

Phone: (585) 758-7811
 Fax: (585) 424-1469
 Email: Barbara_Suter@urmc.rochester.edu

May 09

Finger Lakes Regional Perinatal Data System

Response Sheet



CODERFax

To: Barbara Suter	From:
Fax: 585-424-1469	Pages:
Phone: 585-758-7811	Date:
Re: CODERFax	CC:

Infant

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