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- Chest tube placement is not considered surgery.

**Item 47b. Location of Surgery [SRGCD1-10]**

Indicate where the procedure was done for each surgery code entered:

Select **Here** if the surgical procedure is performed:

- Only at your hospital prior to Initial Disposition, and/or
- At your hospital following re-admission after initial transfer without being discharged home.

Select **Elsewhere** if the surgical procedure is performed:

- At the “Transferred From” center (out-born) before being admitted to your hospital, or
- At the “Transferred To” center only if the infant is:
  - Re-admitted to your center, and
  - Not discharged home before being re-admitted to your center.

Select **Both** if the surgical procedure is performed both at “Your Hospital” and “Other Hospital” as defined above.

**Item 47b. Surgery Codes and Surgical Site Infections at Your Hospital [SRGCD1-10]**

Check the SSI check box if – at any time prior to discharge – the infant had a surgical site infection of this surgical procedure resulting from a surgery at Your Hospital.

**Note:**

- Surgical site infections include superficial, deep incisional, or organ space. Please refer to the Center for Disease Control website for descriptions of these infections: <http://www.cdc.gov/nhsn/acute-carehospital/ssi/>
- If the infant had multiple surgical procedures at the same episode of surgery, code only one surgical code that resulted in the surgical site infection.

**Description of Other Surgery [SRGOTHDESC]**

If Surgery Code S100, S200, S300, S400, S500, S600, S700, S800, S900, S1000, and/or S1001 are entered, a description must be entered in this Data Item.

Please be specific and do not use general descriptions.

Code	Surgery Description
S100	Other head and neck surgery requiring general or spinal anesthesia
S200	Other thoracic surgery requiring general or spinal anesthesia
S300	Other abdominal surgery requiring general or spinal anesthesia

S400	Other genito-urinary surgery requiring general or spinal anesthesia
S500	Other open heart or vascular surgery requiring general or spinal anesthesia
S600	Other interventional cardiac catheterization. Record procedures for other cardiac catheterization (S600) <u>whether or not the infant received general or spinal anesthesia.</u>
S700	Skin or soft tissue surgery requiring general or spinal anesthesia.
S800	Other musculoskeletal surgery requiring general or spinal anesthesia
S900	Other central nervous system surgery requiring general or spinal anesthesia
S1000	Fetal surgery

### Post-Delivery Diagnoses and Interventions – Neurological (tab 7, items 48-51):

#### Item 48a. Neural Imaging Done on or before Day 28 [IMAGE28]

Select **Yes** if neural imaging (cranial ultrasound, CT scan, MRI scan, etc.) was performed at least once on or before day 28 of life.

Select **No** if neural imaging was not performed on or before Day 28 of life.

Select **Unknown** if this information cannot be obtained.

**Note:** The date of Day 28 of life is determined by using the calendar date of birth as day 1 regardless of the time of birth. Thus, for an infant born at 11:59PM on September 1, Day 28 of life occurs on September 28. The date of Day 28 of life is calculated as Date of Birth plus 27 days. The online form determines the date of Day 28 of life based on the information entered for infant birth date.

#### Item 48b. Worst Grade or Peri-intraventricular Hemorrhage [IGRADE]

If neural imaging was performed on or before Day 28 of life, enter the grade of hemorrhage based on the criteria below. Do not answer Worst Grade if neural imaging was NOT performed on or before Day 28 of life.

Grade 0: No sub-ependymal or intraventricular hemorrhage.

Grade 1: Sub-ependymal germinal matrix hemorrhage only.

Grade 2: Intraventricular blood, no ventricular dilation.

Grade 3: Intraventricular blood, ventricular dilation.

Grade 4: Intra-parenchymal hemorrhage.

**Note:** This item is **Not Applicable** if no ultrasound, CT, or MRI was done on or before Day 28 of life.



### Item 48c. Where did Peri-IVH first Occur? [PIHHEMLOC]

If the infant had a Periventricular-Intraventricular Hemorrhage (PIH grades 1 to 4) documented on an ultrasound, CT, or MRI on or before day 28 of life, indicate where the PIH first occurred. Note that this item does not ask where the worst grade occurred but rather where any PIH (grades 1 to 4) first occurred.

