

MALAYSIAN NATIONAL NEONATAL REGISTRY (CRF 09)

Centre Name: _____	<input type="radio"/> Stillbirth	<input type="radio"/> Livebirth	MNNR No. (Office use): <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
_____	<input type="radio"/> New Case	<input type="radio"/> Readmission	Centre: <input style="width: 100%;" type="text"/>
Date of Admission: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (dd/mm/yy)	<input type="radio"/> Transfer from, if relevant: _____		
Admitted to neonatal ward: <input type="radio"/> Yes → (Proceed to complete all sections in this CRF) <input type="radio"/> No → (Proceed to complete [Sections 1, 2, 4(No. 45) and 5])			
<i>Instruction: Where check boxes <input type="checkbox"/> are provided, check (✓) one or more boxes. Where radio buttons <input type="radio"/> are provided, check (✓) one box only.</i>			

SECTION 1 : PATIENT PARTICULARS & MATERNAL HISTORY

1. Name of mother: *	_____		
2. Name of baby (optional):	_____		
3. RN of baby: *	_____		
4. Mother's I/C number: *	MyKad: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
	Other ID document No: <input style="width: 100%;" type="text"/>		
	Specify document type (if others): <input type="radio"/> Passport <input type="radio"/> Father's I/C <input type="radio"/> Armed Force ID <input type="radio"/> Work Permit number <input type="radio"/> Others		
5. Date of birth of baby: *	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (dd/mm/yyyy)		
6. Ethnic group of mother: *	<input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Bumiputra Sabah, specify: _____ <input type="radio"/> Other Malaysian <input type="radio"/> Chinese <input type="radio"/> Orang Asli <input type="radio"/> Bumiputra Sarawak, specify: _____ <input type="radio"/> Non-citizen		
7. Maternal age: *	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (years)		
8. GPA: * (current pregnancy before delivery of this child)	Gravida:	Parity:	Abortion:
9. Maternal diabetes (including gestational diabetes): *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
10. Maternal hypertension, chronic pregnancy induced: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
11. Maternal chorioamnionitis: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

SECTION 2 : BIRTH HISTORY

12. Antenatal steroid: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown											
13. Intrapartum antibiotic: *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown											
14. Birth weight: *	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (grams)											
15. Gestation: *	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (weeks)											
16. Growth status: *	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA											
17. Gender: *	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate											
18. Place of birth: *	<input type="radio"/> Inborn <input type="radio"/> Outborn → <table style="display: inline-table; border: 1px dashed black; padding: 2px; margin-left: 10px;"> <tr> <td><input type="radio"/> University hospital</td> <td><input type="radio"/> District hospital with specialist</td> <td><input type="radio"/> Home</td> </tr> <tr> <td><input type="radio"/> General hospital</td> <td><input type="radio"/> District hospital without specialist</td> <td><input type="radio"/> Others, specify: _____</td> </tr> <tr> <td><input type="radio"/> Private hospital</td> <td><input type="radio"/> Private maternity home</td> <td></td> </tr> </table>			<input type="radio"/> University hospital	<input type="radio"/> District hospital with specialist	<input type="radio"/> Home	<input type="radio"/> General hospital	<input type="radio"/> District hospital without specialist	<input type="radio"/> Others, specify: _____	<input type="radio"/> Private hospital	<input type="radio"/> Private maternity home	
	<input type="radio"/> University hospital	<input type="radio"/> District hospital with specialist	<input type="radio"/> Home									
<input type="radio"/> General hospital	<input type="radio"/> District hospital without specialist	<input type="radio"/> Others, specify: _____										
<input type="radio"/> Private hospital	<input type="radio"/> Private maternity home											
19. Multiplicity: *	<input type="radio"/> Singleton <input type="radio"/> Twin <input type="radio"/> Triplet <input type="radio"/> Others, specify: _____											
20. Final mode of delivery: *	<input type="radio"/> Vaginal delivery → <input type="radio"/> SVD <input type="radio"/> Ventouse <input type="radio"/> Forceps <input type="radio"/> Breech <input type="radio"/> Caesarean section <input type="radio"/> Unknown											
	21. Apgar score at 1 min and 5 min (1-10) : *	a) Score at 1 min: <input style="width: 20px;" type="text"/> <input type="checkbox"/> Unknown	b) Score at 5 min: (Please score even if the baby is intubated) <input style="width: 20px;" type="text"/> <input type="checkbox"/> Unknown									
22. Initial resuscitation : *	a) Oxygen:	<input type="radio"/> Yes <input type="radio"/> No	d) Cardiac compression: <input type="radio"/> Yes <input type="radio"/> No									
	b) Bag-mask vent:	<input type="radio"/> Yes <input type="radio"/> No	e) Adrenaline: <input type="radio"/> Yes <input type="radio"/> No									
	c) Endotracheal tube vent:	<input type="radio"/> Yes <input type="radio"/> No										
23. Admission temperature: *	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> (°C)											

