

## Newborn Admission Temperature (NAT) Project Data-Related Frequently Asked Questions

- **When can hospitals expect to receive their REDCap login to be able to begin documentation of their data?**
  - Hospitals that are FULLY enrolled should have received an email within 48 hours with their login credentials.
  - This email contains information on how to access REDCap, how to enter data, and specific hospital ID number.
  - If you have a difficulty accessing REDCap, please send an email at [NAT@utsystem.edu](mailto:NAT@utsystem.edu).
- **Is there a data collection tool available to aid in chart review for hospitals?**
  - We have a data documentation tool that hospital may use internally to help them track the data at individual patient-level. It is broken down by race/ethnicity and birthweight.
  - This is a tool for hospitals to use to collect data at the individual patient level; however, the data that you submit will be aggregated by quarter.
  - These documents can be found on our website (<https://www.tchmb.org/newborn-admission-temperature>)
- **How are hypothermia, normothermia, and hyperthermia defined in the NAT project? Why are temperatures between 36.0-36.5°C included in the normothermia category?**
  - For the purposes of this project, admission temperatures are categorized as follows:
    - Hypothermia: (<36.0°C)
    - Normothermia: (36.0 to 37.5°C)
    - Hyperthermia: (>37.5°C)
  - We understand that the typical definition for hypothermia is <36.5C, but we wanted to exclude “cold stress” or mild hypothermia (36.0-36.5°C) from hypothermia.
  - For the purposes of the NAT project, hypothermia is considered as admission temp <36°C.
- **For mother-baby units, can the first temperature be excluded if second is taken and normalizes within 60 minutes?**
  - For the mother-baby units, the temperature that is taken between 20 minutes and 60 minutes is the one that counts.
  - When the project was conducted in the North Central Texas Trauma RAC, they noted that if the mother had chorioamnionitis, the first temperature was high and usually, normalized after 20 minutes.
  - For NICU, it will be the temperature taken right at admission.
- **When and how many temperatures exactly are hospitals tracking at initial or first admissions?**

The initial temperature recorded will be dependent on the type of unit.

  - For NICU, the initial temperature will be based on admissions to the NICU.
  - For mother-baby units, the initial temperature will be the temperature recorded between 20 to 60 minutes of life. Please note for mother-baby units, this is after birth not at arrival of mother-baby unit.

- In addition to tracking initial temperatures, hospitals are also expected to record the total numbers of infants that were below and above a certain temperature along with the total number of births in your facility. This will allow for the calculation of the rate of hypothermia and the rate of hyperthermia.
- **What if a current hospital or facility tracks temperatures at 30 and 60 minutes, which temperature should be used as the initial temperature?**
  - The goal is to balance between measures taken to normalize temperatures and a true admissions/initial temperature, which usually occurs between 20 and 60 minutes of life. As such, the NAT committee recommends using the 30-minute temperature as the initial temperature recorded if hospitals track temperatures at 30 and 60 minutes.
  - However, the NAT committee recommends maintaining consistency. Therefore, if a hospital/facility determines that one of the two temperatures provides more consistent information with their data collection, then they can use that temperature. However, this facility/hospital must use that reading for each recorded initial temperature. For example, if 60 minutes is chosen as their initial temperature, then all recorded temperatures should be for 60 minutes.
- **Are infants in warmers also considered a part of this project?**
  - Yes, these infants' and any others admitted should be included. We are not asking for any protocols on the way infants are handled to be dismissed; however, it is important for the temperatures to follow the protocols previously mentioned.
  - For NICU, temperatures should be taken on admissions, and for mother-baby units, temperatures should be recorded between 20 to 60 minutes of life.
- **If you have a mother-baby patient that is later admitted into the NICU, which category should the patient be listed under NICU, mother-baby, or both?**
  - The patient should fall under both categories.
  - The goal of the projects is more tailored towards admissions; therefore, if a patient is admitted into one unit and later transferred into another, both separate admissions along with their temperatures should be taken.
  - While the NAT committee is aware some infants may be double counted, this is not a factor that is worrisome as the main objective is the thermoregulation of the newborn.
  - However, note that, because the infant will have received some form of stabilization at the NICU and will likely have thermoregulation as part of that process, the readmission or newly admissions (after NICU presence) to mother-baby unit should not be included in the data tracking.
- **For NICU Units, is the initial temperature the temperature in the operating room or when the infant first comes into the NICU?**
  - For NICU units, the initial temperature is recorded when the infant first comes into the NICU (at admissions) not at the operating room or the delivery room.
- **For well newborns, certain facilities do a recovery period in delivery with mother for 2 hours, should the temperature be collected during recovery or the transition to the mother-baby unit?**
  - For instances such as these and in the case of well newborns, the importance is to record the initial temperature between 20 to 60 minutes of life, regardless of the location.

- **Do hospitals exclude infants that are born at home or elsewhere and may not reach the hospital within the time period requested (i.e., 20 to 60 minutes of life)?**
  - While this scenario can occur, we do not expect a vast number of infants to be in this situation. As such, the temperature recorded at admissions (the time the infant finally arrives at the hospital) should be recorded. We do not expect these situations to affect the data as much.
- **If a patient travels back into the Mother-Baby unit from the NICU or if they start at NICU then transfer into the Mother-Baby unit, is each admission into the Mother-Baby unit recorded?**
  - Because the infant will have received some form of stabilization at the NICU and will likely have thermoregulation as part of that process, the readmission or newly admissions (after NICU presence) to Mother-Baby unit should not be included in the data tracking.
- **If the baby is hypothermic will hospitals need to record any interventions taken or just the baseline temperatures according to parameters?**
  - Every system will have different protocols and interventions in place for thermoregulation with the temperatures being outcomes of measures. As such, the baseline temperatures according to parameters should be what hospitals record.
- **If we have a baby admitted to a level 1 NICU then transferred to our level 2 NICU, you need the temps for both of those admissions, correct? We are not worried about duplicates.**
  - Yes, hospitals will be tracking admission temperatures to both the NICUs. We understand this may result in a few duplicates, but we expect this will not affect the outcomes.
- **What about newborns transported from other NICUs? Will their admission temperature be tracked?**
  - Yes, hospitals will be tracking admission temperatures for newborns transported from other NICUs.
- **What happens if there is substantial time between admissions to different units at hospital. For example, the baby is admitted to a different unit and re-admitted to NICU after a month. In this case, should we record both admission temperatures even when it is a month apart?**
  - All admissions should be included into data reporting regardless of time between admissions.
  - For each admission, you will record temperature at time of that admission.
  - For all admissions, use birthweights (and NOT current admission weight).
- **Some records might be missing temperature information. Should this record without temperature be included under total number of admissions?**
  - ALL admission records should be included into the total counts regardless of whether the temperature was recorded or not.
- **As these reports are being created/modified, will NAT send hospitals a list of categories that need to be pulled from EHR for race/ethnicity?**
  - The summation of Hispanic, Non-Hispanic, and Unknown ethnicity admissions under ethnicity should add up to the total number of admissions.
  - Additionally, the summation of all the race categories (Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Other, Non-Hispanic Unknown/Missing) should add up to the number of Non-Hispanic admissions under ethnicity.