Select **Yes, and First Here** if PIH (grades 1 to 4 as defined above) first occurred at:

- at your hospital prior to initial disposition, or
- at your hospital four (4) or more hours following readmission after initial transport

Select **Yes, and First Elsewhere** if PIH (grades 1 to 4 as defined above) was first diagnosed during a prior stay at another hospital or within four (4) hours of admission to your hospital and the infant was:

- at another hospital before being admitted to your hospital, or
- initially transported and then readmitted to your hospital after initial transport

Select **N/A** if no ultrasound, CT or MRI was done on or before day 28 of life or if no PIH occurred.

Select **Unknown** if this information cannot be obtained.

### Item 48d. Shunt Placed for Bleed [SHUNT]

Select **Yes** if a shunt was placed for an acquired post-hemorrhagic hydrocephalus.

Select **No** if no shunt was placed, there was no hemorrhage present, or neural imaging was not performed.

Select **Unknown** if this information cannot be obtained.

**Note:** A shunt placed for congenital hydrocephalus, not due to cranial hemorrhage, should be coded No. This item is Not Applicable if no Peri-IVH occurred or if no ultrasound, CT, or MRI was done on or before Day 28 of life.

### Item 48e. Other Intracranial Hemorrhage (on or before Day 28) [OTHHEM] [OTHHEMDESC]

Select **Yes** if neural imaging (either ultrasound, CT scan, MRI scan, etc.) showed evidence of intracranial hemorrhage other than Peri-IVH grades 1 to 4. Includes subdural, epidural, subarachnoid bleeds and parenchymal hemorrhage not related to P/IVH. Do not include extracranial bleeds such as subgaleal hemorrhages or cephalhematomas. Specify the type of intracranial hemorrhage in the given space.

Select **No** if no other evidence of hemorrhage was found.

Select **Unknown** if this information cannot be obtained.

**Note:** This item is not applicable if no ultrasound, CT, or MRI was done on or before Day 28 of life.

### Item 49a. Neural Imaging Performed (at any time) [PVLIMAG]

Select **Yes** if neural imaging (either ultrasound, CT scan, MRI scan) was performed at any time. This includes imaging performed after Day 28 of life.

Select **No** if no neural imaging (either ultrasound, CT scan, MRI scan) was performed at any time.

Select **Unknown** if this information cannot be obtained.

#### **Item 49b. If Neural Image was Performed, was there Evidence of Cystic PVL? [PVL]**

Select **Yes** if the infant has evidence of cystic periventricular leukomalacia (CPL) on a Cranial Ultrasound, CT, or MRI scan obtained at any time.

Select **No** if there was no evidence of cystic PVL on any Cranial Ultrasound, CT, or MRI and at least one cranial imaging study (ultrasound, CT, or MRI) was done.

Select **Unknown** if this information cannot be obtained.

**Note:** To be considered cystic periventricular leukomalacia there must be multiple small periventricular cysts identified. Periventricular echogenicity without cysts should not be coded as cystic periventricular leukomalacia. A porencephalic cyst in the area of previously identified intraparenchymal hemorrhage should not be coded as cystic periventricular leukomalacia. Periventricular abnormalities on CT or MRI should not be coded as cystic periventricular leukomalacia unless multiple small periventricular cysts are identified.

The item is **Not Applicable** if no cranial imaging study (Ultrasound, CT, or MRI) was ever done.

#### **Item 50. Seizures, EEG or Clinical [SEIZURE]**

Select **Yes** if there is compelling clinical evidence of seizures, or of focal or multifocal clonic or tonic seizures. Also select **Yes** if there is EEG evidence of seizures regardless of clinical status.

Select **No** if there is no evidence of seizures.

Select **Unknown** if this information cannot be obtained.

#### **Item 51. Hypoxic Ischemic Encephalopathy [HIE]**

Select **Severe** if the infant was diagnosed with Hypoxic-Ischemic Encephalopathy (HIE) as defined below, and the worst stage observed during the 168 hours (7 days) following birth is that the infant is in deep stupor or coma. Infants in this category are not arousable in response to arousal maneuvers.

