



Form 5: Hospital Transfer/Discharge



Use this form:

If this infant is discharged home, is transferred to another unit, or has died

Infant's surname: _____

Infant's first name: (enter unknown if applicable) _____

Infant's date of birth: / /

Section A: Details of stay (Please see of level of care definitions on page 4)

A.1 Name of hospital: _____

A.2 Name of unit: _____

A.3 Date of this admission: / /

A.4 Date of discharge for this admission: / /

A.5 While in this unit during this admission, how many days did this infant receive:

Level 1 (intensive) care

Level 2 (high dependency) care

Level 3 (special) care

Parenteral nutrition

(please do not count previous days from transferring hospitals)

A.6 While in this unit, did this infant receive probiotics? Yes No

Section B: Clinical outcomes (please see definitions on page 3)

Were any of the following diagnosed during this infant's stay in this unit?

B.1 Retinopathy of prematurity treated medically or surgically: Yes No

If Yes: Laser Cryotherapy Injection

B.2 Bronchopulmonary dysplasia; mechanical ventilator support via endotracheal tube or nasal CPAP at 36 weeks PMA; or supplemental oxygen at 36 weeks PMA: Yes No

B.3 Pulmonary haemorrhage: Yes No

B.4 Intracranial abnormality: Yes No

If Yes, please specify grade (please tick all that apply)

Grade 1 IVH / Germinal Matrix Haemorrhage Grade 2 IVH

Grade 3 IVH (distension) Grade 4 IVH (parenchymal involvement)

B.5 Periventricular leukomalacia: Yes No

B.6 Shunt for hydrocephalus: Yes No

B.7 Patent ductus arteriosus treated with NSAID or surgery: Yes No

B.8 Microbiologically-confirmed or clinically-suspected late-onset invasive infection: Yes No

If Yes, please complete a Form 3 - Late-Onset Invasive Infection

B.9 Necrotising enterocolitis (Bell stage 2 or 3): Yes No

If Yes, please complete a Form 4 - Gut Signs

Please complete one section only: C, D or E**Section C: Discharged home****Discharged home:****C.1 Date of discharge:** / / **C.2 Weight at discharge:** g**C.3 Head circumference at discharge:** . cm**C.4 Modes of feeding at discharge: (please tick all that apply)**Breast Bottle Nasogastric or gastrostomy tube **C.5 Type of feeding at discharge: (please tick all that apply)**Mother's breast milk Donated breast milk Breast milk fortifier Term formula milk Preterm formula milk **Section D: Transferred to another hospital****Transferred to another hospital:****D.1 Name and town of new hospital:** _____**D.2 Name of receiving consultant (if known):** _____**D.3 Date of transfer:** / / **Section E: Death****Death:****E.1 Date of death:** / / **Section F: Form details****Details of person completing form****Name:** _____**Role:** _____**Date:** / / **Signature:** _____

Section G: Contact details *(please complete only when infant discharged home)***Contact details: Mother**

Surname: _____ First name: _____

NHS number: Postal address: _____

_____Mobile number: Landline number:

Email address: _____

GP name: _____

GP landline number:

GP postal address: _____

Contact details: Father

Surname: _____

First name: _____

Postal address: _____

Mobile number:

Landline number:

Contact details: Alternative**Contact name:** *(e.g. grandparent, friend to help locate parents for follow-up)*

Relationship to infant: _____

Postal address: _____

Phone number:

Definitions:**Retinopathy of Prematurity:**

Retinopathy of Prematurity treated by laser, cryotherapy or injection

Pulmonary haemorrhage: copious bloody secretions with clinical deterioration requiring change(s) in ventilator management**Intracranial abnormality:** haemorrhage, parenchymal infarction, or focal white matter damage on cranial ultrasound scan or other imaging

Level 1 (intensive) care:

1. receiving any respiratory support via a tracheal tube and in the first 24 hours after its withdrawal
2. receiving NCPAP for any part of the day and less than five days old
3. below 1000g current weight and receiving NCPAP for any part of the day and for 24 hours after withdrawal
4. less than 29 weeks gestational age and less than 48 hours old
5. requiring major emergency surgery, for the pre-operative period and post-operatively for 24 hours
6. requiring complex clinical procedures:
 - full exchange transfusion
 - peritoneal dialysis
 - infusion of an inotrope, pulmonary vasodilator or prostaglandin and for 24 hours afterwards
7. any other very unstable baby considered by the nurse-in-charge to need 1:1 nursing
8. a baby on the day of death

Level 2 (high dependency) care:

1. receiving NCPAP for any part of the day and not fulfilling any of the criteria for intensive care
2. below 1000g current weight and not fulfilling any of the criteria for intensive care
3. receiving parenteral nutrition
4. having convulsions
5. receiving oxygen therapy and below 1500g current weight
6. requiring treatment for neonatal abstinence syndrome
7. requiring specified procedures that do not fulfil any criteria for intensive care:
 - care of an intra-arterial catheter or chest drain
 - partial exchange transfusion
 - tracheostomy care until supervised by a parent
8. requiring frequent stimulation for severe apnoea




Level 3 (special) care:

Special care is provided for all other babies who could not reasonably be expected to be looked after at home by their mother.

When this form has been completed

Please return to the SIFT Coordinating Centre using
the FREEPOST envelope provided

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