SECTION 4 : PROBLEMS / DIAGNOSES (cont.)

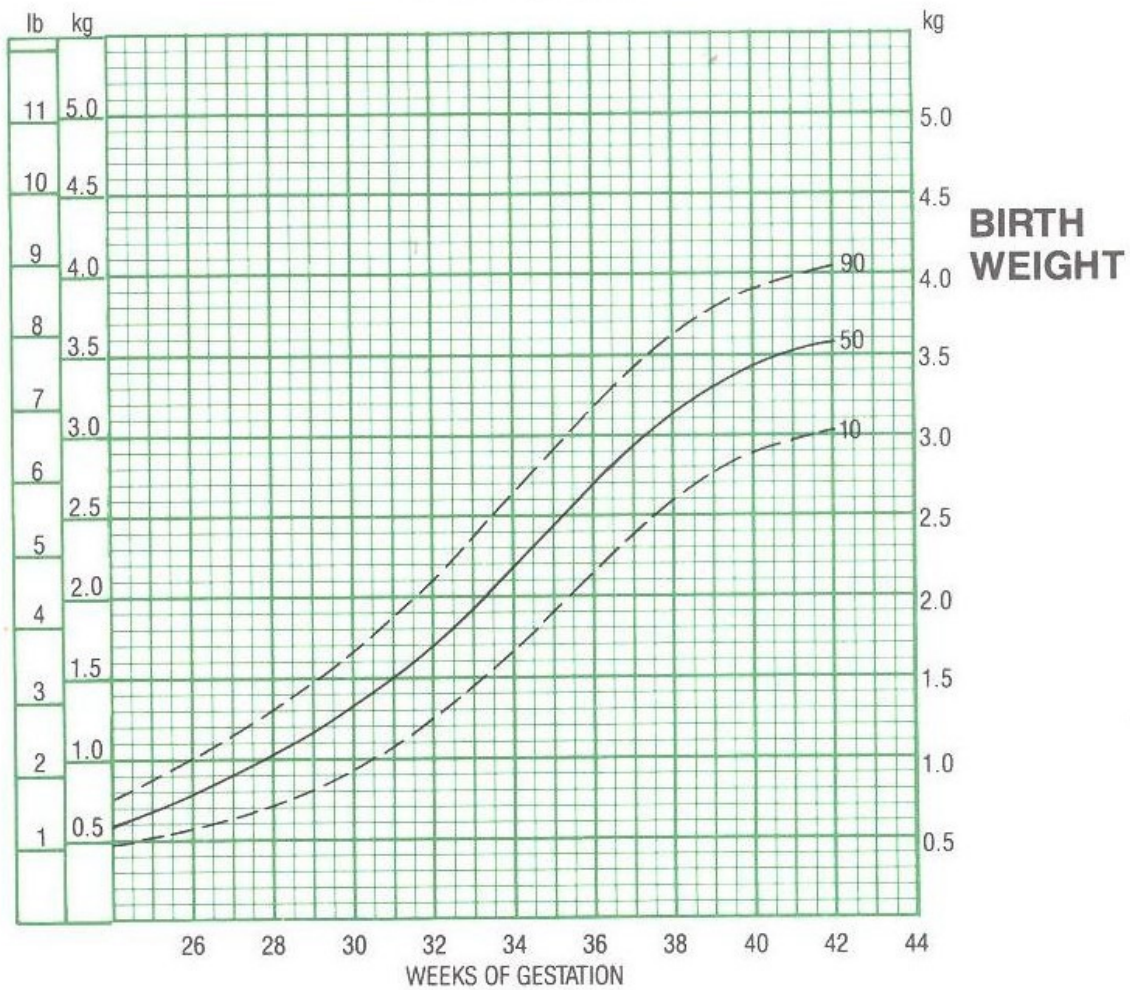
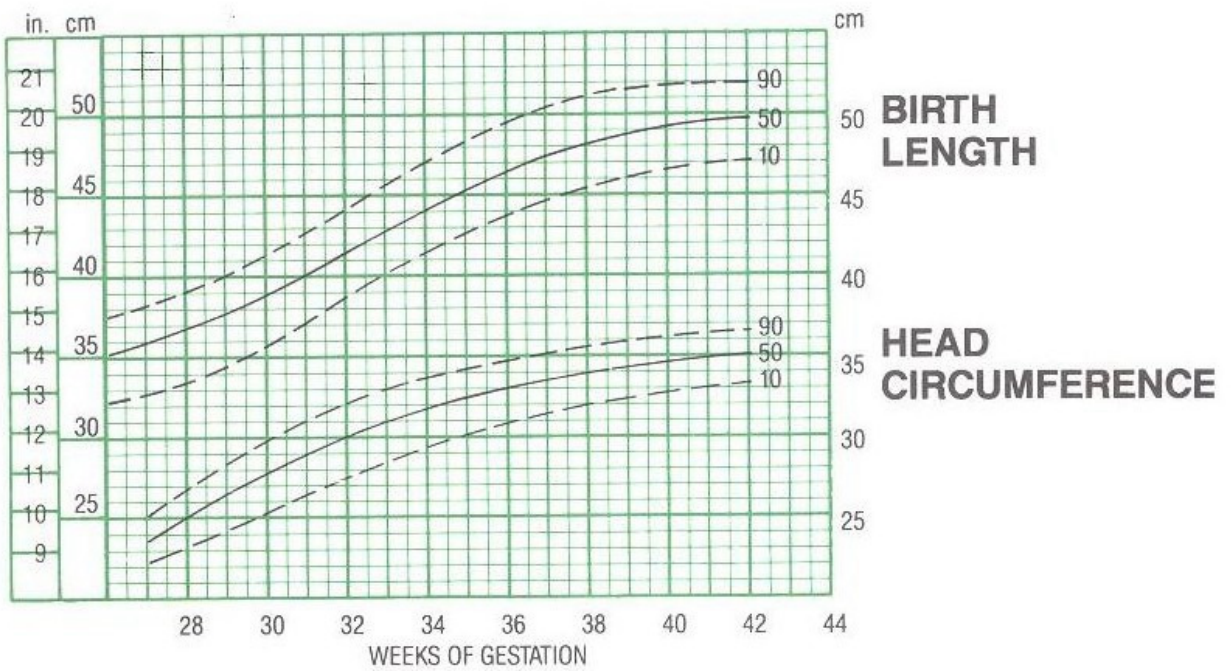
41. Seizures:	<input type="radio"/> Yes <input type="radio"/> No	
42. Infection: (Clinical or Confirmed)	<input type="radio"/> Yes → <input type="radio"/> Clinical sepsis <input type="radio"/> No → <input type="radio"/> Confirmed sepsis →	I) For first episode of confirmed sepsis: <input type="radio"/> On or before day 3 of life <input type="radio"/> After day 3 of life II) For confirmed sepsis: <input type="checkbox"/> Group B Streptococcus <input type="checkbox"/> Fungal <input type="checkbox"/> Acinetobacter <input type="checkbox"/> MRSA <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> CONS <input type="checkbox"/> Klebsiella <input type="checkbox"/> ESBL organisms <input type="checkbox"/> Pseudomonas
43. Neonatal meningitis:	<input type="radio"/> Yes <input type="radio"/> No	
44. HIE (≥ 36 weeks):	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	
45. Congenital anomalies:		
45a. Major congenital anomalies:		
<input type="radio"/> Yes → <input type="radio"/> No → (Proceed to No.46):		
<input type="radio"/> Syndrome (known) <input type="checkbox"/> Down <input type="checkbox"/> Edward <input type="checkbox"/> Patau <input type="checkbox"/> Others, specify (Please refer to ICD 10): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="radio"/> Not a