



2008 ADMISSION/DISCHARGE FORM FOR INFANTS BORN IN 2008

1.

Network ID
[][][][][][]

Hospital No.
[][][][][]

Selection Criteria To be eligible, MUST answer Yes to at least one of the possible criteria (A-C)

A. 401-1500 grams Yes No
Yes (Go to Q. 1), No (Go to Part B)

B. GA range 22/0 -- 29/6 weeks Yes No
Yes (Go to Q. 1), No (Go to Part C)

C. If >1500 grams Yes No
Answer ALL entry criteria. To be eligible, MUST answer Yes to at least one

Death Yes No
Surgery Yes No
Vent > 4 hrs Yes No
Hyperbilirubinemia Yes No

Acute Trans. In Yes No
Acute Trans.Out Yes No
Early Bacterial Sepsis Yes No

NOTE : ANY infant that was previously discharged home and readmitted to your Hospital (on or before Day 28) for Total Serum Bilirubin => 25 mg/dL (427 Micromols/Liter) and/or exchange transfusion.

Identification and Demographics

1. Birth weight

[][][][][] Grams

2. Head Circumference at Birth

[][] . [] Unk
cm

3. Best Estimate of Gestational Age

[][] Unk
a) Weeks b) Days (0-6)

4. Birth Date
MM/DD

[][] / [][] / 2008

5. Infant Sex

Male Female Unk

6. Died in Delivery Room

If Yes, use Delivery Room Death Form.

Yes No

7. a) Location of Birth

If >1500 grams or Outborn, complete 7b

Inborn Outborn

b) Age in Days at Admission to your NICU

[][] Date of Birth is Day 1
Days (1-28)

c) Hospital of Birth

[][][][][][] N/A

If Outborn, enter Code for Birth Hospital

Name of Facility: _____

8. Admission History

Answer only for Outborn infants. Answer Parts a and b

a) Never home after birth (Skip Part b)
 Was home after birth (Answer Part b)
 N/A

b) First Admission to this NICU
 Readmission to this NICU
 N/A

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Delivery and Maternal History

9. Maternal Age

Unk
 Years

10. Maternal Race / Ethnicity *Answer both Parts a and b*

a) Is Mother of Hispanic Origin?

Yes No Unk

b) Maternal Race *Choose only one*

Black Asian or Pacific Islander
 White Other
 Native American Unk

11. Prenatal Care

Yes No Unk

12. Group B Strep Positive

Yes No Unk
 Not Done

13. Antenatal Steroids

Yes No Unk

14. Spontaneous Labor

Yes No Unk

15. a) Multiple Births

Yes No Unk

b) If Yes, total number of infants delivered. (Count live born and stillborn infants)

N/A
 Total Unk

c) Birth Order

N/A
 Unk

16. Mode of Delivery *Choose only one*

Spont. vag. Op. vag. Cesarean Unk

17. Antenatal Conditions (Mandatory for ALL CPQCC eligible infants)

*Select all conditions occurring in this pregnancy.
 If None, select checkbox for "None" in each column.*

Maternal

- None
- Hypertension
- Chorioamnionitis
- Other Infection
- Diabetes
- Prev. Cesarean
- Other Maternal
- Unk

If Other, specify:

Fetal

- None
- IUGR
- Distress
- Anomaly
- Other Fetal
- Unk

If Other, specify:

Obstetrical

- None
- Premature ROM
- Prolonged ROM(>18hr)
- Malpresent./Breech
- Bleed/Abrupt/Placenta
- Other Obstetrical
- Unk

If Other, specify:

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Grid for Network ID

Hospital No.

Grid for Hospital No.

Delivery and Maternal History (continued)

18. Indications for Cesarean Section (Mandatory for ALL CPQCC eligible infants)

Select at least one

- Not Applicable (No C/S), Elective, Malpresentation/Breech, Dystocia/Failed to progress, Multiple gestation, Placental Problems, Fetal distress, Hypertension, Other (specify), Unk

If Other, specify:

19. Apgar Scores

Apgar score grids for 1 min, 5 min, and 10 min with Unk and Not Done options

20. Delivery Room Resuscitation

- a) Oxygen, b) CPAP, c) Bag/Mask, d) Endotracheal tube/vent, e) Epinephrine, f) Cardiac compression

21. Surfactant Treatment

- a) Surfactant given in Delivery Room, b) Surfactant given at Any Time, c) If Yes, enter Age at First Dose

Post-Delivery Diagnoses and Interventions--Respiratory

22. a) Temperature Measured Within 1 Hour of NICU Admission

b) If Yes, enter temperature

Temperature measurement options and grid for Degrees C

23. Respiratory Support After leaving DR

- a) Oxygen, b) Conventional Vent, c) HIFI Vent, d) High Flow Nasal Cannula, e) Nasal IMV or SIMV

24. Use of Nasal CPAP

- a) Nasal CPAP, b) If Yes, was NCPAP used before ETT Ventilation?

