

# Neonatal History Form (NH)

## Chronic Kidney Disease in Children Cohort Study (CKiD)

### SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER ONLY IF LABEL IS NOT AVAILABLE

|\_| - |\_|\_| - |\_|\_|\_|

A2. Last CKiD Visit #: \_\_\_\_\_

A3. FORM VERSION:   0     8   /   1     5   /   2     0  

A4. DATE OF THIS REPORT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS) \_\_\_\_\_

Email the completed form to your respective CCC.

Midwest CCC: Christine Smith at [casmith@cmh.edu](mailto:casmith@cmh.edu);

cc: Leah Haddadi at [lhaddadi@cmh.edu](mailto:lhaddadi@cmh.edu)

East Coast CCC: Shumei Shang at [ShangS@email.chop.edu](mailto:ShangS@email.chop.edu)

### SECTION B: Birth History

B1. Are medical records available and accessible that provide information on the first 90 Days of Life?

Yes..... 1

No..... 2 (END FORM)

B2. Birth Weight: \_\_\_\_\_ (grams)

B3. Birth Head Circumference (HC): \_\_\_\_\_ . \_\_\_\_\_ (cm)

B4. Birth Length: \_\_\_\_\_ . \_\_\_\_\_ (cm)

B5. Gestational Age (choose one):

<24 weeks.....	1	33-34 weeks.....	7
24 weeks.....	2	35-36 weeks.....	8
25-26 weeks.....	3	37-39 weeks.....	9
27-28 weeks.....	4	40-42 weeks.....	10
29-30 weeks.....	5	>42 weeks.....	11
31-32 weeks.....	6	Unknown.....	-8

B6. APGAR Score

a. 1 min: \_\_\_\_\_ Unknown or Not Assigned..... -8

b. 5 min: \_\_\_\_\_ Unknown or Not Assigned..... -8

c. 10 min: \_\_\_\_\_ Unknown or Not Assigned..... -8

d. 15 min: \_\_\_\_\_ Unknown or Not Assigned..... -8

e. 20 min: \_\_\_\_\_ Unknown or Not Assigned..... -8

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### SECTION C: Prenatal History

C1. Congenital Anomalies Were Diagnosed Prenatally

- Yes..... 1
- No..... 2
- Unknown..... -8

C2. Fetal Antenatal Conditions

- Yes..... 1
- No..... 2 **(Skip to D1)**
- Unknown..... -8 **(Skip to D1)**

*Please circle "Yes" or "No" for EACH of the following.*

	<u>Yes</u>	<u>No</u>
a. Fetal anomaly unspecified (CNS, Abdominal, cardiovascular, renal, respiratory).....	1	2
b. Fetal distress.....	1	2
c. Intrauterine Growth Restriction (IUGR).....	1	2
d. Other fetal/placental condition.....	1	2

### SECTION D: NICU

D1. Was NICU stay required within First 90 Days of Life?

- Yes..... 1
- No..... 2 **(Skip to E1)**
- Unknown..... -8 **(Skip to E1)**

D2. Respiratory Support on Admission to NICU

- None..... 1
- Hood/NC (Nasal Cannula) or O (Oxygen).... 2
- NCPAP (CPAP)..... 3
- EET (Endotracheal Tube) or V (Ventilation).. 4
- Unknown..... -8

D3. Blood Pressure on Admission to NICU

- a. Systolic (0-140)      \_\_\_ \_\_\_ \_\_\_  
Unknown..... -8
- b. Diastolic (0-100)    \_\_\_ \_\_\_ \_\_\_  
Unknown..... -8
- c. Mean (0-100) (If recorded in chart note)    \_\_\_ \_\_\_ \_\_\_  
Unknown..... -8

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D4. Was treatment required during transport or during first hour of Admission?

- Yes..... 1  
 No..... 2 **(Skip to D5)**  
 Unknown..... -8 **(Skip to D5)**

*Please circle "Yes" or "No" for EACH of the following.*

	Yes	No
a. Inhaled Nitric Oxide (iNO) .....	1	2
b. Intubated and ventilated (through ETT, Trach or LMA).....	1	2
c. Continuous Vasoactive agents (Pressors).....	1	2
d. Paralysis by neuromuscular blockade.....	1	2

D5. Initial NICU Discharge Disposition

- Discharged from NICU to Home ..... 1 **(Skip to E1)**  
 Transferred out of NICU to another NICU at another Institution..... 2  
 Transferred out of NICU to Nursery or other inpatient setting..... 3 **(Skip to E1)**

D6. Date Transferred out of NICU to another \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 NICU at another Institution:                    M M D D Y Y Y Y

