## **Admission & Discharge**

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas.

1.1 Admission Data	Admission Tab
System Entry Date/Time://: Time Not Do	ocumented
Born this admission (or transferred from birth hospital)? ☐ Yes ☐ No	
Date/Time of Birth:/: DOB Unknown/Not Do	ocumented  Time Not Documented
Age at System Entry: in years   months   weeks   days   hours   mi	inutes ☐ Estimated? ☐ Age Unknown/Not Documented
Gender: ☐ Male ☐ Female ☐ Unknown	
Race:  American Indian or Alaska Native Asian  OPTIONAL: Asian Indian Chinese Flipino Japanese Korean Vietnamese Other Asian	□ White Islander □ UTD
Hispanic Ethnicity:  Yes  No/UTD  No/UTD  Optional, If Yes:  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 ☐ inches ☐ centimeters ☐ Circum. Unknown/Not Documented
CPC/PCPC Scoring Definitions	
Admission CPC: □ Unknown/Not Documented/Not Applicable	
Admission PCPC: □ Unknown/Not Documented/Not Applicable (r	newborn)
2 3 Adult Cerebral Performance Categories/CPC Scale 4	Good cerebral performance Moderate cerebral disability Severe cerebral disability Coma or vegetative state Brain death
2 3 4 Pediatric/Neonate Cerebral Performance Categories/PCPC Scale 5	Normal Mild cerebral disability Moderate cerebral disability Severe cerebral disability Coma or vegetative state Brain death

May 2015

## **Admission & Discharge**

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1.2 Newborn/Neonate			Admission Ta
Did mother receive prenatal ca	re?	nented	
Maternal Conditions (check a	all that apply)		
☐ Not Documented			
<ul><li>□ None</li><li>□ Alcohol use</li><li>□ Chorioamnionitis</li><li>□ Cocaine/Crack use</li><li>□ Diabetes</li></ul>	<ul> <li>□ Eclampsia</li> <li>□ GHTN (Pregnancy induced / gestational hypertension)</li> <li>□ Magnesium exposure</li> <li>□ Major trauma</li> <li>□ Maternal Group B Strep (Positive)</li> </ul>	<ul> <li>□ Maternal infection</li> <li>□ Methamphetamine/ICE use</li> <li>□ Narcotic given to mother within 4 hours of delivery</li> <li>□ Narcotics addiction and/or on methadone maintenance</li> </ul>	☐ Pre-eclampsia ☐ Prior Cesarean ☐ Urinary Tract Infection (UTI) ☐ Other (specify)
<u>Delivery Details</u>			
Fetal Monitoring:  External  Internal  Performed, method unkr  Unknown/Not document			
Delivery Mode:  Vaginal/spontaneous Vaginal-operative C-section/ scheduled C-section/ emergent Unknown/Not Document	ed		
Presentation:  Cephalic Breech Unknown/Not Document	ed		
Apgar Scores			
1 min: 🗖 Unknown/-No	ot assigned		
5 min: 🗖 Unknown/-No	ot assigned		
10 min: Unknown/No	ot assigned		
15 min: 🗖 Unknown/N	ot assigned		
20 min: 🗖 Unknown/N	ot assigned		
Cord pH: □ Unk	nown/Not documented Sample location	: ☐ Arterial ☐ Venous ☐ Unknown	/Not Documented
Best Estimate of gestational ag	ge (weeks): 🗖 Unknown/No	ot documented	
	onized at Birth (select all that apply):		

