Any eligible inborn infant who dies in the delivery room or at any other location in your hospital within 12 hours after birth and prior to admission to the NICU is defined as a "Delivery Room Death." These locations may include the mother's room, resuscitation rooms, or any location other than the NICU in your hospital. Outborn infants and infants who are admitted to the NICU should not be classified as Delivery Room Deaths.

- The "Identification and Demographics", "Maternal History" and "Delivery Room and First Hour After Birth" sections must be filled out when an eligible infant is admitted to your NICU.
- The "Post-Delivery Diagnoses and Interventions-Respiratory" (respiratory, infections, other diagnoses, surgeries, and surgical complications, neurological, and congenital malformations) and the “Initial Disposition” sections must be filled out when the baby is discharged for the first time from your center.
- The “Transport Information” section only needs to be filled out if the infant was transported after its initial stay.

### SELECTION CRITERIA

To be eligible, you MUST answer YES to at least one of the possible criteria (A-C)

A. 401 – 1500 grams ☐ Yes (If Yes go to item #1) ☐ No (If No go to Part B)

B. GA range 22 0/7 – 31 6/7 weeks ☐ Yes (If Yes go to item #1) ☐ No (If No go to Part C)

C. If > 1500 grams ☐ Yes (If Yes select criteria below) ☐ No

MUST check at least one to be eligible.

**NOTE:** Any infant that was previously discharged home and re-admitted to any location in our hospital (On or before Day 28) for Total Serum Bilirubin=>25mg/dl (427 Micromols/Liter) and/or exchange transfusion is CPQCC NICU eligible.

- Death
- Acute Transport-In
- Major Surgery with general anesthesia or equivalent
- Acute Transport-Out
- Intubated Vent > 4hrs
- Early Bacterial Sepsis
- Non-Intubated Vent > 4hrs
- Hyperbilirubinemia
- Suspected Encephalopathy or Suspected Perinatal Asphyxia
- Active Therapeutic Hypothermia
- Seizures

### IDENTIFICATION AND DEMOGRAPHICS

1. Birth Weight: ___ ___ ___ ___ grams
2. Head Circumference at Birth: ___ ___ . ___ cm ☐ Unknown ☐ Not Done
4. a. Birth Date: (MM-DD) ___ ___ - ___ ___ -2021
   b. Birth Time: (00:00) ___ ___ : ___ ___ (use 24-hour clock)
5. Infant Sex: ☐ Male ☐ Female ☐ Undetermined ☐ Unknown
6. Died in Delivery Room: ☐ Yes (If Yes, Use DRD Form) ☐ No
7. a. Location of Birth: ☐ Inborn ☐ Outborn ☐ Born at Co-Located Hospital (Satellite NICUs Only)
   **NOTE:** For infants who were previously home, always check Outborn, even if the infant was born at your hospital or at a Co-Located Hospital (for Satellite NICUs only.)
   b. Age in Days at Admission to your NICU: ___ ___ Date of Birth is Day 1
c. Hospital of Birth for Outborn Infants: ___ ___ ___ ___ ___ ___ (Enter OSHPD Facility Code) ☐ Unknown ☐ NA
8. Hospital Admission History (answer parts a. and b. only for Outborn infants)
   **NOTE:** The Hyperbilirubinemia items 53 to 55 are activated ONLY if the infant was home after birth (item 8a). A home birth does NOT qualify for checking “Was Previously Discharged Home form a Hospital after Birth.”

   a. Discharged Home after Birth:
      ☐ Never Discharged Home from a Hospital after Birth ☐ Was Previously Discharged Home after Birth ☐ NA
   b. NICU Re-Admission Status after PDH:
      ☐ First Admission to this NICU ☐ Readmission to this NICU ☐ NA
### MATERNAL HISTORY


#### 10. Maternal Race/Ethnicity: (answer both parts a. and b.)

<table>
<thead>
<tr>
<th>a. Is the Mother of Hispanic Origin?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Maternal Race (check only one)</td>
<td>Black</td>
<td>Native Hawaiian/Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>American Indian/Alaska Native</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### 11. Prenatal Care:  ☐ Yes  ☐ No  ☐ Unknown

