

Answer Sheet

CODERFax



Infant

If Multiple Births: Number of Live Births: 0 Number of Fetal Deaths: 0		Birth Weight: est. 1000 grams lbs. oz.		
If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: (Only if applicable) ___ None ___ Unknown at this time				
Select all that apply: <input checked="" type="checkbox"/> Rapid / Advanced Labor ___ Bleeding <input checked="" type="checkbox"/> Fetus at Risk ___ Severe pre-eclampsia ___ Woman Refused Transfer ___ Other (specify)				
Infant Transferred: <input checked="" type="checkbox"/> Within 24 hrs ___ After 24 hrs ___ Not transferred		NYS Hospital Infant Transferred To: Strong Memorial Hospital	State/Terr./Province NY	
Apgar Scores 1 minute: 5 minutes: 10 minutes: 8 8		Is the Infant Alive? <input checked="" type="checkbox"/> Yes ___ No ___ Infant Transferred/ Status Unknown	Clinical Estimate of Gestation: 26 (Weeks)	Newborn Treatment Given: ___ Conjunctivities only ___ Vitamin K only <input checked="" type="checkbox"/> Both ___ Neither
How is infant being fed at discharge? (Select one) ___ Breast Milk Only ___ Formula Only ___ Both Breast Milk and Formula ___ Other <input checked="" type="checkbox"/> Do Not Know			(Continuation of Newborn Treatment Given)	
Abnormal Conditions of the Newborn: ___ None ___ Unknown at this time				
Select all that apply <input checked="" type="checkbox"/> Assisted ventilation required immediately following delivery ___ Assisted ventilation required for more than six hours <input checked="" type="checkbox"/> Admission to NICU ___ Newborn given surfactant replacement therapy <input checked="" type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis ___ Seizures or serious neurologic dysfunction ___ Significant birth injury (skeletal fx, peripheral nerve injury, soft tissue/solid organ hemorrhage which requires intervention)				