

NeoIPC – Core Module (VLBW/VPT Infants)
Patient Progress Chart



Patient ID: Patient name:
 Month/Year: Chart no:

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	T	
Patient days																																	
CVC days																																	
PVC days																																	
INV days																																	
NIV days																																	
Human milk days																																	
Kangaroo care days																																	
Probiotic days																																	
Antibiotic days (total):																																	
AB-1																																	
AB-2																																	
AB-3																																	
AB-4																																	
AB-5																																	
AB-6																																	

Comments:

NeoIPC – Core Module (VLBW/VPT Infants)

Master Data Collection Sheet



Enrolment	
Patient ID:	
Patient name:	
Gestational age:	(weeks + days, e.g. 25+4)
Birthweight:	grams
Sex:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Undetermined
Delivery mode:	<input type="radio"/> Vaginal <input type="radio"/> Caesarean section (elective) <input type="radio"/> Caesarean section (emergency)
Multiple birth:	<input type="radio"/> Yes, total number of infants at birth: _____ <input type="radio"/> No
Admission Information	
Admission date:	
Admission type:	<input type="radio"/> Admitted from delivery room (initial admission for infants delivered in your hospital) <input type="radio"/> Transferred/readmitted to your hospital on the day of birth <input type="radio"/> Transferred/readmitted to your hospital the day after birth or later (Admission on day of life: _____)
Surveillance End	
Surveillance end date:	
Reason:	<input type="radio"/> Discharge / Transfer <input type="radio"/> Death
Patient days:	
CVC days:	
PVC days:	
INV days:	
NIV days:	
Human milk days:	
Kangaroo care days:	
Probiotic days:	
Antibiotic days (total):	
Antibiotic days (per substance)	
Antibiotic substance 1:	_____ : _____ days
Antibiotic substance 2:	_____ : _____ days
Antibiotic substance 3:	_____ : _____ days
Antibiotic substance 4:	_____ : _____ days
Antibiotic substance 5:	_____ : _____ days
Antibiotic substance 6:	_____ : _____ days
Comments:	

For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.

- You can select only one option.
- You can select multiple options.

Surgical Procedure Data Collection Sheet

Patient		
Patient ID:		
Patient name:		
Surgical Procedure		
Procedure date:		
Procedure description:		
Duration (minutes):		
Main procedure code (ICHI¹):		
Side procedure code (ICHI¹):		
Side procedure code (ICHI¹):		
ASA-Score²:		
<ul style="list-style-type: none"> <input type="radio"/> ASA I – A normal healthy patient <input type="radio"/> ASA II – A patient with mild systemic disease <input type="radio"/> ASA III – A patient with severe systemic disease <input type="radio"/> ASA IV – A patient with severe systemic disease that is a constant threat to life <input type="radio"/> ASA V – A moribund patient who is not expected to survive without the operation 		
Wound class:		
<ul style="list-style-type: none"> <input type="radio"/> Clean <input type="radio"/> Clean-contaminated <input type="radio"/> Contaminated <input type="radio"/> Dirty-infected 		
Endoscopic procedure:	<input type="radio"/> Yes	<input type="radio"/> No
Emergency procedure:	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Primary closure:	<input type="radio"/> Yes	<input type="radio"/> No
Revision procedure:	<input type="radio"/> Yes	<input type="radio"/> No
Implant:	<input type="radio"/> Yes	<input type="radio"/> No
Signs of infection at time of surgery:		

You can select only one option.

You can select multiple options.

¹ <https://www.who.int/standards/classifications/international-classification-of-health-interventions>

² Classification of the American Society of Anesthesiologists

For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.

