



NEST360 Neonatal Event Log

Hospital Name: _____ Date (dd/mm/yyyy): _____

Respondent's Name: _____ Assessor's Name _____

Respondent's Position: _____ Entered in REDCap? **YES** or **NO**
By whom? _____

Please call or visit the NEST **nurse coordinator** or neonatal unit **data clerk** at the facility weekly and assess if any of these events occurred in the last week and follow-up on the status of ongoing events from previous weeks. Make sure to read each event type out loud and follow up as necessary in order to help remind the nurse of any significant events that might not have been recorded in the logbook. Prior to the call, review the Event Log from the previous week and follow-up on the resolution of events experienced the previous week. If additional detail on any event is unknown, please write 'unknown' and do not leave the box empty.

Infrastructure

No.	Item	Response	Skip To
1.01	Was there a loss of continuous electricity > 10 minutes?	<input type="radio"/> Yes <input type="radio"/> No	If "No", skip to 1.03
1.02	Do you believe that there were increased deaths due to equipment not being used?	<input type="radio"/> Yes <input type="radio"/> No	—
1.03	Was there a running water interruption?	<input type="radio"/> Yes <input type="radio"/> No	—

Medical Devices and Supplies

No.	Item	Response	Skip To
1.04	Major breakage	Was there a major breakage?	If "No", skip to 1.05
		<input type="radio"/> Yes <input type="radio"/> No Event	
		How many devices broke?	—
		Which devices? (<i>Select all that apply.</i>)	
		<input type="checkbox"/> CPAP <input type="checkbox"/> Glucometer <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen Cylinder <input type="checkbox"/> Oxygen Flow Splitter <input type="checkbox"/> Phototherapy Light <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Radiant warmer <input type="checkbox"/> Suction Pump <input type="checkbox"/> Syringe Pump <input type="checkbox"/> Other (<i>specify below</i>)	
Is the event ongoing?	<input type="radio"/> Yes <input type="radio"/> No		

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No.	Item	Response	Skip To
1.05	Consumable stockout	Was there a consumable stockout? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", skip to 1.06
		How many consumables were out of stock?	—
		Which consumables? (<i>Select all that apply.</i>) <input type="checkbox"/> Batteries <input type="checkbox"/> CPAP hats <input type="checkbox"/> Glucometer strips <input type="checkbox"/> Nasal prongs <input type="checkbox"/> Nasogastric (NG) tubes <input type="checkbox"/> Neonatal sized pulse oximetry probes <input type="checkbox"/> Radiant warmer probes <input type="checkbox"/> Spare filters for oxygen concentrators <input type="checkbox"/> Suction catheters <input type="checkbox"/> Other (<i>specify below</i>)	
		Is the stockout ongoing? <input type="radio"/> Yes <input type="radio"/> No	
1.06	Drug stockout	Was there a drug stockout? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", skip to 1.07
		How many drugs were out of stock?	—
		Which drugs? (<i>Select all that apply.</i>) <input type="checkbox"/> Aminophylline <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Ampicillin <input type="checkbox"/> Caffeine <input type="checkbox"/> Benzylpenicillin <input type="checkbox"/> Benzylpenicillin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Vitamin K <input type="checkbox"/> Other (<i>specify below</i>)	
		Is the stockout ongoing? <input type="radio"/> Yes <input type="radio"/> No	

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No.	Item	Response	Skip To
1.07	Device missing	Was there a device missing? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", next section
		How many devices went missing?	—
		Which devices? (<i>Select all that apply.</i>) <input type="checkbox"/> CPAP <input type="checkbox"/> Glucometer <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen Cylinder <input type="checkbox"/> Oxygen Flow Splitter <input type="checkbox"/> Phototherapy Light <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Radiant warmer <input type="checkbox"/> Suction Pump <input type="checkbox"/> Syringe Pump <input type="checkbox"/> Other (<i>specify below</i>)	
		Is the stockout ongoing? <input type="radio"/> Yes <input type="radio"/> No	

Human Resources

No.	Item	Response	Skip To
1.08	Staff rotation	Was there a staff rotation? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", skip to 1.09
		Who was rotated? (<i>Select all that apply.</i>) <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers	—
		How many were rotated?	
		Reason for rotation (<i>specify below</i>)	
1.09	Annual leave, parental leave, or bereavement	Was anyone on leave? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", skip to 1.10
		Who was on leave? (<i>Select all that apply.</i>) <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers	—

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No.	Item	Response	Skip To
1.10	Change in permanent staff numbers	Was there a change in permanent staff numbers? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", skip to 1.11
		Was the change an increase or a decrease? <input type="radio"/> Increase <input type="radio"/> Decrease	—
		Which cadres changed? (<i>Select all that apply.</i>) <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers	—
1.11	Major training (anyone who would normally be on the ward, but is off at training)	Was there a major training? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", skip to 1.12
		Who participated? (<i>Select all that apply.</i>) <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers	—
1.12	Strike	Was there a strike? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", next section
		Who was striking? (<i>Select all that apply.</i>) <input type="checkbox"/> Nurses <input type="checkbox"/> Doctors <input type="checkbox"/> Clinical Officers	—
		Number of neonatal ward staff affected?	

Information Systems

No.	Item	Response	Skip To
1.13	Forms/registers out of stock	Was there a stockout of forms or registers? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", next section

Attendance

No.	Item	Response	Skip To
1.14	Natural Disaster	Was there a natural disaster? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", 1.15

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No.	Item	Response	Skip To
		Type of disaster (<i>Select all that apply.</i>) <input type="checkbox"/> Flooding/heavy rains <input type="checkbox"/> Heat wave <input type="checkbox"/> Landslide <input type="checkbox"/> Heat wave <input type="checkbox"/> Cold wave <input type="checkbox"/> Earthquake <input type="checkbox"/> Drought <input type="checkbox"/> Other (<i>Specify below</i>)	—
		Did the disaster impact the neonatal ward? <input type="radio"/> Yes (<i>Optional description below</i>) <input type="radio"/> No	
1.15	Civil unrest	Was there civil unrest? <input type="radio"/> Yes <input type="radio"/> No Event	If "No", next section
		Type of civil unrest?	—
		Did the civil unrest impact the neonatal ward? <input type="radio"/> Yes (<i>Optional description below</i>) <input type="radio"/> No	

Other

No.	Item	Response	Skip To
1.16	Was there any other event in the last week you think we should know about?	<input type="radio"/> Yes <input type="radio"/> No Event	If "No", 1.17
		Describe the event below:	—
1.17	Is there any support you need right now?	<input type="radio"/> Yes <input type="radio"/> No	—
		Comments:	

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Comments