

Answer Sheet



CODERFax

Labor & Delivery

Characteristics of Labor & Delivery ___ None ___ Unknown at this time Select all that apply ___ Induction of Labor-AROM <input checked="" type="checkbox"/> Induction of Labor –Medicinal <input checked="" type="checkbox"/> Augmentation of labor ___ Steroids <input checked="" type="checkbox"/> Antibiotics ___ Chorioamnionitis <input checked="" type="checkbox"/> Meconium Staining <input checked="" type="checkbox"/> Fetal Intolerance <input checked="" type="checkbox"/> External Electronic Fetal Monitoring <input checked="" type="checkbox"/> Internal Electronic Fetal Monitoring			
Anesthesia / Analgesia: ___ None ___ Unknown at this time Select all that apply <input checked="" type="checkbox"/> Epidural (Caudal) <input checked="" type="checkbox"/> Local ___ Spinal ___ General Inhalation ___ Paracervical ___ General Intravenous ___ Pudendal			
Was an analgesic administered? ___ Yes <input checked="" type="checkbox"/> No			
Infant			
Apgar Scores 1 minute: 5 minutes: 10 minutes: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; width: 30%;">3</div> <div style="border: 1px solid black; padding: 5px; width: 30%;">4</div> <div style="border: 1px solid black; padding: 5px; width: 30%;">8</div> </div>			Is the Infant Alive? <input checked="" type="checkbox"/> Yes ___ No ___ Infant Transferred/Status Unknown
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 ___ NICU Admission ___ Newborn given surfactant replacement therapy ___ 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)			