### SECTION E: First 90 Days of Life

E1. Problems on Admission to NICU, Nursery, or within First 90 Days of Life

*Please circle "Yes", "No" or "Unknown" for EACH of the following.*

	Yes	No	Unknown
a. Acute Kidney Injury (AKI).....	1	2	-8
b. Anomalies or Syndrome, including renal anomalies.....	1	2	-8
c. Cardiac.....	1	2	-8
d. Failure to Thrive (FTT)/feeding problems.....	1	2	-8
e. Kidney anomalies.....	1	2	-8
f. Hematologic or Oncologic.....	1	2	-8
g. Hyperbilirubinemia.....	1	2	-8
h. Hypoglycemia or Hypoglycemia Eval.....	1	2	-8
i. Infection or R/O infection.....	1	2	-8
j. Metabolic, other than Hypoglycemia.....	1	2	-8
k. Neurologic, including hypoxic-ischemic encephalopathy (HIE) and Intraventricular hemorrhage (IVH).....	1	2	-8
l. Preterm Birth without other co-morbidities.....	1	2	-8
m. Respiratory.....	1	2	-8
n. Surgical or surgical evaluation (Does not include retinopathy of prematurity (ROP), patent ductus arteriosus (PDA), Ventriculoperitoneal (VP) shunt, Cardiac surgery or trach/trach eval).....	1	2	-8
o. Vascular Access.....	1	2	-8
p. Other.....	1	2	-8
		<b>(Skip to E2)</b>	<b>(Skip to E2)</b>

1. Specify Other: \_\_\_\_\_

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E2. Respiratory Diagnosis and Treatment within First 90 Days of Life (Including NICU and Nursery Stay)

- Yes..... 1
- No..... 2 **(Skip to E3)**
- Unknown..... -8 **(Skip to E3)**

Please circle "Yes" or "No" for EACH of the following.

	<u>Yes</u>	<u>No</u>
a. Endotracheal Tube/Ventilation.....	1	2
b. Epinephrine.....	1	2
c. Cardiac compressions.....	1	2

E3. Seizures During the First 90 Days of Life

- No seizures..... 1
- Seizures confirmed by EEG or aEEG..... 2
- Seizures suspected clinically, not confirmed by EEG or aEEG..... 3
- Unknown..... -8

E4. Sepsis (i.e. Positive Blood Culture) in NICU, Nursery Stay, or within First 90 Days of Life

- Yes..... 1
- No..... 2
- Unknown..... -8

### SECTION F: Growth and Nutrition

F1. Is growth and nutrition information available for birth Admission to NICU or Nursery?

- Yes..... 1
- No..... 2 **(Skip to F2)**

a. Date at ADM:            \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
M M    D D    Y Y    Y Y

b. Weight at ADM:            \_\_\_ \_\_\_ \_\_\_ (grams)

c. Head Circumference at ADM:            \_\_\_ \_\_\_ . \_\_\_ (cm)

d. Length at ADM:            \_\_\_ \_\_\_ . \_\_\_ (cm)

e. Nutrition at ADM:

- Enteral..... 1
- Parenteral..... 2 **(Skip to F2)**
- No Feeds\TPN..... 3 **(Skip to F2)**

f. Route of Feeds at ADM:

- Oral..... 1
- Gastric (NG/GT)..... 2
- Transpyloric (NJ/GJ)..... 3







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H2. Did patient have 2 or more surgeries within the First 90 Days of Life?

Yes..... 1

No..... 2 **(Skip to I1)**a. Date of Surgery 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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b. Organ System of Surgery 2: \_\_\_\_\_

c. Surgery Procedure of Surgery 2: \_\_\_\_\_

d. Surgery Approach of Surgery 2: \_\_\_\_\_

H3. Did patient have 3 or more surgeries within the First 90 Days of Life?

Yes..... 1

No..... 2 **(Skip to I1)**a. Date of Surgery 3: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

b. Organ System of Surgery 3: \_\_\_\_\_

c. Surgery Procedure of Surgery 3: \_\_\_\_\_

d. Surgery Approach of Surgery 3: \_\_\_\_\_

**SECTION I: Discharge**I1. Initial Home Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

I2. Discharge Weight: \_\_\_\_\_ (grams)

I3. Discharge Head Circumference: \_\_\_\_ . \_\_\_\_ (cm)

I4. Discharge Length: \_\_\_\_ . \_\_\_\_ (cm)

I5. Are laboratory results within the First 90 Days of Life, nearest to Discharge Date, available?

Yes..... 1

No..... 2 **(END FORM)**

I6. Serum Creatinine : \_\_\_\_ . \_\_\_\_ (mg/dL)

I7. Urea Nitrogen (BUN): \_\_\_\_ (mg/dL)

I8. Date of Labs (nearest to discharge date): \_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y