Select **Moderate** if the infant was diagnosed with Hypoxic-Ischemic Encephalopathy (HIE) as defined below, and the worst stage observed during the 168 hours (7 days) following birth is that the infant is lethargic or in mild stupor. Infants in this category are arousable, but have a diminished response to arousal maneuvers.

Select **Mild** if the infant was diagnosed with Hypoxic-Ischemic Encephalopathy (HIE) as defined below, and the worst stage observed during the 168 hours (7 days) following birth is that the infant is alert or hyper-alert, with either a normal or exaggerated response to arousal.

Select **None** if the infant was not diagnosed with Hypoxic-Ischemic Encephalopathy.

Select **Not Applicable** if the infant has a gestational age at birth of less than 36 weeks and your center does not participate in the VON expanded data collection. If your center participates in the VON expanded data collection, this item applies to all NICU admissions starting from 2017.

Select **Unknown** if this information cannot be obtained.

### **HIE Diagnosis**

The diagnoses of Hypoxic-Ischemic Encephalopathy require the presence of all three of the following criteria:

1. The presence of a clinically recognized encephalopathy within 72 hours of birth. Encephalopathy is defined as the presence of 3 or more of the following findings within the first 72 hours after birth.
  - Abnormal level of consciousness: hyper-alertness, lethargy, stupor or coma;
  - Abnormal muscle tone: hypertonia, hypotonia or flaccidity;
  - Abnormal deep tendon reflexes: increased, depressed, or absent;
  - Seizures: subtle, multifocal or focal clonic;
  - Abnormal Moro reflex: exaggerated, incomplete, or absent;
  - Abnormal suck: weak or absent;
  - Abnormal respiratory pattern periodic, ataxic or apneic;
  - Oculomotor or pupillary abnormalities: skew deviation, absent or reduced Doll's eyes or fixed unreactive pupils

AND

2. Three or more supporting findings from the following list:
  - Arterial cord pH <7.00;
  - APGAR score at 5 minutes of ≤5;
  - Evidence of multi-organ system dysfunction (see below);
  - Evidence of fetal distress on antepartum monitoring: persistent late decelerations, reversal of end-diastolic flow on Doppler flow studies of the umbilical artery or a biophysical profile of 2 or less;
  - Evidence on CT, MRI, technetium or ultrasound brain scan performed within 7 days of birth of diffuse or multifocal ischemia or of cerebral edema;
  - Abnormal EEG: low amplitude and frequency, periodic, paroxysmal or isoelectric;

AND

3. The absence of an infectious cause, a congenital malformation of the brain or an inborn error of metabolism which could explain the encephalopathy. Multi-organ system dysfunction requires evidence of dysfunction of one or more of the following systems within 72 hours of birth:
  - Renal: oliguria or acute renal failure;
  - GI: Necrotizing enterocolitis, hepatic dysfunction;
  - Hematologic: Thrombocytopenia, disseminated intravascular coagulopathy;
  - Endocrine: Hypoglycemia, hyperglycemia, hypercalcemia, syndrome of inappropriate ADH secretion (SIADH);
  - Pulmonary: persistent pulmonary hypertension;
  - Cardiac: myocardial dysfunction, tricuspid insufficiency

## Congenital Malformations (tab 8, items 52-55):

### Item 52a. Congenital Anomalies

Select **Yes** if the infant had one or more of the congenital anomalies listed. Use the list of codes to check off the congenital anomalies present among those listed. You may check up to 5 defects.

Select **Yes** if the infant had congenital anomalies that are not explicitly listed on the form, which were lethal, or life threatening. In this case, use the defect code of “100” (in addition to any other applicable code) and describe the defects in detail in the space provided for description. Be specific. Do not use general descriptions such as “multiple congenital anomalies” or “complex congenital heart disease”. To be considered as lethal or life threatening a congenital anomaly must either:

1. Be the primary cause of death or
2. Be treated prior to discharge with specific surgical or medical therapy to correct a major anatomic defect or a life threatening physiologic dysfunction.