#### 12. Group B Strep Positive:  ☐ Yes  ☐ No  ☐ Not Done  ☐ Unknown

#### 13. a. Is there documentation that Antenatal Steroids therapy was initiated before delivery?  ☐ Yes  ☐ No  ☐ Unknown

#### 14. Spontaneous Labor:  ☐ Yes  ☐ No  ☐ Unknown

#### 15. a. Multiple Gestation:  ☐ Yes  ☐ No  ☐ Unknown

| b. If Yes, to multiple gestation enter number of infants delivered including stillborn ____  ☐ Unknown  ☐ NA |
| c. Birth Order:  ____  ☐ Unknown  ☐ NA |

#### 16. Delivery Mode (check only one):  ☐ Spontaneous Vaginal  ☐ Operative Vaginal  ☐ Cesarean  ☐ Unknown

#### 17. Antenatal Conditions (select ALL conditions occurring in this pregnancy)

- **a. Maternal Antenatal Conditions**
  - None
  - Hypertension
  - Chorioamnionitis
  - Other Infection
  - Diabetes
  - Prev. Cesarean
  - Antenatal Magnesium Sulfate
  - Other (describe):  

- **b. Fetal Antenatal Conditions**
  - None
  - IUGR
  - Non-Reassuring Fetal Status
  - Anomaly
  - Other Fetal (describe):

- **c. Obstetrical Conditions**
  - None
  - Preterm (<37 wks) Labor
  - Preterm (<37 wks) Premature ROM before onset of labor
  - Term Premature ROM (≥37 wks) before onset of labor, not premature gestation
  - Prolonged ROM (>18hrs)
  - Malpresentation/Breech
  - Bleeding/Abruption/Previa
  - Other Obstetrical (describe):  

#### 18. Indications for Cesarean Section (select at least one)

- Not Applicable (No C/S)
- Elective
- Malpresentation/Breech
- Dystocia/Failed to Progress
- Multiple Gestation
- Placental Problems
- Non-Reassuring Fetal Status
- Hypertension
- Other (describe):

---

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<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
</table>
| **19.** Delayed Cord Clamping | **NOTE:** For outborn babies it is acceptable that these variables are ‘unknown’, if this information is unavailable.  
- a. Was delayed umbilical cord clamping performed?  
  - Yes  
  - No  
  - Unknown  
- b. How long was umbilical cord clamping delayed?  
  - 30-60 secs  
  - 61-120 secs  
  - >120 secs  
  - NA  
  - Unknown  
- c. If DCC was not done, reason why (optional)?  
  - Maternal Bleeding  
  - Neonatal Causes  
  - Other (specify)  
  - ________  
- d. Was umbilical cord milking performed?  
  - Yes  
  - No  
  - Unknown  
- e. Did breathing begin before umbilical cord clamping?  
  - Yes  
  - No  
  - Unknown |
| **20.** Apgar Scores |  
- 1min  
  - Unknown  
  - Not Done  
- 5min  
  - Unknown  
  - Not Done  
- 10min  
  - Unknown  
  - Not Done |
| **21.** Perinatal Asphyxia |  
**NOTE:** that items 21a – 21e apply only to infants >1,500 grams AND items 21b – 21e apply if infant meets at least one of the following criteria:  
1. Admitted with suspected encephalopathy or suspected perinatal asphyxia [Yes to item 21a]  
2. 5-min Apgar ≤ 3 or 10-min Apgar ≤ 4 [item 20]  
3. Received active hypothermia [Selective or Whole Body to item 24d]  
4. Diagnosis with HIE [Mild/Moderate or Severe to item 51]  
- a. Suspected Encephalopathy of Suspected Perinatal Asphyxia Low 5-min and/or 10-min Apgar Score?  
  - Yes  
  - No  
  - Unknown  
  - NA  
- b. In there an umbilical cord blood gas or a baby blood gas in the first hour of life available?  
  - Yes  
  - No  
  - Unknown  
  - NA  
- c. Source of blood gas:  
  - Cord Umbilical Arterial (UA)  
  - Cord Umbilical Venus (UV)  
  - Venous Baby Gas  
  - Arterial Baby Gas  
  - Capillary Baby Gas  
  - Unknown  
  - NA  
- d. pH within one hour of life:  
  - ______ . ______  
  - Unknown  
  - NA  
- e. Base deficit:  
  - ______ . ______  
  - Unknown  
  - NA  
  - Too Low to Register  
  - Too Low to Register |
| **22.** Delivery Room Resuscitation |  
- a. Supplemental Oxygen:  
  - Yes  
  - No  
  - Unknown  
- b. CPAP:  
  - Yes  
  - No  
  - Unknown  
- c. PPV via Bag/Mask:  
  - Yes  
  - No  
  - Unknown  
- d. ETT Ventilation:  
  - Yes  
  - No  
  - Unknown  
- e. Epinephrine:  
  - Yes  
  - No  
  - Unknown  
- f. Cardiac Compressions:  
  - Yes  
  - No  
  - Unknown  
- g. Nasal Intermittent Positive Pressure (NIPPV)  
  - Yes  
  - No  
  - Unknown  
- h. Laryngeal Mask Airway (LMA)  
  - Yes  
  - No  
  - Unknown |
| **23.** Surfactant Treatment |  
- a. Was Surfactant given in the Delivery Room?  
  - Yes  
  - No  
  - Unknown  
- b. Was Surfactant given at any time?  
  - Yes  
  - No  
  - Unknown  
- c. Enter age at first dose:  
  - ______ hours  
  - ______ mins  
  - Unknown  
  - NA  
  - Date/time of First Surfactant Dose (MM-DD-YYYY HH:MM)  
  - ______ - ______ - ______ - ______ - ______ - ______ : ______ |
### Post-Delivery Diagnoses and Interventions - Respiratory

