



ADMISSION/DISCHARGE FORM FOR INFANTS BORN IN 2020

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NETWORK ID:

HOSPITAL ID:

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.

- | | |
|---|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> Acute Transport-In |
| <input type="checkbox"/> Major Surgery with general anesthesia or equivalent | <input type="checkbox"/> Acute Transport-Out |
| <input type="checkbox"/> Intubated Vent > 4hrs | <input type="checkbox"/> Early Bacterial Sepsis |
| <input type="checkbox"/> Non-Intubated Vent > 4hrs | <input type="checkbox"/> Hyperbilirubinemia |
| <input type="checkbox"/> Suspected Encephalopathy or Suspected Perinatal Asphyxia | <input type="checkbox"/> Active Therapeutic Hypothermia |
| | <input type="checkbox"/> Seizures |

IDENTIFICATION AND DEMOGRAPHICS

1. Birth Weight: _____ grams

2. Head Circumference at Birth: _____ cm Unknown Not Done

3. Best Estimate of Gestational Age: _____ a) Weeks (15-46) _____ b) Days (0-6) Unknown

4. a. Birth Date: (MM-DD) _____ - _____ -2020

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 from 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



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MATERNAL HISTORY

9. a. Maternal Date of Birth: (MM/DD/YY) ___/___/___ b. Maternal Age: [] [] years [] Unknown

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

a. Is the Mother of Hispanic Origin? [] Yes [] No [] Unknown
b. Maternal Race (check only one) [] Black [] Native Hawaiian/Pacific Islander [] White [] Other [] Asian [] American Indian/Alaska Native [] Unknown

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

b. Is there documentation in the medical record of reason for NOT initiating antenatal steroid therapy before delivery? (This item is only applicable and optional for inborn infants who are <34 weeks GA) [] Yes [] No [] Unknown

c. If Yes, what was the documented reason for NOT administering antenatal steroids? (This item is only applicable and optional for inborn infants who are <34 weeks GA) [] Chorioamnionitis [] History of adverse reaction to corticosteroids [] Other active infection [] Comfort Care [] Immediate delivery [] Other [] Fetus has anomalies incompatible with life [] 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 [] Other Infection [] Antenatal Magnesium Sulfate [] Hypertension [] Diabetes [] Other (describe): _____ [] Chorioamnionitis [] Prev. Cesarean [] Unknown

b. Fetal Antenatal Conditions [] None [] Non-Reassuring Fetal Status [] Other Fetal (describe): _____ [] IUGR [] Anomaly [] Unknown

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

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

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



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DELIVERY ROOM AND FIRST HOUR AFTER BIRTH

19. Delayed Cord Clamping

- a. Was delayed umbilical cord clamping performed?
b. How long was umbilical cord clamping delayed?
c. If DCC was not done, reason why (optional)?
d. Was umbilical cord milking performed?
e. Did breathing begin before umbilical cord clamping?

20. Apgar Scores: [][] 1min [] Unknown [][] 5min [] Unknown [][] 10min [] Unknown [] Not Done [] Not Done [] 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?
b. In there an umbilical cord blood gas or a baby blood gas in the first hour of life available?
c. Source of blood gas:
d. pH within one hour of life:
e. Base deficit:

22. Delivery Room Resuscitation

- a. Supplemental Oxygen:
b. CPAP:
c. PPV via Bag/Mask:
d. ETT Ventilation
e. Epinephrine:
f. Cardiac Compressions:
g. Nasal Intermittent Positive Pressure (NIPPV)
h. Laryngeal Mask Airway (LMA)

23. Surfactant Treatment

- a. Was Surfactant given in the Delivery Room?
b. Was Surfactant given at any time?
c. Enter age at first dose:



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POST-DELIVERY DIAGNOSES AND INTERVENTIONS - RESPIRATORY

24. Temperature and Cooling for HIE
a. Was the temperature measured within one hour of the NICU admission?
b. Enter first temperature either in Centigrade or Fahrenheit Degrees:
c. Infant cooling status during stay at your NICU
d. Last Cooling Method Used for HIE

25. Respiratory Support after Initial Resuscitation
a. Supplemental Oxygen
b. Intubated Conventional Ventilation
c. Intubated HIFI Ventilation
d. High Flow Nasal Cannula
e. Nasal IMV or SIMV (or any other form of non-intubated assisted ventilation)

26. Use of Nasal CPAP
a. Nasal CPAP
b. If "Yes" to either 22b or 26a, was NCPAP or Nasal IMV or Nasal SIMV first used before and ETT Ventilation?