Select **No** if an infant was not diagnosed as having one or more of the congenital anomalies listed on the form and did not have an unlisted congenital anomaly, which was lethal or life threatening.

Select **Unknown** if this information cannot be obtained.

### Item 52b. Congenital Anomaly Codes [BCD1-5]

The following congenital anomalies require a detailed description in the space provided on the form:

Code	Description
150	Other CNS Anomalies
200	Other Cardiac Anomaly
300	Other Gastro-Intestinal Anomalies
400	Other Genito-Urinary Anomalies
504	Other Chromosomal Anomaly
601	Skeletal Dysplasia
605	Inborn Error of Metabolism
800	Other Pulmonary Anomalies
900	Other Lymphatic Anomalies
100	Other Lethal or Life-Threatening Anomalies not listed on the form

The following conditions should NOT be coded as Major Birth Anomalies:

Extreme Prematurity
Intrauterine Growth Retardation
Small Size for Gestational Age
Fetal Alcohol Syndrome
Hypothyroidism
Intrauterine Infection
Cleft Lip without Cleft Palate
Club Feet
Congenital Dislocation of the Hips
Congenital CMV
Cystic Fibrosis
Persistent Pulmonary Hypertension (PPHN)
Limb Abnormalities
Syndactyly
Polydactyly
Hypospadias
Patent Ductus Arteriosus
Pulmonary Hypoplasia (use code 401 for bilateral renal agenesis, or 604 for oligohydramnios sequence, if applicable)

### Item 53. Maximum Level of Bilirubin [BILILEVEL]

For infants who were previously sent home, and then readmitted within 28 days of birth only, check the maximum level of bilirubin on THIS re-admission.

- Under 25 mg/dl (<25)
- 25 mg/dl to under 30 mg/dl (25 - <30)
- 30 mg/dl or higher ( $\geq 30$ )

Select **Unknown** if this information cannot be obtained.

**Note:** This item is **Not Applicable** if the infant was not previously home and re-admitted within 28 days.

#### **Item 54. Exchange Transfusion on THIS Re-Admission [EXCHANGE]**

For infants who were previously sent home, and then readmitted within 28 days of life only, specify whether the infant received an exchange transfusion on THIS readmission.

Select **Yes** if infant received an Exchange Transfusion during THIS readmission.

Select **No** if infant did NOT receive an Exchange Transfusion during THIS readmission.

Select **Unknown** if this information cannot be obtained.

**Note:** This item is Not Applicable if the infant was not previously home and readmitted within 28 days.

#### **Item 55. Hospital that discharged the infant to home (prior to THIS re-admission) [LASTHOSPITAL]**

For infants who were previously sent home, and then readmitted within 28 days of life, specify the OSHPD code of the last hospital the infant was discharged home from.

Use the list provided to select the correct location of home discharge.

You can use the search function built into the drop-down list to search for any name part of the transport location, or you can use the transport location's OSHPD ID.

**Note:** This item is **Not Applicable** if the infant was not previously home and readmitted within 28 days.

### **Initial Disposition (tab 9, items 56-60)**

#### **Item 56. Enteral Feeding at Discharge [ENTFEED]**

Select **None** if the infant was not receiving any enteral feedings with either formula milk or human milk at discharge.

Select **Human Milk Only** if the infant was discharged receiving human milk as their only enteral feeding, either by breast fed and/or by receiving pumped human milk.

Select **Formula Only** if the infant was discharged receiving formula milk as their only enteral feeding.

Select **Human Milk in Combination with Either Fortifier or Formula** if the infant was discharged receiving human milk, plus human milk fortifier and/or formula milk.

Select **Unknown** if this information cannot be obtained.