**24. Temperature and Cooling for HIE**
- Was the temperature measured within one hour of the NICU admission? [ ] Yes [ ] No [ ] Unknown
- Enter first temperature either in Centigrade or Fahrenheit Degrees: [ ] °C [ ] °F
  - **NOTE:** The temperature has to be entered even if the infant continued cooling in your NICU or started cooling in your NICU prior to the first temperature.
- Infant cooling status during stay at your NICU: [ ] No Cooling [ ] Cooling Started [ ] Cooling Continued [ ] Unknown
- Last Cooling Method Used for HIE: [ ] Passive [ ] Whole Body [ ] Other [ ] Unknown

**25. Respiratory Support after Initial Resuscitation**
- Supplemental Oxygen: [ ] Yes [ ] No [ ] Unknown
- Intubated Conventional Ventilation: [ ] Yes [ ] No [ ] Unknown
- Intubated HIFI Ventilation: [ ] Yes [ ] No [ ] Unknown
- High Flow Nasal Cannula: [ ] Yes [ ] No [ ] Unknown
- Nasal IMV or SIMV (or any other form of non-intubated assisted ventilation): [ ] ≤ 4 hours [ ] > 4 hours [ ] No [ ] Unknown

**26. Use of Nasal CPAP**
- Nasal CPAP: [ ] Yes [ ] No [ ] Unknown
- If “Yes” to either 22b or 26a, was NCPAP or Nasal IMV or Nasal SIMV first used before and ETT Ventilation? [ ] Yes [ ] No
  - **NOTE:** If ETT ventilation was never used, check “Yes”

**27. Use of Intubated Assisted Ventilation**
- Length of Intubated Assisted Ventilation: [ ] ≤ 4 hours [ ] > 4 hours [ ] No [ ] Unknown
- If Intubated Ventilation > 4 hours, specify ventilation time in days: [ ] days [ ] Unknown