27. Use of Intubated Assisted Ventilation
a. Length of Intubated Assisted Ventilation
b. If Intubated Ventilation > 4 hours, specify ventilation time in days:

28. Infant Death within 12 Hours of NICU Admission

29. Respiratory Distress Syndrome

30. Pneumothorax

31. Meconium Aspiration Syndrome

32. Caffeine for any Reason

33. Intramuscular Vitamin A for any Reason

34. Inhaled Nitric Oxide > 4 hours

35. ECMO

36. Postnatal Steroids
a. Were postnatal steroids used?
b. If postnatal steroids were used, select all reasons that applied
Chronic Lung Disease:
Extubation:
Hypotension/Blood Pressure:
Other Reason:

37. Supplemental Oxygen on Day 28

38. Respiratory Support at 36 weeks
a. Supplemental Oxygen:
b. Intubated Conventional Ventilation
c. Intubated High Frequency Ventilation
d. High Flow Nasal Cannula
e. Nasal IMV or SIMV
f. Nasal CPAP



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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: 1. 2. 3.

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: 1. 2. 3.

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



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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?
b. If retinal exam was performed, enter worst stage of ROP
c. Treatment of ROP with Anti-VEGF Drug
d. ROP Surgery (for infants with ROP stage 1 or higher)

47. a. Major Surgery (Not NEC, ROP, PDA)

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: Here Elsewhere Both SSI Here
Code 2. Location: Here Elsewhere Both SSI Here
Code 3. Location: Here Elsewhere Both SSI Here
Code 4. Location: Here Elsewhere Both SSI Here
Code 5. Location: Here Elsewhere Both SSI Here
Code 6. Location: Here Elsewhere Both SSI Here
Code 7. Location: Here Elsewhere Both SSI Here
Code 8. Location: Here Elsewhere Both SSI Here
Code 9. Location: Here Elsewhere Both SSI Here
Code 10. Location: Here Elsewhere Both SSI Here

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:



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POST-DELIVERY DIAGNOSES AND INTERVENTIONS – OTHER DIAGNOSIS / SURGERIES

48. Intracranial Hemorrhage

- a. Neural Imaging done on or before Day 28
b. If neural imaging was done on or before Day 28, enter worst grade of peri-intraventricular hemorrhage:
c. If peri-intraventricular hemorrhage was present, where was it first diagnosed?
d. If peri-intraventricular hemorrhage was present, was shunt placed for bleed?
e. If neural imaging was done on or before Day 28, was any other intracranial hemorrhage found?

49. Cystic Periventricular Leukomalacia (CPVL)

- a. Was a neural image done?
b. If neural image done, evidence of Cystic PVL?

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.

- [] < 25 mg/dl [] ≥ 30 mg/dl
[] 25 - < 30 mg/dl [] Unknown/Not Done [] NA

Maximum Level of Bilirubin (mg/dl) found On THIS Re Admission

54. Exchange Transfusion on THIS Re-Admission

- [] Yes [] No [] Unknown

55. Hospital that Discharged Infant Home Prior to THIS Admission:



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INITIAL DISPOSITION

56. Enteral Feeding at Discharge None Human Milk with Fortifier or Formula Unknown
 Human Milk Only Formula Only
57. Initial Disposition from your Center Home Transported Unknown
 Died Still Hospitalized as of 1st Birthday
58. Weight at Initial Disposition _____ grams Unknown
59. Head Circumference at Initial Disposition _____ . _____ cm Unknown Not Done
60. Initial Discharge Date: (MM-DD-YYYY) _____ - _____ - _____ Unknown

POST-TRANSPORT STATUS

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

61. Reason for Transport ECMO Surgery Other Reason
 Growth/Discharge Planning Chronic Care Unknown
 Medical/Diagnostic Services Insurance

62. Hospital the infant was transported to: _____

63. Post-Transport Disposition Home (skip to item 67) Re-Admitted to your hospital (continue with item 64)
 Transport again to another hospital (skip to item 66) Still Hospitalized as of 1st Birthday (skip to item 67)
 Died (skip to item 67) Unknown

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.

64. Weight after Re-Admission _____ grams Unknown
65. Disposition after Re-Admission Home (skip to item 67) Still Hospitalized as of 1st Birthday (skip to item 67)
 Transport again to another hospital Unknown
 Died (skip to item 67)

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.

66. Ultimate Disposition Home Died Still Hospitalized as of 1st Birthday Unknown
67. Final Discharged Date: (MM-DD-YYYY) _____ - _____ - _____