**Note:**

- When completing this item, “Discharge” refers to initial disposition in most cases. If an infant is transported from your center to another hospital and readmitted to your center following transport, update this item based on the infant’s enteral feeding status at the time of discharge after re-admission.
- Enteral feedings may be given by any method including breast, bottle, gavage tube, gastrostomy tube, feeding cup, etc. Formula milk includes all standard newborn formulas, premature formulas, and special formulas. Please answer this question based on the enteral feedings at discharge. Do not consider parenteral feedings when considering this item. For example, if an infant was discharged on IV TPN as well as human milk, the correct response would be Human Milk Only since human milk was the only enteral feeding. If an infant was discharged on IV TPN alone, the correct response would be None since the infant was not receiving any enteral feedings.
- If an infant were discharged only on sterile water or glucose water, the correct response would be **None** since the infant was not receiving either formula milk or human milk.
- Complete the item, Enteral Feeding at Discharge, based on enteral feedings received during the 24-hour period prior to discharge, transport, or death. For infants who remained in your hospital on their first birthday, complete the item, Enteral Feeding at Discharge, based on enteral feedings received on that day.

**Item 57. Initial Disposition from Your Hospital [FDISP]**

Select the appropriate category that reflects the infant’s initial disposition at discharge from your hospital. Initial disposition refers to the first time an infant was discharged from your hospital.

Select **Home** if the infant was discharged to home on or before his/her first birthday from your hospital without ever transporting to another hospital. Complete items 58, 59, and 60; data collection stops at this point. Do not complete the Transport-Out section of the form.

Select **Died** if the infant died on his/her first birthday at your hospital prior to being discharged home or transported. Complete items 58, 59, and 60; data collection stops at this point. Do not complete the Transport/Post-Transport section of the form.

Select **Transported to Another Hospital** if the infant was transported to another hospital or chronic care facility on or before his/her first birthday and before going home. Complete items 58, 59, and 60 of the form.

Select **Still Hospitalized as of First Birthday** if the infant was still at your center on the date of the infant’s birthday. Complete items 58, 59, and 60; data collection stops at this point. Do not complete the Transport/Post-Transport section of the form.

Select **Unknown** if this information cannot be obtained.

**Note:**

- This item refers to the first time that the infant was discharged or transported from your hospital. Discharge occurs when an infant leaves your Center, not when he or she leaves the

NICU. Do not change this item based on later dispositions following transport or re-admission.

- Infants transported from one unit to another within your hospital are not considered transports.

### Item 58. Weight at Initial Disposition [DWGT]

Enter the weight in grams obtained on the Date of Initial Discharge, Transport or Death.

If the answer to Initial Disposition from Your Hospital (Item 57) is Still Hospitalized as of First Birthday, enter the infant's weight in grams on the infant's first birthday. If the infant was not weighed on the date of his/her first birthday, enter the weight in grams from the previous day.

Select **Unknown** if this information cannot be obtained.

**Note:** The item refers to the first discharge or transport from your hospital. Do not change this item based on later dispositions following transport or re-admission.

### Item 59. Head Circumference at Initial Disposition [HEADCIRC]

Enter the head circumference as recorded in the chart or clinical flow sheets on the Date of Initial Disposition (Item W8 on the Patient Identification Worksheet). If the head circumference is not recorded on the Date of Initial Disposition, record the most recent head circumference measured up to 7 days prior to discharge.

Record the head circumference at discharge (transport, death, home or 1st birthday) to the nearest tenth of a centimeter. Record 31.24 as "31.2", Record 31.25 as "31.3". You must not leave the tenth of a centimeter blank. If the medical record states that the head circumference is 32 centimeters, please enter "32.0" on the data form.

Select **Not Done**, if head circumference at discharge or up to 7 days prior to discharge was not measured.

Select **Unknown** if this information cannot be obtained.

### Item 60. Initial Discharge Date [LOS1]

Enter the initial discharge date.

Select **Unknown** if this information cannot be identified.

**Note:**

- This item refers to the first discharge or transport from your hospital. Do not change this item based on later dispositions following transport or re-admission.
- If you enter an acceptable date the form will display the implied Initial Length of Stay just below the date entry box.
- Initial Length of Stay is the number of days from the date the infant was admitted to your hospital until the Date of Initial Discharge, Transport or Death. The Initial Length of Stay is calculated as:  
([Date of Initial Discharge, Transport or Death] minus [Date of Admission] plus one)



- Infants who die on the day of birth will have an Initial Length of Stay of 1 day.
- The maximum value of Initial Length of Stay is 366 (or 367 if leap day must be added) because tracking ends on the infant's first birthday.
- For inborn infants, the Date of Admission is the Date of Birth. For outborn infants, the Date of Admission is the date the infant was admitted to your center.
- If the Date of Initial Discharge, Transport or Death is "Unknown", Initial Length of Stay will also be "Unknown".
- If an infant is still in your hospital on his or her first birthday, and has not been transported home, use the date of the infant's first birthday as the Date of Initial Discharge, Transport or Death.

