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September 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: \_\_\_\_\_

### Labor & Delivery

#### 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

#### 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

### Infant

#### Apgar Scores

1 minute:  5 minutes:  10 minutes:

#### Is the Infant Alive?

Yes  No  
 Infant Transferred/ Status Unknown

#### Abnormal Conditions of the Newborn:

None  Unknown at this time

#### Select all that apply

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)