# Resuscitation Patient Management Tool® Admission & Discharge

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□ Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway       □ Prenatal Dx       □ Postnatal Dx         Malformation       □ Prenatal Dx       □ Postnatal Dx         □ Congenital Diaphragmatic Hernia       □ Prenatal Dx       □ Postnatal Dx         □ Cardiac Malformation/Abnormality – Acyanotic       □ Prenatal Dx       □ Postnatal Dx         □ Congenital Malformation/Abnormality (Non-Cardiac)       □ Prenatal Dx       □ Postnatal Dx         □ Cord Prolapse       □ Prenatal Dx       □ Postnatal Dx         □ Postnatal Dx       □ Postnatal Dx         □ Prenatal Dx       □ Postnatal Dx         □ Postnatal Dx       □ Postnatal Dx	<ul> <li>□ Abdominal Wall Defects</li> <li>□ Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway Malformation</li> <li>□ Congenital Diaphragmatic Hernia</li> </ul>		☐ Postnatal Dx
Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway	☐ Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway Malformation ☐ Congenital Diaphragmatic Hernia		
Malformation	Malformation ☐ Congenital Diaphragmatic Hernia	Prenatal Dx	
□ Cardiac Malformation/Abnormality - Acyanotic □ Cardiac Malformation/Abnormality - Cyanotic □ Cardiac Malformation/Abnormality - Cyanotic □ Congenital Malformation/Abnormality - Cyanotic □ Cord Prolapse □ Cord Prolapse □ Decelerations □ Prenatal Dx □ P			□ Postnatal Dx
□ Cardiac Malformation/Abnormality - Cyanotic □ Congenital Malformation/Abnormality (Non-Cardiac) □ Congenital Malformation/Abnormality (Non-Cardiac) □ Cord Prolapse □ Decelerations □ Prenatal Dx □ Prenatal Dx □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Prenatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □	Cardiac Malformation/Abnormality – Acyanotic	□ Prenatal Dx	□ Postnatal Dx
□ Congenital Malformation/Abnormality (Non-Cardiac) □ Cord Prolapse □ Decelerations □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Prenatal Dx □ Postnatal Dx □ Prenatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □ Postnatal Dx □ Postnatal Dx □ Prenatal Dx □ Postnatal Dx □	a Cardiae Mailornation/Abrionnatity Acyanotic	□ Prenatal Dx	□ Postnatal Dx
□ Cord Prolapse □ Decelerations □ Fetal Hydrops □ Meconium Aspiration □ Multiple Gestations □ Nuchal Cord □ Placenta Abruption □ Placenta Abruption □ Placenta Abruption □ Placenta Previa □ Shoulder Dystocia □ Other: □ Induced Hypothermia Is induced hypothermia initiated? □ Yes □ No/Not Documented □ N/A   Discharge Data Is induced hypothermia initiated? □ Yes □ No/Not Documented □ N/A  Discharge Data Is induced hypothermia initiated? □ Yes □ No/Not Documented □ N/A  Discharge Disposition: □ 1 Home □ 2 Hospice - Health Care Facility □ 4 Acute Care Facility □ 5 Other Health Care Facility □ 6 Expired □ 7 Left Against Medical Advice □ 8 Not Documented or unable to determine  1 Other Health Care Facility □ 1 Health Care Facility □ 1 Health Care Facility □ 2 Control Teality (ICF) □ Inpatient Rehabilitation Facility (ICF) □ Intermediate Care Facility (ICF) □ Intermediate Care Facility (ICF) □ Other □ 1 Home Care Facility (ICF) □ Other Teal Home Care Facility (ICF) □ Intermediate Care Facility (ICF) □ Other □ 1 Home Care Facility (ICF) □ Other □ 2 Time Not Documented  clared DNAR during this admission? □ Yes □ No	☐ Cardiac Malformation/Abnormality – Cyanotic	□ Prenatal Dx	☐ Postnatal D
□ Decelerations □ Prenatal Dx □ Postnatal Dx □ Pos	☐ Congenital Malformation/Abnormality (Non-Cardiac)	□ Prenatal Dx	☐ Postnatal D
Fetal Hydrops	□ Cord Prolapse		
Meconium Aspiration   Multiple Gestations   Prenatal Dx   Postnatal Dx   Postn	□ Decelerations	□ Prenatal Dx	□ Postnatal D:
Multiple Gestations	☐ Fetal Hydrops	□ Prenatal Dx	☐ Postnatal D
□ Nuchal Cord □ Placenta Abruption □ Placenta Abruption □ Placenta Previa □ Shoulder Dystocia □ Other: □ Induced Hypothermia Is induced Hypothermia initiated? □ Yes □ No/Not Documented □ N/A  Discharge Data  Discharge Status: □ Dead □ Alive □ Disposition Pending Ischarge Disposition: □ 1 Home □ 2 Hospice - Health Care Facility □ 4 Acute Care Facility □ 5 Other Health Care Facility □ 6 Expired □ 7 Left Against Medical Advice □ 8 Not Documented or unable to determine  If Other Health Care Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  ate/Time of Hospital Discharge/Death:/ : □ Time Not Documented	☐ Meconium Aspiration		
□ Placenta Abruption □ Placenta Previa □ Shoulder Dystocia □ Other:  Induced Hypothermia  Si induced hypothermia initiated? □ Yes □ No/Not Documented □ N/A  Discharge Data  Discharge Status: □ Dead □ Alive □ Disposition Pending  Scharge Disposition: □ 1 Home □ 2 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 Health Care Facility (ICF) □ Inpatient Rehabilitation Facility (ICF) □ Other □ Other  ate/Time of Hospital Discharge/Death:/ : □ Time Not Documented  clared DNAR during this admission? □ Yes □ No	☐ Multiple Gestations	□ Prenatal Dx	☐ Postnatal D
□ Placenta Previa □ Shoulder Dystocia □ Other:	□ Nuchal Cord		
□ Shoulder Dystocia □ Other: □ Induced Hypothermia  Induced Hypothermia	☐ Placenta Abruption		
Induced Hypothermia  Discharge  Is induced hypothermia initiated?	□ Placenta Previa		
Induced Hypothermia  as induced hypothermia initiated?	☐ Shoulder Dystocia		