## Transport/Post-Transport Form (items 61-67)

Use the Transport/Post-Transport Form to collect data for infants who transport from your center to another hospital.

**Note:** Infants who are transported from one unit to another within your hospital are not considered transports.

### Item 61. Reason for Transport-Out [TRANSCODE]

Select only one answer, the primary reason for transporting the infant to another facility.

Select **ECMO** if the infant was transported to another hospital for extracorporeal membrane oxygenation.

Select **Growth/Discharge Planning** if the infant is transported to another hospital for continuing care in preparation for eventual discharge home. This category includes "back transports" to a hospital closer to the parents' home. This may include cases where the transport is to a tertiary care facility, as long as the purpose of the transport is not the provision of surgical, medical or diagnostic services, or of long-term chronic care, which were unavailable at your hospital.

Select **Medical/Diagnostic Services** if the infant was transported to another hospital to receive medical care or diagnostic tests, which are not available at your Center. If an infant is transported to have a diagnostic work-up and the work-up results in surgery, the reason for transport is still "Medical/Diagnostic Services".

Select **Surgery** if the infant is transported to another hospital specifically to have surgery even if surgery is not actually performed after the transport.

Select **Chronic Care** if the infant is transported to an institution for long term chronic care. For these infants, follow up is required only through age one year. At that time, if the status has not changed, the record is considered final.

Select **Other** if the reason for transport does not meet any of the above criteria.

Select **Unknown** if the information cannot be obtained.

**Note:**

- Acute transport out: An infant with medical problems that require acute resolution for survival who is transported in order to obtain medical, diagnostic, or surgical therapy that is not provided, or that cannot be effectively provided due to temporary staffing/census issues, or that cannot be provided due to insurance restrictions at the referring hospital, is considered acute.
- Non-Acute transport out: A non-acute transport is an infant whose initial medical/surgical needs have been met, whose condition has been stabilized and who is transported to a facility in order to obtain growth care, discharge planning care, chronic care, and/or hospice care. The medical needs of non-acute transports may range from extensive and extremely complex care (e.g. an infant with lethal anomalies) to minimal care for feeding and growth (e.g. “maintenance”).
- This item is Not Applicable if the initial disposition for this infant is not “transported”. The online form only includes the Transport section and this item if the infant was transported out.

### Item 62. Hospital Location the Infant was Transported to [XFERLOCATION]

Specify the OSHPD code of the hospital the infant was transported to.

Use the list provided to select the correct transport location.

You can use the search function built into the drop-down list to search for any name part of the transport location, or you can use the transport location’s OSHPD ID.

**Note:** This item is **Not Applicable** if the initial disposition for this infant is not “transported”. The online form only includes the Transport-Out section and this item if the infant was transported out.

### Item 63. Post-Transport Disposition [F2DISP]

Select **Home** if the infant was discharged to home on or before his/her first birthday from the hospital to which he/she was transported. If this answer is checked, Items 64-66 on this Form are not applicable; only complete Item 67 on this Form.

Select **Transported Again to Another Hospital** if the infant was transported again to another hospital or to a chronic care facility from the hospital to which he/she was originally transported. If this answer is checked, Items 64-65 on this form are not applicable; complete Items 66-67 on this Form.

Select **Died** if the infant died on or before his/her first birthday at the hospital to which he/she was transported. If this answer is checked, Items 64-66 on this Form are not applicable; only complete Item 67 of this Form.

