

Answer Sheet



CODERFax

Labor & Delivery

Fetal Presentation: *(select one)*

Cephalic Breech Other

Route & Method: *(select one)*

Spontaneous Forceps-Mid Forceps-Low/ Outlet Vacuum Cesarean Unknown

Characteristics of Labor & Delivery

None Unknown at this time

Select all that apply

Induction of Labor-AROM **Induction of Labor –Medicinal** **Augmentation of labor**
 Steroids Antibiotics Chorioamnionitis
 Meconium Staining Fetal Intolerance External Electronic Fetal Monitoring *
 Internal Electronic Fetal Monitoring

Maternal Morbidity

None Unknown at this time

Select all that apply

Maternal Transfusion Perineal Laceration (3rd/4th Degree) Ruptured Uterus
 Unplanned Hysterectomy Admit to ICU **Unplanned Operating Room Procedure Following Delivery**
 Postpartum transfer to a higher level of care

Anesthesia / Analgesia:

None Unknown at this time

Select all that apply

Epidural (Caudal) Local Spinal
 General Inhalation Paracervical General Intravenous
 Pudendal

Was an analgesic administered?

Yes No

Admission and Discharge Information

Mother

Admission Date for Delivery (MM/DD/YYYY)
1 / 25 / 2008

Discharge Date (MM/DD/YYYY)
1 / 28 / 2008

Infant

Discharge date (MM/DD/YYYY) **Discharged Home** Infant Died at Birth Hospital
1 / 28 / 2008 Infant Still in Hospital Infant Discharged to Foster Care/Adoption
 Infant Transferred Out Unknown

* See Dr Glantz's comment in the guidelines