Supplemental Information

tions. N/A, not applicable.

Was this section completed in collaboration with your facility's neonatal patient care team (i.e. was input sought from at least one of the following neonatal patient care team members: NICU Medical Director, Lead Neonatal Physician, Neonatal Nurse Manager, Lead Neonatal Nurse Practitioner)? □ Yes □ No □ N/A, my facility does not provide neonatal patient care services
If N/A was selected in question 1 above, questions 2-6 below do not apply to your facility and should be skipped. If your facility does care for neonates (at any level), please complete questions 2-6 below.
Excluding Level I units (well newborn nurseries), record the number of neonatal admissions to Special Care Nurseries (Level II) and Intensive Care Units (Level II/III and higher): a. Inborn Admissions: b. Outborn Admissions:
3. Excluding Level I units (well newborn nurseries), record the number of neonatal admissions (both inborn and outborn) to Special Care (Level II) and Intensive Care (Level II/III and higher) in each of following birth weight categories: a. Less than or equal to 750 grams: b. 751-1000 grams: c. 1001-1500 grams: d. 1501-2500 grams: e. More than 2500 grams:
4. Does your facility provide Level III (or higher) neonatal intensive care as defined by the American Academy of Pediatrics (e.g. capable of providing sustained life support, comprehensive care for infants born <32 weeks gestation and weighing <1500 grams, a full range of respiratory support that may include conventional and/or high-frequency ventilation)? ☐ Yes ☐ No
5. Does your facility accept neonates as transfers for any of the following procedures: Omphalocele repair; ventriculoperitoneal shunt; tracheoesophageal fistula (TEF)/esophageal atresia repair; bowel resection/reanastomosis; meningomyelocele repair; cardiac catheterization? ☐ Yes ☐ No
6. If your facility administers antimicrobials (oral or parenteral) to newborns residing in their mother's room, to which NHSN location(s) is the baby mapped? (Select all that apply) N/A, my facility requires that newborns be transferred to a higher level of care (i.e. special care nursery or neonatal intensive care unit) in order for antimicrobials to be administered Level I neonatal unit (well newborn nursery) Labor and Delivery Ward, Postpartum Ward, or Labor, Delivery, Recovery, Postpartum Suite
SUPPLEMENTAL FIGURE 3 New neonatal-specific NHSN Annual Hospital Survey ques