**28. Infant Death within 12 Hours of NICU Admission** [ ] Yes [ ] No [ ] Unknown

**29. Respiratory Distress Syndrome** [ ] Yes [ ] No [ ] Unknown

**30. Pneumothorax**
- Yes, here [ ] Yes, elsewhere [ ] Yes, here and elsewhere [ ] No [ ] Unknown

**31. Meconium Aspiration Syndrome** [ ] Yes [ ] No [ ] Unknown

**32. Caffeine for any Reason** [ ] Yes [ ] No [ ] Unknown

**33. Intravenous Vitamin A for any Reason** [ ] Yes [ ] No [ ] Unknown

**34. Inhaled Nitric Oxide > 4 hours**
- Yes, here [ ] Yes, elsewhere [ ] Yes, here and elsewhere [ ] No [ ] Unknown

**35. ECMO** [ ] Yes, here [ ] Yes, elsewhere [ ] Yes, here and elsewhere [ ] No [ ] Unknown

**36. Postnatal Steroids**
- Were postnatal steroids used? [ ] Yes [ ] No [ ] Unknown
  - If postnatal steroids were used, select all reasons that applied:
    - Chronic Lung Disease: [ ] Yes, here [ ] Yes, elsewhere [ ] Yes, here and elsewhere [ ] No [ ] Unknown
    - Extubation: [ ] Yes [ ] No [ ] Unknown
    - Hypotension/Blood Pressure: [ ] Yes [ ] No [ ] Unknown
    - Other Reason: [ ] Yes [ ] No [ ] Unknown

**37. Supplemental Oxygen on Day 28**
- Continuous [ ] Intermittent [ ] None [ ] Unknown [ ] NA
  - [ ] Supplemental Oxygen: [ ] Continuous [ ] Intermittent [ ] None [ ] Unknown [ ] NA
  - Intubated Conventional Ventilation: [ ] Yes [ ] No [ ] Unknown [ ] NA
  - Intubated High Frequency Ventilation: [ ] Yes [ ] No [ ] Unknown [ ] NA
  - High Flow Nasal Cannula: [ ] Yes [ ] No [ ] Unknown [ ] NA
  - Nasal IMV or SIMV: [ ] Yes [ ] No [ ] Unknown [ ] NA
  - Nasal CPAP: [ ] Yes [ ] No [ ] Unknown [ ] NA
ADMISSION/DISCHARGE FORM FOR INFANTS BORN IN 2021

POST-DELIVERY DIAGNOSES AND INTERVENTIONS – RESPIRATORY (continue)

39. Respiratory Monitoring and Support Devices at Discharge
   NOTE: Responses to this item will be ignored if you do not answer item 57, Initial disposition from your Center!
   If the infant had a tracheostomy in place at discharge, make sure to enter the surgery code S101 as a major surgery under item 47b.
   a. Apnea/Cardio-Respiratory Monitor
   b. Supplemental Oxygen
   c. Intubated Conventional Ventilation
   d. Intubated High Frequency Ventilation
   e. High Flow Nasal Cannula
   f. Nasal IMV or SIMV
   g. Nasal CPAP

POST-DELIVERY DIAGNOSES AND INTERVENTIONS - INFECTIONS

40. Early Bacterial Sepsis and/or Meningitis on or before Day 3
   NOTE: Please refer to Appendix B for the Bacterial Infection Pathogen codes
   If Yes, specify up to 3 pathogen codes:
   Enter a description for pathogen code 8888 (other):

41. Late Infection after Day 3:
   NOTE: Please refer to Appendix B for the Bacterial Infection Pathogen codes
   a. Late Bacterial Sepsis and/or Meningitis
   b. Coagulase Negative Staphylococci
   c. Fungal

42. Congenital Infection
   If Yes, select up to 3 pathogens:
   Enter a description for pathogen code 8888 (other):

POST-DELIVERY DIAGNOSES AND INTERVENTIONS – OTHER DIAGNOSIS / SURGERIES

43. a. Patent Ductus Arteriosus
   b. Indomethacin for any Reason
   c. Ibuprofen for Prevention and Treatment of PDA
   d. Acetaminophen (Paracetamol) for Prevention and Treatment for PDA
   e. PDA Ligation or PDA Closure by Catheterization

44. a. Probiotics
   b. Necrotizing Enterocolitis
   c. NEC Surgery

45. Focal Intestinal Perforation
**ADMISSION/DISCHARGE FORM FOR INFANTS BORN IN 2021**

DO NOT mail or fax this form to the CPQCC Data Center. This form is for internal use ONLY.