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Post-Delivery Diagnoses and Interventions--Respiratory (continued)

25. Use of Assisted Ventilation

a) Length of Ventilation

None <= 4hrs > 4hrs Unk

b) If Vent > 4 hrs, fill in Days and Hours below:

								<input type="checkbox"/> N/A	
Days				Hours (0-23)					

26. Infant Death Within 12 Hours of Admission to the NICU

Yes No Unk

27. Respiratory Distress Syndrome

Yes No Unk

28. Pneumothorax

Yes, Here Yes, Elsewhere Yes, Here and Elsewhere No Unk

29. Meconium Aspiration Syndrome

Yes No Unk

30. Inhaled Nitric Oxide

Yes No Unk

31. ECMO

Yes No Unk

32. a) Postnatal Steroids (Were postnatal steroids given?)

Yes No Unk

b) If postnatal steroids were used, check all reasons that applied

CLD (check location): Given here Given elsewhere Given here and elsewhere

Extubation Blood Pressure Other Unk N/A

33. Supplemental Oxygen on Day 28

Continuous Intermittent None Unk N/A

34. Oxygen at 36 Weeks Adjusted GA

Continuous Intermittent None Unk N/A

35. Respiratory Support at Discharge

a) Apnea/Cardio-Respiratory Monitor

Yes No Unk

b) Oxygen

Yes No Unk

c) Mechanical Ventilation

Yes No Unk

d) Other (specify)

Yes No Unk

For **Other**, specify: _____

Post-Delivery Diagnoses and Interventions--Infections

36. Early Bacterial Sepsis and/or Meningitis On or before Day 3

GBS e.Coli Other No Unk

For **Other**, specify

Organism: _____

37. Late Sepsis and/ or Meningitis after Day 3

N/A if infant not in your hospital after Day 3

a) Bacterial Pathogen

GBS e.Coli Other No N/A Unk

If GBS, e.Coli, or Other, check location of occurrence:

Here Elsewhere Here and Elsewhere

For **Other**, specify

Organism: _____

b) Coagulase Negative Staphylococci

Yes, here Yes, elsewhere Yes, here and elsewhere No N/A Unk

c) Fungal

Yes, here Yes, elsewhere Yes, here and elsewhere No N/A Unk

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Post-Delivery Diagnoses and Interventions--Infections (continued)

38. Congenital Viral Infection

[] Yes [] No [] Unk

If Yes, specify pathogen: _____

Post-Delivery Diagnoses and Interventions--Other diagnoses, surgeries, and surgical complications

39. a) Patent Ductus Arteriosus

[] Yes [] No [] Unk

b) Indomethacin

[] Yes [] No [] Unk

c) Ibuprofen

[] Yes [] No [] Unk

d) PDA Ligation

[] Yes, here [] Yes, elsewhere [] Yes, here and elsewhere [] No [] N/A [] Unk

40. a) Necrotizing Enterocolitis

[] Yes [] No [] Unk

b) NEC Surgery

[] Yes, here [] Yes, elsewhere [] Yes, here and elsewhere [] No [] N/A [] Unk

41. Focal GI Perforation

[] Yes [] No [] Unk

42. Retinopathy of Prematurity

a) Was a Retinal Exam Performed

[] Yes [] No [] Unk

b) If Yes to a), enter Worst Stage (0 - 5)

[] Unk [] N/A Stage

c) ROP Surgery

[] Yes, here [] Yes, elsewhere [] Yes, here and elsewhere [] No [] N/A [] Unk

43. a) Other Surgery

[] Yes [] No [] Unk

b) If Yes, enter up to 10 Surgery Codes and specify the location of the surgery as either Here (H), Elsewhere (E) or Both (B). For example: S100 H. See Manual for Codes.

If necessary, enter surgery description: _____

44. Surgical Complications Choose only one. If Yes is chosen, describe complications below. See Manual for list of complications.

