FPQC Golden Hour Part I QI Data Collection Sheet

(Complete for those who have birth GA ≤ 30 6/7 wks *OR* anticipated BW ≤ 1500 g *AND* survives to NICU admission)

Birth weight (whole number)	grams	**Gestational age** (mark data source)	weeks days □ best clinical/obstetric estimate □ 1st trimester U/S □ 2nd trimester U/S
Delivery type	□ vaginal □ C-section	**Delayed cord clamping after delivery** (30-60 seconds)	□ yes **1st Hct:** _____ % □ no (one decimal)
Date of birth (MM/DD/YY)	/ /	**Time of birth**	: (military time)
Apgar score at 5 minutes		**Time of NICU admission**	: (military time)
Resuscitation required *any* chest compressions	□ yes □ no	**Resuscitation required ET or IV epinephrine**	□ yes □ no

Pre-delivery DR preparation: (check all that apply)	□ Delivery team briefing prior to anticipated delivery □ Equipment check prior to delivery □ Radiant warmer turned to 100% heat prior to delivery
Method of temperature regulation used (check all that apply)	□ Attention paid to ambient room temperature □ Chemical warming mattress activated prior to delivery □ Hat applied to baby's head within 2 minutes of life □ Polyethylene wrap applied to baby within 2 minutes of life Other / Comments:
Temperature on NICU admission	°C *OR* °F □ axillary □ rectal □ other:
Monitoring supplemental oxygen use (whole numbers)	**Pulse ox probe on RUE & connected to oximeter w/in 2 min of life:** □ yes □ no **Pre-ductal oxygen saturation at 10 minutes of life:** % **FiO2 at 10 minutes of life:** %
DR team roles (check all that apply)	**Team leader:** □ yes □ no **Circulation:** □ yes □ no **Airway:** □ yes □ no **Scribe:** □ yes □ no **Other:**
Timing of DR debriefing	□ within 4 hours of resuscitation □ after 4 hours of resuscitation □ no debriefing
Name 1-3 opportunities for improvement discussed in debriefing:	1) 2) 3)
Other comments:	

All data collected in this document strictly is for quality improvement purposes only and is not part of the baby's medical record.

Optional questions that can be added to a hospital's form:			
Respiratory support on transport to NICU	□ Intubation w/PPV or mechanical ventilation □ CPAP □ Free flow oxygen □ Room air		
Time of surfactant administration	: (military time) □ in DR □ in NICU		
Time IV access obtained	: (military time)		
Time of IV dextrose administration	: (military time)		
Time radiographic studies obtained	: (military time)		

FPQC Golden Hour Part I QI Data Collection Definitions

Study ID# is a 3-digit number which beings with 001 & numbers the enrolled neonates consecutively. On site log record infant's hospital # (or identifying number next to the corresponding Study ID#).

Birth weight is the first weight recorded as birth weight in grams.

Gestational age: Record in weeks & days (e.g. 30 wks & 0 days). If only weeks of gestation are known, provide that (e.g. 30 wks). Use the "Best Obstetrical Estimate" from the prenatal record and not ones based on later ultrasounds. If there is a discrepancy about gestational age, choose the estimate based on the earliest ultrasounds before 20 weeks (e.g. 1st trimester U/S, 2nd trimester U/S, best clinical/obstetric estimate). Do not provide a range for gestational age (e.g. 29-30 wks).

Delivery type includes vaginal or C-section deliveries.

Delayed cord clamping is defined as clamping the umbilical cord for 30-60 seconds after delivery. Indicate if the Obstetrician performs delayed cord clamping.

Date of birth is collected as 2-digit month/day/year (e.g. 09/12/13).

Apgar score at 5 minutes as documented by delivery team.

Delivery team briefing prior to anticipated delivery includes reviewing patient history and delivery plans.

Equipment check includes the availability and functioning of the following – laryngoscope & ET tubes, suction functioning & catheters, pulse oximeter & probe, oxygen functioning.

Respiratory support on transport to NICU means the type of support the baby requires when leaving the DR.

Temperature on NICU admission is the first temperature taken on NICU admission & w/in 1 hour of birth documented in Celsius or Fahrenheit. Specify how the temperature was taken (e.g. axillary, rectal, other).

Preductal oxygen saturation at 10 minutes of life as measured on the infant's right upper extremity

Exclusive DR team roles should include a minimum of 4 roles (team leader, airway, circulation, scribe).

Opportunities for improvement discussed in debriefing should include brief and meaningful assessment of communication, coordination, and teamwork.

Family receiving an update on baby's status should involve the medical team discussing the baby's status and addressing any parental concerns/questions.

Optional questions that can be added to a hospital's form: Includes documentation not required for FPQC, but hospital may choose to report this data.

Time of surfactant administration (if w/in 2 hours of life) indicates when surfactant instillation started and location (i.e. DR or NICU) where it was administered.

Time IV access (e.g. PIV, UAC, UVC) obtained and confirmed w/blood return (not radiologic confirmation).

Time radiographic studies obtained is documented in military time.