yes, by a doctor
		2	Yes, by a nurse
		995	Yes, by another worker
		0	No
		-1	Not recorded
NEO_REF_NAMETO (required)	What facility was the baby transferred/referred to? Question relevant when: selected(\${NEO_DISPOSITION} , '3')	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center

Field	Question	Answer	
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other, specify
NEO_REF_TY PETO <i>(required)</i>	Type of facility the baby was transferred/referred to: <i>Question relevant when: selected(\${NEO_DISPOSITION} , '3')</i>	-1	Not recorded
		1	Health Clinic / Health Post / Mobile Unit / Polyclinic
		2	Community Hospital
		3	Regional Hospital
		995	Other (specify):
NEO_SEP_REF_REAS <i>(required)</i>	Sepsis - Reason for the baby's transfer: <i>Select all that apply.</i> <i>Question relevant when: selected(\${NEO_DISPOSITION} , '3') and selected(\${MRR_NEO_COMP} , 'SEP')</i>	TEM_BABY	High temperature
		LEU_BABY	High leukocyte
		HIPOGLU_BABY	Hypoglycemia
		HIPERGLU	Hyperglycemia
		OTRO_BABY	Other (specify):
		NO_REG	Not recorded
NEO_LBW_REF_REAS <i>(required)</i>	Low birth weight - Reason for the baby's transfer: <i>Select all that apply.</i> <i>Question relevant when: selected(\${NEO_DISPOSITION} , '3') and selected(\${MRR_NEO_COMP} , 'LBW')</i>	TEM	High temperature
		LEUC	High leukocyte
		HIPOGL	Hypoglycemia
		HIPERGL	Hyperglycemia
		NACER	Low birth weight
		DOWNES	Low Downes score
		SILVERMAN	Low Silverman score
		OXYGEN	Low oxygen saturation level
		OTRO	Other (specify):
		NO_REG	Not recorded
NEO_PRE_REF_REAS <i>(required)</i>	Prematurity - Reason for the baby's transfer: <i>Select all that apply.</i> <i>Question relevant when: selected(\${NEO_DISPOSITION} , '3') and selected(\${MRR_NEO_COMP} , 'PRE')</i>	TEM	High temperature
		LEUC	High leukocyte
		HIPOGL	Hypoglycemia
		HIPERGL	Hyperglycemia
		NAC	Low birth weight
		DOWNES	Low Downes score
		SILVERMAN	Low Silverman score
		OXYGEN	Low oxygen saturation level
		OTRO	Other (specify):
		NO_REG	Not recorded
NEO_ASP_REF_REAS <i>(required)</i>	Asphyxia - Reason for the baby's transfer: <i>Select all that apply.</i> <i>Question relevant when: selected(\${NEO_DISPOSITION} , '3') and selected(\${MRR_NEO_COMP} , 'ASP')</i>	TEM	High temperature
		APGAR	Low APGAR score
		HIPOGL	Hypoglycemia
		HIPERGL	Hyperglycemia
		OTRO	Other (specify):

Field	Question	Answer	
		NO_REG	Not recorded
NEO_REF_HOW <i>(required)</i>	Please check how the baby was transferred: <i>Select all that apply.</i> <i>Question relevant when: selected(\${NEO_DISPOSITION} , '3') and (selected(\${MRR_NEO_COMP} , 'LBW') or selected(\${MRR_NEO_COMP} , 'PRE'))</i>	1	Incubator
		2	Oxygen administration
		995	Other (specify):
		DK	Not recorded
NEO_DIS_DATE_SPEC <i>(required)</i>	Date of discharge/transfer/referral: DD/MM/YYYY <i>Question relevant when: selected(\${NEO_DISPOSITION} , '2') or selected(\${NEO_DISPOSITION} , '3') or selected(\${NEO_DISPOSITION} , '4') or selected(\${NEO_DISPOSITION} , '995')</i>		
NEO_DIS_TIME_SPEC <i>(required)</i>	Time of discharge/transfer/referral: HH:MM <i>Question relevant when: selected(\${NEO_DISPOSITION} , '2') or selected(\${NEO_DISPOSITION} , '3') or selected(\${NEO_DISPOSITION} , '4') or selected(\${NEO_DISPOSITION} , '995')</i>		
NEO_DEATH_DATE_SPEC <i>(required)</i>	Date of death: DD/MM/YYYY <i>Question relevant when: selected(\${NEO_DISPOSITION} , '1')</i>		
NEO_DEATH_TIME_SPEC <i>(required)</i>	Time of death: HH:MM <i>Question relevant when: selected(\${NEO_DISPOSITION} , '1')</i>		
COMMENT_COMPL_NEONATAL	Enter relevant comments about this survey		
End of survey			
note_neo_end	You have reached the end of the survey. You cannot modify any responses after the survey has been submitted. If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary. Thank you for your time today.		
SOURCE_BHIS_PAPER <i>(required)</i>	What did you use to complete this medical record review?	1	Both BHIS and paper record(s)
		2	BHIS only; no paper record(s) found or exists
		3	Paper record(s) only; no access to BHIS or BHIS record not found
CONFIRM_END_SURVEY <i>(required)</i>	Are you sure you want to complete the survey? You will not be able to return to make any changes after you proceed.	1	Yes
		0	No