recognised syndrome <input type="radio"/> Isolated major abnormality	45b. Types of abnormalities (Check all that are present. Applies to all including 'known syndromes', 'not a recognised syndrome' or 'isolated major abnormality') <input type="checkbox"/> CVS → <input type="radio"/> Cyanotic <input type="radio"/> Acyanotic <input type="checkbox"/> ECHO done <input type="checkbox"/> CNS → <input type="radio"/> Hydrocephalus <input type="radio"/> Hydrancephaly <input type="radio"/> Holoprosencephaly <input type="radio"/> Others (Refer to ICD 10): _____ <input type="checkbox"/> Neural Tube Defect → <input type="checkbox"/> Spina bifida <input type="checkbox"/> Anencephaly <input type="checkbox"/> Encephalocele <input type="checkbox"/> Others (Refer to ICD 10): _____	<input type="checkbox"/> Skeletal dysplasia <input type="checkbox"/> Respiratory <input type="checkbox"/> GIT <input type="checkbox"/> Hydrops <input type="checkbox"/> Renal <input type="checkbox"/> Cleft → <input type="radio"/> Lip <input type="radio"/> Palate <input type="radio"/> Lip and palate <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> None of the above
46. Inborn Errors of Metabolism (IEM):	<input type="radio"/> Yes → a) Clinical diagnosis? <input type="radio"/> Yes <input type="radio"/> No b) Confirmed diagnosis? <input type="radio"/> Yes, specify → _____ <input type="radio"/> No <input type="radio"/> No	

