### 1.1 Admission Data

**Admission Tab**

System Entry Date/Time: ___/___/_______ ___:____
- Time Not Documented

Born this admission (or transferred from birth hospital)?
- Yes
- No

Date/Time of Birth: ____/____/_______ ___:____
- DOB Unknown/Not Documented
- Time Not Documented

Age at System Entry: ________ in years | months | weeks | days | hours | minutes
- Estimated?
- Age Unknown/Not Documented

**Gender:**
- Male
- Female
- Unknown

**Race:**
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- UTD

**OPTIONAL:**
- Asian Indian
- Native Hawaiian
- Chinese
- Guamanian or Chamorro
- Filipino
- Samoan
- Japanese
- Other Pacific Islander
- Korean
- Vietnamese
- Other Asian

**Hispanic Ethnicity:**
- Optional, If Yes:
  - Yes
  - No/UTD
  - Mexican, Mexican American, Chicano/a
  - Puerto Rican
  - Cuban
  - Another Hispanic, Latin or Spanish Origin

Birth Weight (patients <30 days old only): ______
- Units: pounds
- kilograms
- grams
- Birth Weight Unknown/Not Documented

Weight same as birth weight

Weight (required for pediatric and newborn/neonate patients only): ______
- Units: pounds
- kilograms
- grams
- Weight Unknown/ND

Length (patients <30 days old only): ______
- Units: inches
- centimeters
- Length Unknown/Not Documented

Head Circumference (patients <30 days old only): ______
- Units: inches
- centimeters
- Circum. Unknown/Not Documented

### CPC/PCPC Scoring Definitions

**Admission CPC:**  ________
- Unknown/Not Documented/Not Applicable

**Admission PCPC:**  ________
- Unknown/Not Documented/Not Applicable (newborn)

**Adult Cerebral Performance Categories/CPC Scale**
- 1 Good cerebral performance
- 2 Moderate cerebral disability
- 3 Severe cerebral disability
- 4 Coma or vegetative state
- 5 Brain death

**Pediatric/Neonate Cerebral Performance Categories/PCPC Scale**
- 1 Normal
- 2 Mild cerebral disability
- 3 Moderate cerebral disability
- 4 Severe cerebral disability
- 5 Coma or vegetative state
- 6 Brain death
### 1.2 Newborn/Neonate

**Admission Tab**

**Did mother receive prenatal care?**  
- [ ] Yes  
- [ ] No  
- [ ] Not Documented

**Maternal Conditions** (check all that apply)

- [ ] Not Documented
- [ ] None
- [ ] Alcohol use
- [ ] Chorioamnionitis
- [ ] Cocaine/Crack use
- [ ] Diabetes
- [ ] Eclampsia
- [ ] GHTN (Pregnancy induced / gestational hypertension)
- [ ] Magnesium exposure
- [ ] Major trauma
- [ ] Maternal Group B Strep (Positive)
- [ ] Maternal infection
- [ ] Methamphetamine/ICE use
- [ ] Narcotic given to mother within 4 hours of delivery
- [ ] Narcotics addiction and/or on methadone maintenance
- [ ] Pre-eclampsia
- [ ] Prior Cesarean
- [ ] Urinary Tract Infection (UTI)
- [ ] Other (specify) ___________________

**Delivery Details**

**Fetal Monitoring:**
- [ ] External
- [ ] Internal
- [ ] Performed, method unknown
- [ ] Unknown/Not documented
- [ ] None

**Delivery Mode:**
- [ ] Vaginal/spontaneous
- [ ] Vaginal-operative
- [ ] C-section/ scheduled
- [ ] C-section/ emergent
- [ ] Unknown/Not Documented

**Presentation:**
- [ ] Cephalic
- [ ] Breech
- [ ] Unknown/Not Documented

**Apgar Scores**

1 min: ______ [ ] Unknown/Not assigned

5 min: ______ [ ] Unknown/Not assigned

10 min: ______ [ ] Unknown/Not assigned

15 min: ______ [ ] Unknown/Not assigned

20 min: ______ [ ] Unknown/Not assigned

**Cord pH:** ___________ [ ] Unknown/Not documented  
**Sample location:** [ ] Arterial  
[ ] Venous  
[ ] Unknown/Not Documented

**Best Estimate of gestational age (weeks):** ___________ [ ] Unknown/Not documented

**Special Circumstances Recognized at Birth** (select all that apply):
<table>
<thead>
<tr>
<th>Optional Data Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Abdominal Wall Defects</td>
</tr>
<tr>
<td>Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway Malformation</td>
</tr>
<tr>
<td>Congenital Diaphragmatic Hernia</td>
</tr>
<tr>
<td>Cardiac Malformation/Abnormality – Acyanotic</td>
</tr>
<tr>
<td>Cardiac Malformation/Abnormality – Cyanotic</td>
</tr>
<tr>
<td>Congenital Malformation/Abnormality (Non-Cardiac)</td>
</tr>
<tr>
<td>Cord Prolapse</td>
</tr>
<tr>
<td>Decelerations</td>
</tr>
<tr>
<td>Fetal Hydrops</td>
</tr>
<tr>
<td>Meconium Aspiration</td>
</tr>
<tr>
<td>Multiple Gestations</td>
</tr>
<tr>
<td>Nuchal Cord</td>
</tr>
<tr>
<td>Placenta Abruption</td>
</tr>
<tr>
<td>Placenta Previa</td>
</tr>
<tr>
<td>Shoulder Dystocia</td>
</tr>
<tr>
<td>Other: ________________________________________</td>
</tr>
</tbody>
</table>

### 1.3 Induced Hypothermia

**Discharge Tab**

Was induced hypothermia initiated?  
- Yes  
- No/Not Documented  
- N/A

### 1.4 Discharge Data

**Discharge Tab**

**Discharge Status:**
- Dead
- Alive
- Disposition Pending

**Discharge Disposition:**
- 1 Home
- 2 Hospice - home
- 3 Hospice – Health Care Facility
- 4 Acute Care Facility
- 5 Other Healthcare Facility
- 6 Expired
- 7 Left Against Medical Advice
- 8 Not Documented or unable to determine

If Other Healthcare Facility:
- Skilled Nursing Facility (SNF)
- Inpatient Rehabilitation Facility (IRF)
- Long Term Care Hospital (LTCH)
- Intermediate Care Facility (ICF)
- Other

**Date/Time of Hospital Discharge/Death:**  
- Time Not Documented

**Declared DNAR during this admission?**
- Yes
- No

If yes, **Date/Time of DNAR order:**  
- Time Not Documented

*If patient died:*
Was Life Support Withdrawn?  □ Yes  □ No
Were organs recovered?  □ Yes  □ No

If patient survived to discharge:

CPC at Discharge: ________  □ Unknown/Not Documented
PCPC at Discharge: ________  □ Unknown/Not Documented

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1 Normal
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3 Moderate cerebral disability
4 Severe cerebral disability
5 Coma or vegetative state
6 Brain death

Comments & Optional Fields – Do not enter any Personal Health Information/Protected Health Information into this section.

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Field 1  Field 2
Field 3  Field 4
Field 5  Field 6
Field 7  Field 8
Field 9  Field 10
Field 11  Field 12
Field 13  Field 14