**R.O.P DATA COLLECTION FORM LGH, LHR**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient ID # |  | Age at admission  |  |
| Baby Name/ Gender |  /Parents Name | Surfactant given(Yes/No) |  |
| D. O. Admission(dd-mm-yy) |  |  NasalOxygen CPAP Vent |  |
| Birth Wt. (grams) |  | Average O2Saturation |  |
| Gestational Age (wks) |  | Mechanical ventilation (days) O2 |  |
| D.O.B (dd-mm-yy) |  | Nasal CPAP (days) |  |
| Corrected Gestational age at D.O.D |  | Oxygen Protocol followed(Y/N) |  |
| Weight at D.O.D(grams) |  | D. O. Discharge(dd-mm-yy) |  |
| Contact # |  | Day of life at D.O.D |  |
| Completeaddress |  | Duration of stay in Hospital |  |
| Established Diagnosis of R.O.PZone/Stage/Plus |  | Treatment(If any) |  |
| Date: | http://www.eyecalcs.com/DWAN/graphics/figures/v6/1080/001f.gif |
| Age of patient DOB |
| Next Visit: |
| Examiner: | **Zone:** | **Stage:** | **Preplus:** | **Y / N** | **Zone:** | **Stage:** | **Preplus:** | **Y / N** |
| **Plus:** | **Y / N** | **Plus:** | **Y / N** |
| Comments: |  |  |

|  |  |
| --- | --- |
| Date: | http://www.eyecalcs.com/DWAN/graphics/figures/v6/1080/001f.gif |
| Age of patient DOB |
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| **Plus:** | **Y / N** | **Plus:** | **Y / N** |
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| **Plus:** | **Y / N** | **Plus:** | **Y / N** |
| Comments: |  |  |