Table 1 Survey questions Part 2

Part			
1.	Does your unit have a written policy on the following:		
	Screening criteria for dietitian referral	Yes/No	
	Enteral Feeding	Yes/No	
	Intravenous feeding	Yes/No	
	Withholding feeds	Yes/No	
	Gastric aspirate volumes	Yes/No	
	Vitamin and mineral supplementation (inpatient)	Yes/No	
	Other	please specify	
2.	Which country is your hospital in?		
	New Zealand		
	Australia		
3.	What is the name of the hospital where you work?		
4.	In your unit, is a vitamin D supplement prescribed for preterm criteria (birthweight, gestational age, other)?		
5. What is the name of the inpatient vitamin D supplement and dose (in ml)			
	Vitadol C		
	Pentavite		
	Puria		
	Other (please specify)		
6.	<u>r</u> <u>r</u>		
7. If yes, what is the name of the vitamin D supplement and dose (in ml) on discharge?			
	Vitadol C		
	Pentavite		
	Puria		
	Other (please specify)		
8.	When is this Vitamin D stopped? (ie for how long is the vitamin recommended?)	n D supplement	
9.	In your unit, is ferrous sulphate prescribed for preterm infants (birthweight, gestational age, other?)	s? If yes, what is the criteria	
10	What is the inpatient prophylactic (baby not anaemic) ferrous	sulphate dose (in ml)	
	Is ferrous sulphate prescribed on discharge? If yes, what is the		
	If yes, what is the prophylactic (baby not anaemic) ferrous sulp		
	When is this ferrous sulphate stopped? (ie for how long is the f		
13.	recommended?)	errous surphate supplement	
1/	What other vitamin and mineral supplements are routinely pro-	escribed (without proven	
14.	deficiency) in your neonatal unit?	escribed (without proven	
	Folic acid		
	Calcium		
	Phosphate		
	Zinc		
	Vitamin E		
	Vitamin E Vitamin A (not as Vitadol C or Pentavite)		
	Other (please specify)		
	onici (picase specify)		