



# SOOTHE Initiative



Complete for up to 20 infants (see back for sampling instructions)

STUDY ID # \_\_\_\_\_ (start with 001 and number sequentially until the end of the initiative)

## Patient Demographics

Discharge month _____ Discharge year _____	Length of stay _____ days (count if patient was in bed at midnight)	Discharge to: <input type="checkbox"/> Another hospital/unit <input type="checkbox"/> Home <input type="checkbox"/> DCF
Primary caregiver preferred language <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Primary caregiver race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Primary caregiver ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
GA at birth (complete weeks only) _____	Type of insurance (check all that apply) <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Tricare <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Inborn <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth weight (grams) _____		

## Developmental and Supportive Care Activities

Mark the timing of <u>the first</u> completed activity:	Within 3 DOL	4 - 7 DOL	> 7 DOL	Did Not Receive	Per Unit Guideline
Oral Care	<input type="checkbox"/>				
Provided breastmilk drops	<input type="checkbox"/>				
Skin-to-skin contact by family caregiver	<input type="checkbox"/>				
<u>Documented</u> use of a validated positioning tool (e.g., IPAT)	<input type="checkbox"/>				

## Family Caregiver Involvement

Was the infant's first oral feeding experience from a parent/family member?  Yes  No

Regarding Family Caregiver training and inclusion in care, check only items with a <u>documented date</u> :	<b>Family Caregiver:</b>	<b>Caregiver who Completed Activity:</b>
	<input type="checkbox"/> Received training on recognizing infant cues	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
	<input type="checkbox"/> Demonstrated ability to recognize infant cues	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
	<input type="checkbox"/> Received training on intentional, positive touch	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
	<input type="checkbox"/> Demonstrated ability to respond with intentional, positive touch to infant cues	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
<input type="checkbox"/> None		

Which activities were completed with the Family Caregiver in collaboration with a therapist or trained team member? *Check all that apply*

Setting individualized sensory/touch goals  
 Providing anticipatory guidelines using structured tools (e.g., SENSE, Discharge Parent Pass, etc.)  
 Other neuroprotective practices (please specify: kangaroo care, music/voice therapy, scent cloths, light/sound regulation, PT/OT/SLP interventions): \_\_\_\_\_  
 None

Family caregiver HRSN screening was  Positive  Negative  Declined  Not documented

→ If positive HRSN:  Appropriate resources/referrals provided for all +HRSN  
 Some resources/referrals provided  
 No resources/referrals provided

## Skin Management

Check any skin conditions documented throughout the entirety of the infant's NICU stay:

Pressure injuries  
 Medical Adhesive-Related Skin Injury (MARS)  Other non-surgical open wound: \_\_\_\_\_  
 CPAP-related injuries  None

## Number of Laboratory Test Results (see details on the back)

Total # \_\_\_\_\_

Hematology # \_\_\_\_\_      Chemistry # \_\_\_\_\_

Coagulation # \_\_\_\_\_      Blood Gases # \_\_\_\_\_



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## PATIENT SAMPLING INSTRUCTIONS

**Include:** NICU admissions with minimal 7-day stay.

**Exclude:** Infants discharged as deceased.

Report **up to 20 eligible patients every month**, including **up to 5 infants** for each birth weight category, as follows: a) 2500 grams and above; b) 1500-2499 grams; c) 750-1499 grams; d) less than 750 grams.

Abstract and report on **the first infants discharged each month** within each birth weight category (up to 5 per group).

If fewer than 5 are discharged in a category, report all available infants.

At the beginning of the initiative, your hospital has the option to opt out of reporting information on smaller birth weight categories if the number of infants in a specific category is consistently less than 5 per quarter.

## DATA DEFINITIONS

**Lab Test Result: Count all lab results from DOL 1–7.**

- Panels = 1 result each (e.g., BMP = 1, CMP = 1).
- If multiple panels are drawn at the same time (e.g., CBC + blood gas), count each separately.
- Include all statuses: valid, hemolyzed, clotted, insufficient/QNS, unable to analyze, or other “no result.”
- If a test is repeated, count each occurrence.

**Where to Count:** Use the Review Summary tab and rely on the EHR’s built-in lab groupings.

**Duplicates Across Groups:** If the same result appears in more than one EHR built-in group (e.g., Chemistry and Coagulation), count it once (e.g., under Chemistry - be consistent!).

**Pick one method and apply it consistently across all patients and throughout the initiative.**

**Appropriate resources/referrals provided for positive Health Related Social Needs (HRSN) categories:** verify if appropriate resources or referrals were given for each positive HRSN category, in accordance with your unit policy and available community resources (e.g. if a patient screened positive for food insecurity, food vouchers and list of local food banks were provided).

**If discharged to long term care,** mark "Other hospital/unit"

Questions? Contact [fpqc@usf.edu](mailto:fpqc@usf.edu)