|  |  |
| --- | --- |
| **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** |