<table>
<thead>
<tr>
<th>NETWORK ID:</th>
<th>HOSPITAL ID:</th>
</tr>
</thead>
</table>

**POST-DELIVERY DIAGNOSES AND INTERVENTIONS – OTHER DIAGNOSIS / SURGERIES (continue)**

46. Retinopathy of Prematurity  
   **NOTE:** This section is only applicable to infants 401 -1,500 grams or 22 – 31 completed weeks GA unless your NICU participates in the VON expanded data collection.
   
   **a.** Was a retinal exam performed?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>NA</th>
</tr>
</thead>
</table>
   
   **b.** If retinal exam was performed, enter worst stage of ROP  
<table>
<thead>
<tr>
<th>0, No ROP</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Unknown</th>
<th>NA</th>
</tr>
</thead>
</table>
   
   **c.** Treatment of ROP with Anti-VEGF Drug  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>NA</th>
</tr>
</thead>
</table>
   
   **d.** ROP Surgery (for infants with ROP stage 1 or higher)  
<table>
<thead>
<tr>
<th>Yes, here</th>
<th>Yes, here and elsewhere</th>
<th>Unknown</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
</table>

47. **a.** Major Surgery (Not NEC, ROP, PDA)  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>
   
   **b.** If Yes, Enter up to 10 surgery codes:  
   
   Specify the location of the surgery, and – for surgeries that were performed at your hospital only (never elsewhere) – whether or not a surgical site infection (SSI) occurred at your hospital.

   Code 1.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 2.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 3.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 4.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 5.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 6.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 7.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 8.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 9.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   Code 10.  
   Location:  
<table>
<thead>
<tr>
<th>Here</th>
<th>Elsewhere</th>
<th>Both</th>
<th>SSI Here</th>
</tr>
</thead>
</table>

   **NOTE:** If infant had NEC surgery, one of the following surgeries should be listed: S302, S303, S308, S309 or S333

   **NOTE:** If infant had a PDA Ligation or a PDA Closure by Catheterization, one of the following surgeries should be listed: S515, S516 or S605

   Provide description for surgery codes S100, S200, S300, S500, S600, S700, S800, S900 AND S1000:
## Post-Delivery Diagnoses and Interventions – Other Diagnosis / Surgeries

48. Intracranial Hemorrhage
   a. Neural Imaging done on or before Day 28
      - Yes
      - No
      - Unknown
   b. If neural imaging was done on or before Day 28, enter worst grade of peri-intraventricular hemorrhage:
      - 0, No Hemorrhage
      - 1
      - 2
      - 3
      - 4
      - Unknown
      - NA
   c. If peri-intraventricular hemorrhage was present, where was it first diagnosed?
      - Here
      - Elsewhere
      - Unknown
      - NA
   d. If peri-intraventricular hemorrhage was present, was shunt placed for bleed?
      - Yes
      - No
      - Unknown
   e. If neural imaging was done on or before Day 28, was any other intracranial hemorrhage found?
      - Yes
      - No
      - Unknown
      - Describe Other: ____________________________

49. Cystic Periventricular Leukomalacia (CPVL)
   a. Was a neural image done?
      - Yes
      - No
      - Unknown
   b. If neural image done, evidence of Cystic PVL?
      - Yes
      - No
      - Unknown

50. Seizures, EEG or Clinical
    - Yes
    - No
    - Unknown

51. Hypoxic-Ischemic Encephalopathy
    - Mild
    - Moderate
    - Severe
    - None
    - Unknown
    - NA

## Congenital Malformations / Hyperbilirubinemia

52. a. Congenital Anomalies
    - Yes
    - No
    - Unknown
   b. If Yes, enter up to 5 congenital anomaly codes:
      - Code 1. ____________   Code 2. _____________
      - Code 3. ______________
      - Code 4. _____________
      - Code 5. _____________
      - Enter a congenital anomaly description for codes 100, 150, 200, 300, 400, 504, 601, 605, 800 and 900:

