

Advanced Neonatal Nurse Practitioner Assessment Project Confidential Enquiry: Assessment of Care

Study case number

Rater initials

Rating scales

The specific questions and their associated tick boxes are provided to focus the rater's mind on the key issues in order to give an overall rating on each dimension in the Opinion box.

You are asked to give written opinions in the Opinion boxes and to rate each dimension on a 5 point scale of 0 to 4. The definitions of the scale are as follows:

0
Performance fell well below that which could be regarded as acceptable and could have contributed to a poor outcome.

1
Substandard performance, with significant omissions to the record, but not likely to have affected the outcome.

2
Adequate, safe care, but no frills. Most of the information there but not very well laid out.

3
Above average performance and care. Comprehensive record with all the necessary information.

4
Exemplary care. Clear, well structured record, full documentation, all necessary and no inappropriate actions.

A. Resuscitation

1. Personnel present for resuscitation

(record number of individuals in each category if possible; simply tick the box if not known)

Personnel	Present at delivery	Arrived later
Midwife		
Neonatal Nurse		
ANNP		
Consultant paediatrician		
SpR in paediatrics		
Staff grade in paediatrics		
SHO in paediatrics		
Other (specify if known)		

2. Condition at birth

- | | | | |
|--|-----|----|-----|
| a) Was the heart rate present at birth? | Yes | No | n/k |
| b) Was spontaneous respiration present within one minute of birth? | Yes | No | n/k |

3. Resuscitation in the first minute after birth

- | | | | |
|---|-----|----|-----|
| a) Was there absent or ineffective respiration or persistent heart rate <100/min? | Yes | No | n/k |
| b) Was IPPV administered (by mask or intubation)? | Yes | No | n/k |

4. Resuscitation 5 minutes after birth

- | | | | |
|---|-----|----|-----|
| a) Was there absent or ineffective respiration or persistent heart rate <100/min? | Yes | No | n/k |
| b) Was IPPV administered (by mask or intubation)? | Yes | No | n/k |

5. At any time during resuscitation

- | | | | |
|---|-----|----|-----|
| a) After effective IPPV had been established was the heart rate <60/min at any stage? | Yes | No | n/k |
| b) Was external chest compression performed? | Yes | No | n/k |

6. Drugs administered during resuscitation

Drug	Dose	Route	Age in hours and minutes
Adrenaline			
Bicarbonate			
Volume expander			
Glucose			
Other (specify)			

Opinion - A

Detail any aspects of the resuscitation which you consider to be exemplary:

Detail any aspects of the resuscitation which you consider to be sub-standard:

Overall rating

B. Admission to Special Care

1. Age at admission to Special Carehoursminutes

2. Clinical status on admission

- a) Was there spontaneous and effective respiration on admission? Yes No n/k
- b) Was IPPV with tracheal intubation given within the first postnatal hour? Yes No n/k
- c) Was CPAP given within the first postnatal hour? Yes No n/k
- d) What was the infant's temperature when first recorded on admission to Special Care?°C n/k

3. Clinical examination

Did the clinical examination after admission to Special Care record: All applicable Some None

- a) Respiratory (moans/grunts, rate, effort, colour, FiO₂, ventilator settings)
- b) Cardiovascular (heart rate, perfusion, heart sounds)
- c) Neurological (tone, conscious level, spontaneous movements, abnormal movements)
- d) Abdominal (distension, umbilicus, genitalia)
- e) Other (specify) _____

Opinion - B

Detail any aspects of the admission to Special Care which you consider to be exemplary:

Detail any aspects of the admission to Special Care which you consider to be sub-standard:

Overall rating

D. Investigations

a) What investigations were done within 24 hours of admission, before and after 2 hours from admission? (tick all that apply)

*Blood gas

Haematocrit alone

*Full blood count

*Blood culture

Blood glucose reagent strip

*True blood glucose (including HemoCue)

*Urea and electrolytes

Other (specify) _____

b) Were important or abnormal results documented clearly in the narrative record? Yes No n/k

c) Was appropriate action taken on any abnormal results? Yes No n/k

d) Were appropriate initial investigations done for seizures? All Some n/k n/a
(Those * above plus calcium & magnesium)

e) Were any inappropriate investigations done? Yes No

Specify: _____

Opinion - D

Detail any aspects of the investigations which you consider to be exemplary:

Detail any aspects of the investigations which you consider to be sub-standard:

Overall rating

E. Communication with parents

- | | | | |
|--|-----|----|-----|
| a) Was any record made of communication with parents in the delivery room? | Yes | No | n/k |
| b) Was any record made of communication with parents around the time of admission? | Yes | No | n/k |
| c) Was any record made of communication with parents from 1 hour after admission? | Yes | No | n/k |

Opinion - E

Detail any aspects of the communication with parents which you consider to be exemplary:

Detail any aspects of the communication with parents which you consider to be sub-standard:

Overall rating

F. Treatment

1. Respiratory support

Is there evidence that support was adjusted according to clinical/ monitor/ blood gas information?	Yes	No	n/k
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2. Infection

a) Were antibiotics started promptly after admission, if indicated?	Yes	No	n/k
b) For how many days was the baby treated during the primary course?days		

3. Seizures

a) Were seizures treated promptly?	Yes	No	n/k
b) Was the treatment appropriate?	Yes	No	n/k

4. Other

a) Did any other medical complication develop?	Was it treated appropriately?		
_____	Yes	No	n/k
_____	Yes	No	n/k

Opinion - F

Detail any aspects of the treatment which you consider to be exemplary:

Detail any aspects of the treatment which you consider to be sub-standard:

Overall rating

G. Transfer out

1. Reason for transfer (tick the main reason)

Medical (respiratory, prematurity, asphyxia etc)

Medical (subspecialty eg metabolic, nephrology)

Surgical

Cardiac

Other (specify)

2. Who undertook the transfer?

a) Team from the unit of destination

b) Staff from the referring unit (tick all that apply):

Nurse

ANNP

Paediatric Consultant

Paediatric SpR

Paediatric SHO

3. Was a copy of the transfer letter retained in the notes?

Yes

No

Opinion - G

Detail any aspects of the preparation for transfer which you consider to be exemplary:

Detail any aspects of the preparation for transfer which you consider to be sub-standard:

Overall rating

H. Palliative/Terminal Care

- | | | | |
|---|-----|----|-----|
| a) Was there a clear record of relevant discussions with parents? | Yes | No | n/k |
| b) Were the wishes of the parents recorded? | Yes | No | n/k |
| c) Was there a record of the personnel who supported the parents through the death? | Yes | No | n/k |
| d) Was there a statement of the plans for follow-up? | Yes | No | n/k |
| e) Was it recorded as to whether an autopsy was requested? | Yes | No | n/k |

Opinion - H

Detail any aspects of palliative care which you consider to be exemplary:

Detail any aspects of palliative care which you consider to be sub-standard:

Overall rating