**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) |  | | | Nasal  Oxygen 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 | | | |  | | |
| Complete  address |  | | | Duration of stay in Hospital | | | |  | | |
| Established Diagnosis of R.O.P  Zone/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: |  | | | | |  | | | | |

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| 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: |  | | | | | | |  | | | | | | |
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| **Plus:** | **Y / N** | | **Plus:** | | | **Y / N** |
| Comments: |  | | | | | |  | | | | | | | |