**DEMOGRAPHICS**

- **Sex**
  - Male
  - Female
  - Unknown

- **Patient Gender Identity**
  - Male
  - Female
  - Female-to-Male (FTM)/Transgender Male/Trans Man
  - Male-to-Female (MTF)/Transgender Female/Trans Woman
  - Genderqueer, neither exclusively male nor female
  - Additional gender category or other: __________
  - Did not disclose.

- **Patient-Identified Sexual Orientation**
  - Straight or heterosexual
  - Lesbian or gay
  - Bisexual
  - Queer, pansexual, and/or questioning
  - Something else; please specify: __________
  - Don’t know
  - Declined to answer

- **Date/Time of Birth:**
  - __/__/______
  - (MM/DD/YYYY HH:MM)
  - DOB Unknown/Not Documented
  - Time Not Documented

**RACE AND ETHNICITY**

- **Race**
  - American Indian or Alaska Native
  - Asian
    - Asian Indian
    - Chinese
    - Filipino
    - Japanese
    - Korean
    - Vietnamese
    - Other Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
    - Native Hawaiian
    - Guamanian or Chamorro
    - Samoan
    - Other Pacific Islander
  - White
  - UTD

- **Hispanic Ethnicity**
  - Yes
  - No/UTD

- **Optional, If Yes:**
  - Mexican, Mexican American, Chicano/a
  - Puerto Rican
  - Cuban
  - Another Hispanic, Latino, or Spanish Origin

**1.1 ADMISSION DATA**

- **System Entry Date:**
  - __/__/______
  - (MM/DD/YYYY HH:MM)
  - Time Not Documented

- **Age at Event (in yrs., months, weeks, days, hrs., or minutes):**
  - _____
    - Years
    - Months
    - Weeks
    - Days
    - Hours
    - Minutes
  - Estimated
  - Age Unknown / Not Documented

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

- **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/Not Documented

- **Length (patients <30 days old only):**
  - _____ Units
    - Inches
    - Centimeters
  - Length Unknown/Not Documented

- **Head Circumference (patients <30 days old only):**
  - _____ Units
    - Inches
    - Centimeters
  - Circumference Unknown/Not Documented

**CPC/PCPC SCORING DEFINITIONS**

- **Admission CPC:**
  - __________
  - Unknown/Not Documented/Not Applicable
### Vaccinations and Testing

**COVID-19 Vaccination:**
- COVID-19 vaccine was given during this hospitalization
- COVID-19 vaccine was received prior to admission, not during this hospitalization
- Documentation of patient's refusal of COVID-19 vaccine
- Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated
- Vaccine not available
- None of the above/Not documented/UTD

**COVID-19 Vaccination date:**
- [ ] MM/DD/YYYY
- [ ] Unknown

**COVID-19 Vaccination Manufacturer:**
- AstraZeneca
- Johnson & Johnson’s
- Janssen
- Moderna
- Novavax
- Pfizer
- Other
- Not Documented

**Did the patient receive both doses of vaccine? (if applicable)**
- [ ] Yes
- [ ] No
- [ ] Not Applicable

**Is there documentation that this patient was included in a COVID-19 vaccine trial?**
- [ ] Yes
- [ ] No

**Influenza Vaccination:**
- Influenza vaccine was given during this hospitalization during the current flu season
- Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization
- Documentation of patient's refusal of influenza vaccine
- Allergy/sensitivity to influenza vaccine or if medically contraindicated
- Vaccine not available
- None of the above/Not documented/UTD

### 1.2 Newborn/Neonate

**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
- Magnesium Exposure
- Major Trauma
- Maternal Infection
- GHTN (Pregnancy induced/Gestational Hypertension)
- Maternal Group B Strep (Positive)
- Methamphetamine/ICE use
- Narcotic given to mother within 4 hrs. of delivery
- Narcotics addiction and/or on methadone maintenance
- Pre-eclampsia
- Prior Cesarean
- Urinary Tract Infection (UTI)
- Other, Specify: ____________________

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

**Delivery Details**

**Delivery Mode**
- Vaginal/Spontaneous
- Vaginal/Operative
- VBAC
- C-section/ Scheduled
- C-section/ Emergent
- Unknown/Not Documented

**Presentation**
- Cephalic
- Breech
- Unknown/Not Documented

**Apgar Scores:**
1 min: ___________
### Admission & Discharge

**Resuscitation Patient Management Tool**

**June 2021**

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<table>
<thead>
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<th>Time</th>
<th>Normal</th>
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<tbody>
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<td>10 min</td>
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<td>15 min</td>
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<tr>
<td>20 min</td>
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**Cord pH**

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**Sample Location**

- Arterial
- Venous
- Unknown/Not Documented

**Best Estimate of gestational age (weeks)**

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**Special Circumstances Recognized at Birth** (select all that apply)

- None
- Cord Prolapse
- Meconium Aspiration
- Nuchal Cord
- Placenta Abruption
- Placenta Previa
- Abdominal Wall Defects
- Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway Malformation
- Congenital Diaphragmatic Hernia
- Cardiac Malformation / Abnormality - Acyanotic
- Cardiac Malformation / Abnormality - Cyanotic
- Congenital Malformation / Abnormality (Non-cardiac)
- Decelerations
- Fetal Hydrops
- Other, Specify

**1.3 Induced Hypothermia**

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<tbody>
<tr>
<td>Whether induced hypothermia initiated after return of circulation (ROC) achieved?</td>
<td>Yes</td>
<td>No/Not Documented</td>
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**1.4 Discharge Data**

- Dead
- Alive
- Disposition Pending

- Yes
- No/ND

**During this admission, was a standardized health related social needs form or assessment completed?**

- Yes
- No/ND

**If yes, identify the areas of unmet social need. (select all that apply):**

- Mental Health
- Personal Safety
- Substance Abuse
- Transportation Barriers
- Utilities

**Was there Active or Suspected COVID-19 diagnosis in the 2 weeks prior to admission or during this hospitalization?**

- Yes, prior to admission
- Yes, during hospitalization
- No
- Unknown/ND

**Method of Diagnosis:**

- COVID-19 confirmed by a lab test
- Clinical diagnosis assigned by hospital-specific criteria (suspected)
- Unknown/ND

**Date/Time of Diagnosis:**

- | Not Documented | Unknown |
- | Not Documented | Unknown |
## 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 UTD

## 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

- MM/DD/YYYY HH:MM
- Time Not Documented

## Declared DNAR during this admission?

- Yes
- No

## If yes, Date/Time of DNAR order

- MM/DD/YYYY HH:MM
- Time Not Documented

## If patient died:

- Was Life Support Withdrawn?

- Yes
- No

- Were organs recovered?

- Yes
- No

## If patient survives to discharge

- Unknown/Not Documented

## Comments

**NOTE:** Please do not enter any patient identifiable information in these optional fields.

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**END OF ADMISSION & DISCHARGE FORM**