[] Yes (Surgery complications occurred) [] No (Surgery done, but no complications) [] N/A [] Unk

Post-Delivery Diagnoses and Interventions--Neurological

45. Intracranial Hemorrhage

a) Neural Imaging Done on or before Day 28

[] Yes [] No [] Unk

b) If Yes to a), enter Worst Grade (0 - 4)

[] N/A [] Unk Grade

c) Shunt Placed for Bleed

[] Yes [] No [] Unk [] N/A

d) Other Intracranial Hemorrhage on or before day 28

[] Yes [] No [] Unk [] N/A

If Yes, specify: _____

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Post-Delivery Diagnoses and Interventions -- Neurological (continued)

46. Cystic Periventricular Leukomalacia (CPVL)

a) Neural Imaging Performed

 Yes No Unk

b) If Yes, evidence of CPVL

 Yes No N/A Unk
47. Seizures, EEG or Clinical
 Yes No Unk
48. Hypoxic-Ischemic Encephalopathy
 None Mild Moderate Severe N/A Unk
Must check N/A if LESS THAN 36 weeks GA at birth

Post-Delivery Diagnoses and Interventions -- Congenital Malformations

49. a) Congenital Anomalies
 Yes No Unk

 b) If Yes, enter up to 5 Birth Defect Codes. See Manual for Codes. _____

Post-Delivery Diagnoses and Interventions--Hyperbilirubinemia

NOTE: The following items 50 - 52 pertain to ANY infant that was previously discharged home and readmitted to your Hospital (on or before Day 28) for Total Serum Bilirubin =>25 mg/dL (427 Micromols/Liter) and/or exchange transfusion.
50. Maximum Level of Bilirubin (mg/dL) Found On THIS Re-Admission
 < 25 25 - <30 >=30 N/A Unk
51. Exchange Transfusion On THIS Re-Admission
 Yes No N/A Unk
52. Hospital that Discharged Infant Home Prior to THIS Admission

--	--	--	--	--	--

 Unk N/A*Note: Enter OSHPD Code*

Name of Facility: _____

Initial Disposition

53. Enteral Feeding at Discharge
 None Human Milk Only Formula Only Human Milk in Combination with Fortifier or Formula Unk
54. Initial Disposition from Your Center*Choose only one*
 Home Transferred to Another Hospital Died Still Hospitalized as of 1st Birthday Unk
55. Weight at Initial Disposition

					<input type="checkbox"/> Unk
Grams					

56. Head circumference at Initial Disposition

		.		<input type="checkbox"/> Unk
cm				

57. Initial Discharge Date

		/			/	200	
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2008 TRANSPORT / POST-TRANS. FORM
FOR INFANTS BORN IN 2008

Transfer Information

Complete items 58-60 for infants who were transferred to another hospital.

58. Reason for Transfer Choose only one

- Growth / Discharge Planning Insurance
- Medical / Diagnostic Services Other
- Surgery N/A
- Chronic Care Unk

59. Hospital the infant was transferred to:

Enter center's OSHPD Code

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 Unk
 N/A

60. Post Transfer Disposition

- Home -- Skip to Question 64
- Transferred Again to Another Hospital -- Skip to Question 63
- Died -- Skip to Question 64
- Readmitted to Your Hospital -- Skip to Question 61
- Still Hospitalized as of First Birthday -- Skip to Question 64
- N/A
- Unk

Complete items 61-62 for infants who were initially transferred from your center and then transferred back to your center without ever going home. For these infants, it is necessary to update items 21, 23-25, 27-53 with information that should be obtained from the episode of care at the hospital the infant was transferred to and the care upon re-admission at your center.

61. Weight at Initial Disposition after readmission

--	--	--	--	--	--

 N/A
 Unk

Grams

Network ID

--	--	--	--	--	--

Hospital No.

--	--	--	--	--

62. Disposition After Readmission

- Home -- Skip to Question 64
- Transferred Again to Another Hospital
- Died -- Skip to Question 64
- Still Hospitalized as of First Birthday -- Skip to Question 61
- N/A
- Unk

Complete item 63 for infants who were initially transferred from your center and then a) either transferred again to another hospital, or b) re-admitted to your center and then transferred from your hospital to another hospital.

63. Ultimate Disposition

- Home
- Died
- Still Hospitalized as of 1st Birthday
- N/A
- Unk

64. Last Discharge Date

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Enter Comments or Notes Below

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