

Vermont Oxford Network	VON Day Quality Audit / NAS	Patient Data Worksheet	CASE # 21
Audit Number: _____	Vermont Oxford Network Center Number: _____		
Patient ID: _____ (optional for local use only – this will not be submitted to Vermont Oxford Network)			

Please note: All data on this portion of the worksheet will be transmitted to the Vermont Oxford Network.

1. Birth weight _____ grams
2. Gestational age at birth: _____ weeks _____ days
3. Location of birth: Inborn Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes No
5. Was the infant scored for NAS at any time during hospitalization? Yes No
6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

a) Morphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) Clonidine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	g) Deodorized Diluted Tincture
b) Methadone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	e) Phenobarbital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Buprenorphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	f) Paregoric?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Note: More than one agent may be used in an individual patient.

7. What was the total duration of pharmacologic treatment for NAS? _____ days
Calculate the total number of hospital days that the infant received pharmacologic treatment for NAS. Count any day that the infant received any dose(s) of a pharmacologic agent (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO) prescribed for NAS.
8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge? _____ days
Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.
9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes No (if no, skip to #11)
10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

a) Morphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) Clonidine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	g) Deodorized Diluted Tincture
b) Methadone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	e) Phenobarbital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Buprenorphine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	f) Paregoric?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Note: More than one agent may be used in an individual patient.

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk? Yes No Unknown
12. Where was the infant discharged to: (check only one)

<input type="checkbox"/> Home	<input type="checkbox"/> Transferred to another hospital
<input type="checkbox"/> Home with a guardian or foster parent	<input type="checkbox"/> Other Describe: _____
13. What was the infant's total length of NICU stay? _____ days
Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.
14. What was the infant's total length of hospital stay? _____ days
Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.

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2. Gestational age at birth: _____ weeks _____ days
3. Location of birth: Inborn Outborn
4. Was toxicological screening (including urine, meconium, hair or cord) obtained on the infant to document substance exposure? Yes No
5. Was the infant scored for NAS at any time during hospitalization? Yes No

6. Which pharmacologic agents were administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes No d) Clonidine? Yes No g) Deodorized Diluted Tincture
 b) Methadone? Yes No e) Phenobarbital? Yes No of Opium (DDTO)? Yes No
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7. What was the total duration of pharmacologic treatment for NAS? _____ days

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_____ days*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes No (if no, skip to #11)
10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- a) Morphine? Yes No d) Clonidine? Yes No g) Deodorized Diluted Tincture
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- | | | | | | | |
|-------------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|---|
| a) Morphine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | d) Clonidine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | g) Deodorized Diluted Tincture |
| b) Methadone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | e) Phenobarbital? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | of Opium (DDTO)? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Buprenorphine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | f) Paregoric? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

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7. What was the total duration of pharmacologic treatment for NAS? _____ days

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_____ days*Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.*9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes No (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

- | | | | | | | |
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*Note: More than one agent may be used in an individual patient.*11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk?
Yes No Unknown

12. Where was the infant discharged to: (check only one)

- | | |
|--|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Transferred to another hospital |
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13. What was the infant's total length of NICU stay? _____ days

Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.

14. What was the infant's total length of hospital stay? _____ days

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10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

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8. What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge? _____ days

Calculate the interval in days between the date of the last dose of a NAS agent and the date of discharge. Include the first full day the infant was off treatment up until and including the day of discharge.

9. At the time of discharge from your hospital, was the infant receiving medications for NAS (morphine, methadone, buprenorphine, clonidine, phenobarbital, paregoric or DDTO)? Yes No (if no, skip to #11)

10. At the time of discharge from your hospital, which pharmacologic agents were still being administered for the treatment of NAS? Check all that apply:

a) Morphine? Yes No d) Clonidine? Yes No g) Deodorized Diluted Tincture
 b) Methadone? Yes No e) Phenobarbital? Yes No of Opium (DDTO)? Yes No
 c) Buprenorphine? Yes No f) Paregoric? Yes No

Note: More than one agent may be used in an individual patient.

11. In the 24 hours preceding discharge from your hospital, did the infant receive any of his/her mother's own milk? Yes No Unknown

12. Where was the infant discharged to: (check only one)

Home Transferred to another hospital
 Home with a guardian or foster parent Other Describe: _____

13. What was the infant's total length of NICU stay? _____ days

Calculate the total number of days that the infant stayed in the NICU. The first day of NICU admission counts as Day 1. Include the day of discharge as a full day.

14. What was the infant's total length of hospital stay? _____ days

Calculate the number of days the infant stayed at any hospital. The first day of admission to any hospital counts as Day 1. If the infant was transferred to another hospital, please contact that hospital regarding total hospital length of stay. Include the day of discharge as a full day.