|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Newborn** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 1/4  V3 [05/17] | **Number child** | SHCS number mother |

Please complete this questionnaire and send it to the local data manager right after discharge.   
**Keep a copy in the patient chart.**

|  |  |
| --- | --- |
|  | **Stamp of reporting physician** |
|  |

**A. At birth**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1fst** |  | | **2nd** | |  | | |  |
| **If twins: born** |  |  | |  | |  |  | | |
|  |  |  | | |  | | | | | | | | | | | |  | | |
| **Gestational age** |  |  | | | **Weeks +** | | | | | | |  | | | | | **days** | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Weight** |  |  | | |  | | |  | | | **g** | | **Percentiles[[1]](#footnote-1)\*** | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Length** |  |  | | | **cm** | | | | | | | | | | | **Percentiles\*** | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Head circumference** |  |  | | | **cm** | | | | | | | | | | | | **Percentiles[[2]](#footnote-2)\*** | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **APGAR score** |  | | | | **/** | | |  | | | | | | | **/** | | |  |
|  | at 1 min | | | |  | | | at 5 min | | | | | | |  | | | at 10 min |
|  | | | | | | | | | | | | | | | | | | |
| **PH arterial** |  | | **,** | |  | | | | | | | | |
| **PH venous** |  | | **,** | |  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity of father**: | **white** |  | 1 |
|  | **black** |  | 2 |
|  | **hispano-american** |  | 3 |
|  | **asian** |  | 4 |
|  | **other** |  | 0 |
|  | **unknown** |  | 9 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Newborn** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 2/4  V3 [05/17] | **Number child** | SHCS number mother |

**B. Medication and feeding from birth until discharge**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prophylactic antiretroviral treatment** | No |  | Yes |  | Unknown |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If yes:  **Drug** | | **First dose given x hours after birth**  (round to next h) | |  | | **Dose:**  **Value** | **Units \*\*:** | | **Startdate**  (dd/mm/yy) | **Stopdate or** (dd/mm/yy) | **ongoing** | | |
|  |  |  | hours | |  | |  |  |  |  |  |  |
|  |  |  | hours | |  | |  |  |  |  |  |  |
|  |  |  | hours | |  | |  |  |  |  |  |  |
|  |  |  | hours | |  | |  |  |  |  |  |  |

\*\***1=mg/kg/day, 2= mg/m2/day**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Breastfed** | **No** | **Yes** | **If yes, please specify why** | |
|  |  |  |  |  |

C. State of health from birth to discharge

|  |  |  |
| --- | --- | --- |
| Date of discharge (dd/mm/yy) |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | |  | | | | | |
|  | |  | No | Yes, please specify: | | | | | | | |  |  |
| Birth defect(s) (detectable in physical examination including skin abnormalities) | |  |  |  | | |  | | | |  | | | |
| No | Yes, please specify: | | | | | | | |  | | |
| Congenital infection(s) | |  |  |  | | |  | | |  | | | | |
| Drug withdrawal syndrome | |  |  |  | | |  | | |  | | | | |
|  | |  |  | | | |  | | | | |  | | |
|  | |  | normal | | abnormal, please specify: | | | | | | |  | | |
| Neurological examination | reflexes | |  |  | |  | |  | | |  | | | |
|  | motility | |  |  | |  | | |  | | | |
|  | tonus | |  |  | |  | | |  | | | |
|  | | | | | | | | | | | | | | |
|  |  | | No | Yes, please specify: | | | | | | | | |  |  |
| Other health problems |  | |  |  | |  | | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No | Yes, please give reason: | | date of entry (dd/mm/yy) |
| Referral to intensive/intermediate care unit? |  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Newborn** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 3/4  V3 [05/17] | **Number child** | SHCS number mother |

|  |
| --- |
| Please do the following tests **at the same day as the Guthrie.** |

D. Laboratory

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hematology** |  | |  | **Biochemistry** |  | |  | | | |
| **Date**: (dd/mm/yy) |  | | **Date**: (dd/mm/yy) | |  | | |  | |
|  | | |  |  | | | | | | |
| **Hemoglobin (g/dl)** | |  |  | **Glycemia (mmol/l)** | |  | |  | | |
| **Hematocrit (%)** | |  |  | **Cholesterol (mmol/l)** | |  | |  | | |
| **MCV (fl)** | |  |  | **Triglycerides (mmol/l)** | |  | |  | |  |
| **Normal range [[3]](#footnote-3)\*** |
| **WBC count (G/l)** | |  |  | **AST (U/l)** | |  | |  | |  |
| **Neutrophils (%)** | |  |  | **ALT (U/l)** | |  | |  | |  |
| **Lymphocytes (%)** | |  |  | **Bilirubin total (μmol/l)** | |  | |  | | |
| **Platelets (109/l)** | |  |  | **Alk. Phosphatase (U/l)** | |  | |  | | |
|  | |  |  | **Amylase (U/l)** | |  | |  | | |
|  | |  |  | **Lipase (U/l)** | |  | |  | | |
|  | |  |  | **Creatinine (μmol/l)** | |  | |  | | |
|  | |  |  | **Na+ (mmol/l)** | |  | |  | | |
|  | |  |  | **Cl- (mmol/l)** | |  | |  | | |
|  | |  |  | **Bicarbonate (mmol/l)** | |  | |  | | |

Comments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Newborn** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 4/4  V3 [05/17] | **Number child** | SHCS number mother |

**E. For additional laboratory results**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hematology** |  | |  | **Biochemistry** |  | |  | | | |
| **Date**: (dd/mm/yy) |  | | **Date**: (dd/mm/yy) | |  | | |  | |
|  | | |  |  | | | | | | |
| **Hemoglobin (g/dl)** | |  |  | **Glycemia (mmol/l)** | |  | |  | | |
| **Hematocrit (%)** | |  |  | **Cholesterol (mmol/l)** | |  | |  | | |
| **MCV (fl)** | |  |  | **Triglycerides (mmol/l)** | |  | |  | |  |
| **Normal range [[4]](#footnote-4)\*** |
| **WBC count (G/l)** | |  |  | **AST (U/l)** | |  | |  | |  |
| **Neutrophils (%)** | |  |  | **ALT (U/l)** | |  | |  | |  |
| **Lymphocytes (%)** | |  |  | **Bilirubin total (μmol/l)** | |  | |  | | |
| **Platelets (109/l)** | |  |  | **Alk. Phosphatase (U/l)** | |  | |  | | |
|  | |  |  | **Amylase (U/l)** | |  | |  | | |
|  | |  |  | **Lipase (U/l)** | |  | |  | | |
|  | |  |  | **Creatinine (μmol/l)** | |  | |  | | |
|  | |  |  | **Na+ (mmol/l)** | |  | |  | | |
|  | |  |  | **Cl- (mmol/l)** | |  | |  | | |
|  | |  |  | **Bicarbonate (mmol/l)** | |  | |  | | |

Comments:

1. \* Use official swiss percentiles [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. \* Normal ranges for other items not needed [↑](#footnote-ref-3)
4. \* Normal ranges for other items not needed [↑](#footnote-ref-4)