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| **OPTIONAL:** Local Event ID: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| **Demographics** | | | | | | | | | | | | | | | | | | ***Demographics Tab*** | | | | | | | |
| Gender | | * Male | | | | * Female | | | | | | | | | | * Unknown | | | | | | | | | |
| Date/Time of Birth: | | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_**  (MM/DD/YYYY HH:MM) | | | | | | | | | | | | | | * DOB Unknown/Not Documented * Time Not Documented | | | | | | | | | |
| **Race And Ethnicity** | | | | | | | | | | | | | | | | | | ***Demographics Tab*** | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | ***Admission Tab*** | | | | | | | |
| 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 Tab*** | | | | | | | |
| Admission CPC: | **\_\_\_\_\_\_\_** | | * Unknown/Not Documented/Not Applicable | | | | | | | | | | | | | | | | | | | | | | |
| Admission PCPC: | **\_\_\_\_\_\_\_** | | * Unknown/Not Documented/Not Applicable (newborn) | | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Newborn/Neonate** | | | | | | | | | | | | | | | | | | ***Newborn/Neonate 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 * 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **Delivery Details** | Fetal Monitoring | | | | | | | | | | | | | | | | | | | | | | | | |
| * External * Internal | | | | | | | * Performed, method unknown * Unknown/Not documented | | | | | | | | | | | | | | | * None | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | * 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) | * None * Cord Prolapse * Meconium Aspiration | | | | | | | | | * Nuchal Cord * Placenta Abruption * Placenta Previa | | | | | | | | | | | | * Shoulder Dystocia * Other, Specify \_\_\_\_\_\_\_\_\_\_\_ | | | |
| * Abdominal Wall Defects | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Congenital Cystic Adenomatoid Malformation/Congenital Pulmonary Airway Malformation | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Congenital Diaphragmatic Hernia | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Cardiac Malformation / Abnormality - Acyanotic | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Cardiac Malformation / Abnormality - Cyanotic | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Congenital Malformation / Abnormality (Non-cardiac) | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Decelerations | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| * Fetal Hydrops | | | | | | | | | * Prenatal Dx | | | | | | | | | | | | * Postnatal Dx | | | |
| **1.3 Induced Hypothermia** | | | | | | | | | | | | | | | | | | ***Discharge Tab*** | | | | | | | |
| Was induced hypothermia initiated after return of circulation (ROC) achieved? | * Yes | | | | | | | | * No/Not Documented | | | | | | | | | | | * N/A | | | | | |
| **1.4 Discharge Data** | | | | | | | | | | | | | | | | | | ***Discharge Tab*** | | | | | | | |
| Discharge Status | * Dead | | | | | | | | * Alive | | | | | | | | | | | * Disposition Pending | | | | | |
| Was there Active or Suspected COVID-19 diagnosis in the 2 weeks prior to admission or during this hospitalization? | * Yes | | | | | | | | * No | | | | | | | | | | | * Unknown/ND | | | | | |
| If Yes, what was the diagnosis type? | * COVID-19 confirmed by a lab test * COVID-19 suspected but NO lab test/Diagnosis assigned by a clinical criteria | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Diagnosis: | **\_\_\_/\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | | | | | | | | * 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 | |
| Was Life Support Withdrawn? | | | | | | | | | | | | | | | * Yes | | | | | | | | * No | |
| **If patient survives to discharge** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | * Unknown/Not Documented | | | | | | | | | |
| Comments |  | | | | | | | | | | | | | | | | | | | | | | | | |
| *NOTE: Please do not enter any patient identifiable information in these optional fields.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | 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  **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **END OF ADMISSION & DISCHARGE FORM** | | | | | | | | | | | | | | | | | | | | | | | | | |