53. **NOTE:** The following items 53-55 pertain to ANY infant that was previously discharged home and re-admitted before day 28.
   a. Maximum Level of Bilirubin (mg/dl) found on THIS Re Admission
      - < 25 mg/dl
      - 25 - < 30 mg/dl
      - ≥ 30 mg/dl
      - Unknown/Not Done
      - NA
   b. Exchange Transfusion on THIS Re-Admission
      - Yes
      - No
      - Unknown
   c. Hospital that Discharged Infant Home Prior to THIS Admission: ______________________________________________________
### Admissions/Discharge Form for Infants Born in 2021

DO NOT mail or fax this form to the CPQCC Data Center. This form is for internal use ONLY.

#### Initial Disposition

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.</td>
<td>Enteral Feeding at Discharge</td>
<td>None, Human Milk Only, Human Milk with Fortifier or Formula, Formula Only, Unknown</td>
</tr>
<tr>
<td>57.</td>
<td>Initial Disposition from your Center</td>
<td>Home, Transferred, Still Hospitalized as of 1st Birthday, Unknown</td>
</tr>
<tr>
<td>58.</td>
<td>Weight at Initial Disposition</td>
<td>___ ___ ___ ___ grams, Unknown</td>
</tr>
<tr>
<td>59.</td>
<td>Head Circumference at Initial Disposition</td>
<td>___ ___. ___ cm, Unknown, Not Done</td>
</tr>
<tr>
<td>60.</td>
<td>Initial Discharge Date</td>
<td>(MM-DD-YYYY) ___ ___ - ___ ___ - ___ ___ ___ ___, Unknown</td>
</tr>
</tbody>
</table>

#### Post-Transport Status

**NOTE:** If infant was transported to another hospital, complete items 61 – 63.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>61.</td>
<td>Reason for Transport</td>
<td>ECMO, Surgery, Other Reason, Growth/Discharge Planning, Chronic Care, Unknown, Medical/Diagnostic Services, Insurance</td>
</tr>
<tr>
<td>62.</td>
<td>Hospital the infant was transported to</td>
<td>_____________________________________________________________________</td>
</tr>
<tr>
<td>63.</td>
<td>Post-Transport Disposition</td>
<td>Home (skip to item 67), Re-Admitted to your hospital (continue with item 64), Transport again to another hospital (skip to item 66), Died (skip to item 67), Still Hospitalized as of 1st Birthday (skip to item 67), Unknown</td>
</tr>
</tbody>
</table>

**NOTE:** Complete items 64 – 65 for infants who were initially transported from or center and then transported back to your center without every going home.

For these infants, it is necessary to update items 23, 25 – 27, and 29 – 56 with information that should be obtained from the episode of care at the hospital the infant was transported to and the care upon re-admission at your center. The intention is to capture the cumulative interventions received by the infant while the infant was in your NICU before and after transport and while the infant was at the transport-out NICU.

**NOTE:** That these items do not need to be tracked for subsequent transports and re-admissions.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>64.</td>
<td>Weight after Re-Admission</td>
<td>___ ___ ___ ___ grams, Unknown</td>
</tr>
<tr>
<td>65.</td>
<td>Disposition after Re-Admission</td>
<td>Home (skip to item 67), Still Hospitalized as of 1st Birthday (skip to item 67), Transport again to another hospital, Died (skip to item 67), Unknown</td>
</tr>
</tbody>
</table>

**NOTE:** Complete item 66 for infants who were initially transported from your center and then a) either transported again to another hospital, or b) re-admitted to your center and then transported from your hospital to another hospital.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>66.</td>
<td>Ultimate Disposition</td>
<td>Home, Died, Still Hospitalized as of 1st Birthday, Unknown</td>
</tr>
<tr>
<td>67.</td>
<td>Final Discharged Date</td>
<td>(MM-DD-YYYY) ___ ___ - ___ ___ - ___ ___ ___ ___</td>
</tr>
</tbody>
</table>