OPTIONAL: NICU PENDING ELIGIBILITY LOG 2024 ELIGIBILITY LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY

DO NOT SUBMIT TO CPQCC

Center Number:	Center Name:
Center Number:	Center name:

	Birth Date (MM/DD/YYYY)	rth Date Birth Time Admit Date (MM/DD/YYYY) (00:00) AM/PM (MM/DD/YY)	Admit Date Date of Day 28	Date of Day 28	SELECTION CRITERIA: To be eligible, infant MUST answer YES to at least one of the following criteria prior to infant reaching Day 28				Eligible at discharge? (Yes/No)	If infant is eligible.
	((11.141/00/11)	1)						enter date below and enter the
				≤ 1500 grams? (Yes/No)	GA ≤ 31/6? (Yes/No)	into your NICU out of your NICU out of your NICU (or any other fe intubated assis greater than fo hours, Intubated assis greater than fo hours, Early bacterial surgery requiri Previously disthen readmitte bilirubin of gre to 25 mg/dl (42 and/or exchan, Suspected enc perinatal asph	at least one Acute transport , Acute transport , Acute transport , I, Nasal IMV/SIMV orm of non- sted ventilation) for ur continuous sted ventilation for ur continuous sepsis, Major ng anesthesia, charged home and d for a total serum ater than or equal 7 micromols/liter) ge transfusion, ephalopathy or		infant in the Patient Log (MM/DD/YY)	
							SALTING TO			

^{*}This form was adapted from a log developed by Vermont Oxford Network

^{*}Submit Items 61-63 for all transported infants when the Post Transfer Disposition is known.

^{**}Submit Items 64-65 for all readmitted infants when the Disposition After Readmission is known

^{***}Submit Items 66 and 67 for all infants who were transferred more than once when the Ultimate Disposition is known.

^{****}Submit Item 67 for all infants who were transferred when the Date of Final Discharge or Death is known.