Select **Readmitted to Any Location in Your Hospital** if an infant on or before his/her first birthday (before ever having gone home) to any location in your hospital such as the neonatal intensive care unit, a step-down unit, newborn nursery, intermediate care, pediatric intensive care unit, pediatric ward, etc. If this answer is checked, continue with Item 64 on this Form.

Select **Still Hospitalized as of First Birthday** if infant was still in the transported to hospital on his/her first birthday. If this answer is checked, Items 64-66 on this Form are not applicable; only complete Item 67 of this form.

Select **Unknown** if this information cannot be obtained.

**Note:** This item is **Not Applicable** if the initial disposition for this infant is not “transported”. The online form only includes the Transport-Out section and this item if the infant was transported out.

#### **Item 64. Weight at Disposition After Readmission [F3WGT]**

Enter the weight in grams obtained on the date at which the Disposition after Readmission, Item 65, occurred. If the infant was not weighed on the day of death, enter the weight in grams from the previous day.

If the answer to Disposition after Re-Admission (Item 65) is **Still Hospitalized as of First Birthday**, enter the infant’s weight on his or her first birthday. If the infant was not weighed on the date of the first birthday, enter the weight in grams from the previous day.

Select **Unknown** if this information cannot be obtained.

**Note:**

This item is Not Applicable if the initial disposition for this infant is not “transported”. The online form only includes the Transport-Out Section and this item if the infant was transported out.

#### **Item 65. Disposition After Readmission [F3DISP]**

Select **Home** if the infant was discharged to home on or before his/her first birthday from any location in your hospital after re-admission. If this answer is checked, Item 66 on this Form is not applicable; complete Item 67 on this Form.

Select **Died** if the infant died on or before his/her first birthday at any location in your hospital after re-admission. If this answer is checked, Item 66 of this Form is not applicable; complete Item 67 on this form.

Select **Transported Again to Another Hospital** if the infant was transported again to another hospital or to a chronic care facility on or before his/her first birthday after re-admission. If this answer is checked, complete Items 66-67 of this Form.

Select **Still Hospitalized as of First Birthday** if the infant was still in your hospital as of his/her first birthday. If this answer is checked, Item 66 on this Form is not applicable; complete Item 67 of this Form.

Select **Unknown** if this information cannot be obtained.

**Note:** This item is Not Applicable if the initial disposition for this infant is not “transported”. The online form only includes the Transport-Out Section and this item if the infant was transported out.

#### **Item 66. Ultimate Disposition [UDISP]**

Select **Home** if the infant ultimately went home on or before the first birthday.

Select **Died** if the infant ultimately died on or before the first birthday.

Select **Still Hospitalized as of First Birthday** if the infant was still hospitalized on his/her first birthday, without ever having gone home.

Select **Unknown** if this information cannot be obtained.

**Note:** This item is **Not Applicable** if the initial disposition for this infant is not “transported”. The online form only includes the Transport-Out section and this item if the infant was transported out.

### **Item 67. Total Length of Stay [LOSTOT]**

Enter the final discharge date.

Select **Unknown** if this information cannot be obtained.

**Note:**

- This item refers to the final discharge date on which the infant either went home, died or was still hospitalized on its first birthday. Do not change this item based on later dispositions following re-admission.
- If you enter an acceptable date, the form will display the implied total length of stay just below the date entry box.
- Total Length of Stay is the number of days from the date the infant was admitted to your and other hospitals until the Date of Final Discharge or Death. For infants Discharged home or infants who ultimately died the Total Length of Stay is calculated as:  
([Date of Final Discharge or Death] minus [Date of Admission] plus one)
- The maximum value of Total Length of Stay is 366 (or 367 if leap day must be added) because tracking ends on an infant’s first birthday.
- For inborn infants, the Date of Admission is the Date of Birth. For outborn infants, the Date of Admission is the date the infant was admitted to your center.
- If the Date of Final Discharge, Transport or Death is “Unknown”, the Total Length of Stay will also be “Unknown”.
- If an infant is still hospitalized on his or her first birthday, use the date of the infant’s first birthday as the Date of Final Disposition.
- This item is **Not Applicable** if the initial disposition for this infant is not “transported”. The online form only includes the Transport-Out section and this item if the infant was transported out.