NeoIPC – Infection Data Collection Sheet



Hospital-Acquired Primary Sepsis/BSI

Patient	
Patient ID:	
Patient name:	
Hospital-acquired Primary Sepsis/BSI	
Infection date:	
Vascular catheter association:	
<input type="radio"/> No <input type="radio"/> CVC-associated <input type="radio"/> PVC-associated	
BSI type:	
<input type="radio"/> Clinical Sepsis (<i>no positive blood/cerebrospinal fluid culture</i>) <input type="radio"/> LCBSI-RP (<i>caused by a recognised pathogen</i>) <input type="radio"/> LCBSI-CC (<i>caused by a common commensal</i>), recovered: <input type="radio"/> only once or <input type="radio"/> at least twice	
Intravenous antibiotic therapy for five or more days initiated:	
<input type="radio"/> Yes <input type="radio"/> No	
Please enter organism(s) recovered, if you chose LCBSI-RP or LCBSI-CC:	
Organism 1: _____, recovered from <input type="checkbox"/> Blood <input type="checkbox"/> CSF	
<input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Organism 2: _____, recovered from <input type="checkbox"/> Blood <input type="checkbox"/> CSF	
<input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Organism 3: _____, recovered from <input type="checkbox"/> Blood <input type="checkbox"/> CSF	
<input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Signs and symptoms of generalized infection:	
<input type="checkbox"/> Temperature instability or fever (>38 °C) or hypothermia (<36.5 °C) <input type="checkbox"/> Unexplained tachycardia (>200/min) or new/more frequent bradycardia episodes (<80/min) <input type="checkbox"/> Capillary refill time of > 3s or skin mottling or core/peripheral temperature gap > 2 °C <input type="checkbox"/> New/more frequent episodes of apnoea (>20s) or increase in oxygen demand or ventilatory support <input type="checkbox"/> Enteral feeding intolerance, abdominal distension or ileus <input type="checkbox"/> Irritability, lethargy, apathy or unstable condition <input type="checkbox"/> Unexplained metabolic acidosis (base excess < -10 mmol/L; <-10 mEq/L) <input type="checkbox"/> New and unexplained hyperglycaemia (> 140 mg/dl; > 7.8 mmol/L) or hypoglycaemia (< 40 mg/dl; <2.2 mmol/L)	
Laboratory findings:	
<input type="checkbox"/> Platelet count of < 100 × 10 ⁹ /L (<100 × 10 ³ /μL) <input type="checkbox"/> WBC < 4 × 10 ⁹ /L or > 20 × 10 ⁹ /L (< 4 × 10 ³ /μL or > 20 × 10 ³ /μL) <input type="checkbox"/> CRP > 10 mg/L (> 1 mg/dL) <input type="checkbox"/> Procalcitonin ≥ 2μg/L (2 ng/mL; 200 ng/dL) <input type="checkbox"/> I/T-Ratio > 0,2 (ratio of immature granulocytes to total granulocytes) <input type="checkbox"/> Increased levels of interleukin 6 (IL-6) or IL-8	

You can select only one option.

You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly. For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.

NeoIPC – Infection Data Collection Form



Necrotizing Enterocolitis (NEC)

Patient	
Patient ID:	
Patient name:	
Necrotizing Enterocolitis	
Infection date:	
Radiological signs (imaging technologies: X-ray, CT, MRI, ultrasound):	
<input type="checkbox"/> Pneumoperitoneum <input type="checkbox"/> Pneumatosis intestinalis <input type="checkbox"/> Portal venous gas (Hepatobiliary gas) <input type="checkbox"/> Fixed bowel loops (≥ 24 h)	
Clinical signs and symptoms:	
<input type="checkbox"/> Abdominal distention <input type="checkbox"/> Abdominal discoloration or shiny/reddish skin tone <input type="checkbox"/> Repeated occult (guaiac test) or visible blood in stool (no anal fissure)	<input type="checkbox"/> Increasing/pronounced vomiting <input type="checkbox"/> Increased gastric residuals from previous feeding <input type="checkbox"/> Bilious gastric aspirate (not from transpyloric feeding tube)
Surgical or pathological findings:	
<input type="checkbox"/> Extensive bowel necrosis (> 2 cm of bowel affected) <input type="checkbox"/> Pneumatosis intestinalis	<input type="checkbox"/> Intestinal perforation (not a definition criterion)
Secondary BSI:	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No follow-up	
If you chose YES, please enter organism(s) recovered from blood culture:	
Organism 1: _____	
<input type="checkbox"/> MRSA/VRE/3GCR ¹	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Carbapenem resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Colistin resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
Organism 2: _____	
<input type="checkbox"/> MRSA/VRE/3GCR ¹	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Carbapenem resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Colistin resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
Organism 3: _____	
<input type="checkbox"/> MRSA/VRE/3GCR ¹	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Carbapenem resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Colistin resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested

You can select only one option.

You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly. For more information, please see sections 5. Data Dictionary and 7. Abbreviations in the NeoIPC - Core Module Protocol.