SECTION 5 : OUTCOME

1. Date of discharge / transfer:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)		
2. Weight and growth status on discharge / death:	2a) Weight:	<input type="text"/> <input type="text"/> <input type="text"/> (grams)	
	2b) Growth status:	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA	
3. Feeding at discharge / death:	<input type="radio"/> Never fed <input type="radio"/> Formula only <input type="radio"/> No data / Unknown <input type="radio"/> Human milk only <input type="radio"/> Human milk with formula		
4. Total duration of hospital stay (Neonatal / Paeds Care):	<input type="text"/> <input type="text"/> <input type="text"/> (in completed days)		
5. Outcome:			
<input type="radio"/> Alive →	Place discharged to:		
<input type="radio"/> Home <input type="radio"/> Social welfare home <input type="radio"/> Other non Paeds Ward <input type="radio"/> Still hospitalized as of 1st birthday <input type="radio"/> Transfer to other hospitals →	a) Name of hospital:		
	b) Reason for transfer:	<input type="radio"/> Growth / Stepdown care <input type="radio"/> Acute medical / diagnostic services <input type="radio"/> Social/ Logistic reason <input type="radio"/> Lack of NICU bed <input type="radio"/> Others, specify: _____ <input type="radio"/> Chronic/Palliative care <input type="radio"/> Surgery	
	c) Post transfer disposition: (Please fill this section if place transferred is not part of the NNR Network)	<input type="radio"/> Home <input type="radio"/> Transferred again to another hospital <input type="radio"/> Death <input type="radio"/> Readmitted to your hospital	
<input type="radio"/> Dead →	Died within 12 Hours of admission:	Place of death:	
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Labour room/OT <input type="radio"/> Neonatal unit <input type="radio"/> In transit <input type="radio"/> Others, specify: _____	

Name : _____ Signature : _____ Date: / / (dd/mm/yy)

INTRAUTERINE GROWTH CURVES (COMPOSITE MALE / FEMALE) (APPENDIX 2)



Data Source: W.H. Kitchen et al Revised intrauterine growth curves for an Australian hospital population. Aust. Paediatr. J. (1983) 19:157-161.