Discharge Data  Discharge Status: Dead Alive Disposition Pending  ischarge Disposition: 1 Home 2 Hospice - home 3 Hospice - Health Care Facility 5 Other Healthcare Facility 6 Expired 7 Left Against Medical Advice 8 Not Documented or unable to determine  If Other Health Care Facility: Skilled Nursing Facility (SNF) Inpatient Rehabilitation Facility (ICF) Other Other Gare Hospital (LTCH) Intermediate Care Facility (ICF) Other Other Hospital Discharge/Death:    Time Not Documented	□ Other:		
Discharge Data  Discharge Status: Dead Alive Disposition Pending  Sischarge Disposition: 1 Home 2 Hospice - home 3 Hospice - Health Care Facility 5 Other Healthcare Facility 6 Expired 7 Left Against Medical Advice 8 Not Documented or unable to determine  f Other Health Care Facility: Skilled Nursing Facility (SNF) Inpatient Rehabilitation Facility (ICF) Other Intermediate Care Facility (ICF) Other Tetra Of Hospital Discharge/Death:  Time Not Documented  Time Not Documented			
□ 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 Health Care 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	Discharge Data		Discharge
□ Dead □ Alive □ Disposition Pending  Disposition	ischarge Status:		
□ Disposition Pending  ischarge 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 Health Care Facility: □ Skilled Nursing Facility (INF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  ate/Time of Hospital Discharge/Death:/ : □ Time Not Documented			
ischarge 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 Health Care Facility:   Skilled Nursing Facility (SNF)   Inpatient Rehabilitation Facility (IRF)   Long Term Care Hospital (LTCH)   Intermediate Care Facility (ICF)   Other  ate/Time of Hospital Discharge/Death:/ :   Time Not Documented			
□ 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 Health Care Facility: □ Skilled Nursing Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  ate/Time of Hospital Discharge/Death:/			
□ 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 Health Care Facility: □ Skilled Nursing Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  Pate/Time of Hospital Discharge/Death:/			
□ 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 Health Care Facility: □ Skilled Nursing Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  Pate/Time of Hospital Discharge/Death:/ □ Time Not Documented			
□ 5 Other Healthcare Facility □ 6 Expired □ 7 Left Against Medical Advice □ 8 Not Documented or unable to determine  If Other Health Care Facility: □ Skilled Nursing Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  Pate/Time of Hospital Discharge/Death:/			
□ 6 Expired □ 7 Left Against Medical Advice □ 8 Not Documented or unable to determine  If Other Health Care Facility: □ Skilled Nursing Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  ate/Time of Hospital Discharge/Death:/ □ Time Not Documented  clared DNAR during this admission? □ Yes □ No			
☐ 7 Left Against Medical Advice ☐ 8 Not Documented or unable to determine  If Other Health Care Facility: ☐ Skilled Nursing Facility (SNF) ☐ Inpatient Rehabilitation Facility (IRF) ☐ Long Term Care Hospital (LTCH) ☐ Intermediate Care Facility (ICF) ☐ Other  Pate/Time of Hospital Discharge/Death:/ Time Not Documented			
If Other Health Care Facility:  Skilled Nursing Facility (SNF) Inpatient Rehabilitation Facility (IRF) Long Term Care Hospital (LTCH) Intermediate Care Facility (ICF) Other  Pate/Time of Hospital Discharge/Death:  Yes No	☐ 7 Left Against Medical Advice		
□ Skilled Nursing Facility (SNF) □ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  ate/Time of Hospital Discharge/Death:// : □ Time Not Documented  clared DNAR during this admission? □ Yes □ No	□ 8 Not Documented or unable to determine		
□ Inpatient Rehabilitation Facility (IRF) □ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  late/Time of Hospital Discharge/Death:/ □ Time Not Documented  sclared DNAR during this admission? □ Yes □ No	f Other Health Care Facility:		
□ Long Term Care Hospital (LTCH) □ Intermediate Care Facility (ICF) □ Other  ate/Time of Hospital Discharge/Death:// : □ Time Not Documented  clared DNAR during this admission? □ Yes □ No			
□ Intermediate Care Facility (ICF) □ Other  late/Time of Hospital Discharge/Death:/ : □ Time Not Documented  located DNAR during this admission? □ Yes □ No	☐ Inpatient Rehabilitation Facility (IRF)		
□ Other  late/Time of Hospital Discharge/Death:/ : □ Time Not Documented  loclared DNAR during this admission? □ Yes □ No			
clared DNAR during this admission? ☐ Yes ☐ No	□ Other		
	ate/Time of Hospital Discharge/Death://: ☐ Time Not Docu	mented	
f yes, Date/Time of DNAR order:/: Time Not Documented	olored DNAP during this admission?		
	cialed DNAR during this admission? Thes The		

## **Resuscitation Patient Management Tool®**

May 2015

### **Admission & Discharge**

Field 13

Note: Optional data elements appear in the Get With The Guidelines ® - Resuscitation PMT as dark grey shaded areas. Was Life Support Withdrawn? ☐ Yes ☐ Yes ☐ No Were organs recovered? If patient survived to discharge: CPC at Discharge: \_\_\_\_\_ Unknown/Not Documented PCPC at Discharge: \_\_\_\_\_ Unknown/Not Documented 1 Good cerebral performance 2 Moderate cerebral disability 3 Severe cerebral disability 4 Coma or vegetative state Adult Cerebral Performance Categories/CPC Scale 5 Brain death 1 Normal 2 Mild cerebral disability 3 Moderate cerebral disability Pediatric/Neonate Cerebral Performance Categories/PCPC Scale 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 6 Field 5 Field 7 Field 8 Field 10 Field 9 Field 11 Field 12

Field 14