## Neonatal Hospital Reporting V12.5 data form

Admission date					
Hospital		S	ех ОМ		D 1 ( 1 1/11 11 11 11
Hospital no			○ F		Born before arrival / Home birth  ○ Yes ○ No
Name					Prematurity < 37 wks
DOB		Age			○ Yes ○ No
Estimated age					SpO₂ / %
Province					HIV
District					O Negative O Positive O Not tested
Village					Anaemia ○ Yes ○ No
Referred in	○ Yes ○ No				Readmission
Referred from					○ Yes ○ No
Birth Weight		Weight	<u> </u>		Neonatal vaccines given
○ >2500 grams		_	gram	ns	☐ Hepatitis B
1500 - 2500 grams					□ BCG
○ 1000 - 1499 grams     ○ <1000 grams					
Neonatal infection	ıs				
O Pneumonia O Skin sepsis O Congenital rubella syndrome O Neonatal infection - other					
<ul><li>○ Meningitis</li><li>○ Congenital syphyllis</li><li>○ Neonatal tetanus</li><li>○ Cord sepsis</li><li>○ Congenital malaria</li><li>○ Diarrhoea</li></ul>					
O COVID-19 acute respiratory infection					
Neonatal conditio	•	y iiiicciioii			
<ul><li>○ Birth asphyxia / meconium aspiration</li><li>○ Respiratory distress syndrome(RDS)</li><li>○ Bowel obstruction</li></ul>					Necrotising enterocolitis(NEC)
Congenital malfor	mations				
O Congenital heart disease O Imperforate anus					
O Hirschsprungs disease O Spina bifida					
O Malrotation O Congenital abnormalities					
Microcephaly     Congenital diaphragmatic hernia					
O Congenital limb malformation O Congenital lung or airway					
In hospital complications				ications other	
O Hospital Acquired Infection					
O Intravenous complications					
Fully breast feeding	ng at discharg	ge			Outcome
○ Yes ○ No					<ul><li>Survived to hospital</li><li>Transferred out</li></ul>
Date of discharge/transfer/death					ODied
					○ Absconded