Patient
Patient ID:
Patient name:
Hospital-acquired Pneumonia
Infection date:
Device association: <input type="radio"/> No <input type="radio"/> INV-associated <input type="radio"/> NIV-associated
Organisms identified from respiratory tract (RT): <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested If you chose YES, please enter the organism(s): Organism 1: _____, recovered from <input type="checkbox"/> lower RT <input type="checkbox"/> upper RT <ul style="list-style-type: none"> <input type="checkbox"/> MRSA/VRE/3GCR¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 2: _____, recovered from <input type="checkbox"/> lower RT <input type="checkbox"/> upper RT <ul style="list-style-type: none"> <input type="checkbox"/> MRSA/VRE/3GCR¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 3: _____, recovered from <input type="checkbox"/> lower RT <input type="checkbox"/> upper RT <ul style="list-style-type: none"> <input type="checkbox"/> MRSA/VRE/3GCR¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> At least one of the following imaging findings (imaging technologies: X-ray, CT, MRI, ultrasound) shows new changes suggestive of pneumonia, such as infiltrate, shadowing, opacification, increased density, fluid in the intrapleural cavity or interlobar fissure
<input type="checkbox"/> New initiation of respiratory support or escalation of existing level of respiratory support for ≥ 2 days after at least 2 days of stability or improvement
Clinical and laboratory criteria: <input type="checkbox"/> New/more frequent bradycardia episodes (<80/min) or unexplained tachycardia (>200/min) <input type="checkbox"/> New or increased frequency of episodes of apnoea (> 20 s) or new or more frequent tachypnoea (>60/min). <input type="checkbox"/> Purulent tracheal aspirate <input type="checkbox"/> New or more frequent symptoms of respiratory distress (retraction, nasal flaring, grunting, chest indrawing) <input type="checkbox"/> Temperature instability or fever (>38 °C) or hypothermia (<36.5 °C) <input type="checkbox"/> Increased respiratory secretion (more frequent endotracheal suctioning required) <input type="checkbox"/> CRP > 10 mg/L (> 1 mg/dl) or increased levels of interleukin 6 (IL-6) or IL-8 <input type="checkbox"/> I/T - ratio > 0.2
Secondary BSI: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No follow-up If you chose YES, please enter organism(s) recovered from blood culture: Organism 1: _____ <ul style="list-style-type: none"> <input type="checkbox"/> MRSA/VRE/3GCR¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 2: _____ <ul style="list-style-type: none"> <input type="checkbox"/> MRSA/VRE/3GCR¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 3: _____ <ul style="list-style-type: none"> <input type="checkbox"/> MRSA/VRE/3GCR¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested

You can select only one option. You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly.
 For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeolPC - Core Module Protocol.

NeoIPC – Infection Data Collection Sheet

Surgical Site Infection (SSI)



Patient	
Patient ID:	
Patient name:	
Surgical Site Infection	
Infection date:	
SSI type: <input type="radio"/> Superficial (skin, subcutaneous) <input type="radio"/> Deep (fascial and muscle) <input type="radio"/> Organ/Space (deeper than fascial/muscle)	Infection present at time of surgery: <input type="radio"/> Yes <input type="radio"/> No
Organism(s) identified from surgical site: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested If you chose YES, please enter the organism(s): Organism 1: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 2: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 3: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	
Clinical signs and symptoms: <input type="checkbox"/> Purulent drainage from the incision <input type="checkbox"/> Purulent drainage from a drain <input type="checkbox"/> Incision deliberately opened or aspirated <input type="checkbox"/> Incision spontaneously dehisces <input type="checkbox"/> Abscess or other evidence of infection	<input type="checkbox"/> Localized pain or tenderness <input type="checkbox"/> Localized swelling <input type="checkbox"/> Localized erythema <input type="checkbox"/> Localized heat <input type="checkbox"/> Fever (> 38 °C) or hypothermia (< 36.5 °C) or temperature instability
Secondary BSI: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No follow-up If you chose YES, please enter organism(s) recovered from blood culture: Organism 1: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 2: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested Organism 3: _____ <input type="checkbox"/> MRSA/VRE/3GCR ¹ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Carbapenem resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested <input type="checkbox"/> Colistin resistant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested	

You can select only one option.

You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly. For more information, please see sections 5. *Data Dictionary* and 7. *Abbreviations* in the NeoIPC - Core Module Protocol.