



ALPQC NHP-EDRP Data Collection Form

Outcomes, Process and Balancing Data Collection Form

Data entry portal: [\[\]](#) | www.alpqc.org/initiatives/nhp

Month: _____ **Patient ID#** _____ (assign a random number to help track data collection (non-PHI). Besides race/ethnicity, the information in this top section is only included for your internal processes to help you determine inclusion criteria and thus will not be collected in the data portal.

Infant's name _____ MR# _____ Acct # _____

Race/Ethnicity—Select all that apply: Asian | Black/African American | Hispanic | Multi Racial | Native American | Native Hawaiian/Pacific Islander | White | Other | Race Not Reported | Unknown

Gestational Age _____ Birth Weight _____

Monthly Data

A: Mode of Delivery	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section <input type="checkbox"/> Unknown	Monthly, randomly sample from the birth admission of 15 newborns, all less than 32 weeks gestation.
B: Temperature on admission	_____ °C	
C: Delayed Cord Clamping (DCC)	<ul style="list-style-type: none">• If non-vigorous, 30 sec of DCC• If vigorous, 60 sec of DCC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
D: CPAP used in delivery room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	



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E: Intubated in the delivery room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
F: Any IVH?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, was it severe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
F: Total number of patients born under 32 weeks during data monitoring period		