



Coder Meeting

May 2011

Agenda

- **Welcome Elissa Corrigan**
- January Coder Fax
- February Coder Fax
- Satisfaction Survey discussion
- April Coder Fax

Material for 1 Coder Fax from each hospital, please...



January Coder Fax 2011

January Coder Fax 2011

Pregnancy History				N = 20
Key Pregnancy Dates (MM/DD/YY)				
Date of Last Menses:		Estimated Due Date:		
05 / 12 / 09	02 / 16 / 10	02/15/10		
Pregnancy History				
Previous Live Births:		Previous Spontaneous Terminations:		Total Prior Pregnancies:
Now Living None or Number	Now Dead None or Number	Less than 20 weeks None or Number	20 weeks or more None or Number	None or Number
<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 2
				Marked 1
Prenatal Care				
Risk Factors in this Pregnancy				
<input type="checkbox"/> None <input type="checkbox"/> Unknown at this time				
Select all that apply				
<input type="checkbox"/> Prepregnancy Diabetes <input checked="" type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Prepregnancy Hypertension <input type="checkbox"/> Gestational hypertension <input type="checkbox"/> Other serious chronic illnesses <input checked="" type="checkbox"/> Previous Preterm Births <input type="checkbox"/> Abruption Placenta <input type="checkbox"/> Eclampsia <input type="checkbox"/> Other poor pregnancy outcomes <input type="checkbox"/> Prelabor Referred for High Risk Care <input type="checkbox"/> Other Vaginal Bleeding <input type="checkbox"/> Previous Low Birthweight Infant				
<input type="checkbox"/> Pregnancy resulted from infertility treatment (if yes, check all that apply) <input type="checkbox"/> Fertility-enhancing drugs, artificial or intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g. IVF, GIFT) Number of Embryos Implanted: (if applicable) <input type="checkbox"/>				
Labor & Delivery				
Trial Labor:				
If Cesarean section, was labor attempted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Indications for C-Section:				
<input type="checkbox"/> Unknown				
Select all that apply				
<input type="checkbox"/> Failure to progress <input type="checkbox"/> Malpresentation <input type="checkbox"/> Previous C-Section <input type="checkbox"/> Fetus at Risk/ NFS <input type="checkbox"/> Maternal Condition-Pregnancy Related <input checked="" type="checkbox"/> Maternal Condition-Pregnancy Related <input type="checkbox"/> Refused VBAC <input type="checkbox"/> Elective <input type="checkbox"/> Other				
Route & Method: (select one)				
<input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps – Mid <input type="checkbox"/> Forceps – Low/Outlet <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Cesarean <input type="checkbox"/> Unknown				

20

20

20

20

18

2

11

2

20

13

12

8

3

16

1

3

17

Marked 3

20

January Coder Fax 2011

Key Pregnancy dates /Pregnancy History

P1

LMP 5.12.09 EDC 2.15.10 CORRECTED EDC 1 1

TOTAL PREG.	FULL TERM	PREMATURE	ABORTIONS INDUCED	ABORTIONS SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING
3	0	1	1	PCN			1

Prior preg=2

Risk factor

January Coder Fax 2011

P1

Risk Factors in the Pregnancy

5⁺ PAST PREGNANCIES (LAST TEN)

DATE MO/YR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PERINATAL MORTALITY YES / NO	TREATMENT PRETERM LABOR YES / NO	COMMENTS/ COMPLICATIONS
3/07	39	12	6314	Male	SUD					

P4

⊕ Gestational Diabetic

PATIENT HAD PREVIOUS VAGINAL
DELIVERY & SHOULDER DYSTOCIA
NOW IN ACTIVE LABOR
& RUPTURED MEMBRANES
P/W PHYSICIAN WHO FEELS WE
SHOULD PROCEED ASAP.

C-section
planned prior
to labor onset?

January Coder Fax 2011

Trial of Labor /Delivery method / Indication for C-section

P5

INDICATIONS: This patient is a 2-year-old gravida 2, para 1-0-0-1 female who presented at 36-5/7 weeks estimated gestational age with spontaneous rupture of membranes and regular uterine contractions. She had cervical change to 4 cm. Her previous pregnancy had been complicated by a pre-term labor and pre-term delivery at 34 weeks with a 7 pound 3 ounce infant. Despite this small infant size, she had a moderate shoulder dystocia. Because of that history and new onset gestational diabetes with this pregnancy, the estimated fetal weight of this baby is significantly larger so she agreed to cesarean section.

P4

Proposed Surgery:					Eval. Date:	Surgery Date:	Surgeon:
Temp./C/F	BP	Pulse	Wt./Lbs./Kgs.	Ht./ft./in.	Diagnosis:		
			170lb	5'2"	C.P.D.C. Shoulder Dystocia (H.L.)		
<input type="checkbox"/> NO <input type="checkbox"/> YES							



February Coder Fax 2011

February Coder Fax 2011

Prenatal History

N = 22

21	Did mother receive Prenatal care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Primary Prenatal Care Provider Type: <input type="checkbox"/> MD / DO / C(N)M / HMO <input type="checkbox"/> Clinic <input type="checkbox"/> Other	? <input type="checkbox"/> No Information <input type="checkbox"/> No Provider	Did mother participate in WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	?
22	Key Pregnancy Dates (MM/DD/YY)		10/18/09	10/18/10	
22	Date of Last Menses: 8 / 03 / 09	Estimated Due Date: 01 / 30 / 10	Date of First Prenatal Visit: 10 / 08 / 09	17	Date of Last Prenatal Visit: 01 / 21 / 10
11	Prenatal Visits				
11	Total Number of Prenatal Visits: 11	12	9	13	1
1	Pregnancy History				
1	Previous Live Births: 1	5	Previous Spontaneous Terminations: Less than 20 weeks: 1	13	20 weeks or more: 0
20	Now Living None or Number: 0	Now Dead None or Number: 0	None or Number: 1	13	None or Number: 0
2	1	5	19	1	15
20	None or Number: 0	None or Number: 0	None or Number: 0	5	None or Number: 1
2	2008	2	2008	18	
2	2008	2	2008	18	
22	Fetal Presentation: (select one) <input checked="" type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other				
22	Route & Method: (select one) <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps-Mid <input type="checkbox"/> Forceps-Low/ Outlet <input type="checkbox"/> Vacuum <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown				
1	Characteristics of Labor & Delivery <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply				
19	<input type="checkbox"/> Induction of Labor-AROM	<input type="checkbox"/> Induction of Labor -Medicinal	<input type="checkbox"/> Augmentation of labor	7	<input type="checkbox"/> Steroids
19	<input checked="" type="checkbox"/> Meconium Staining	<input type="checkbox"/> Fetal Intolerance	<input checked="" type="checkbox"/> External Electronic Fetal Monitoring	20	<input type="checkbox"/> Chorioamnionitis
1	Anesthesia / Analgesia: <input type="checkbox"/> None <input type="checkbox"/> Unknown at this time Select all that apply				
21	<input checked="" type="checkbox"/> Epidural (Caudal)	<input type="checkbox"/> Local	<input type="checkbox"/> Spinal		<input checked="" type="checkbox"/> Yes
21	<input type="checkbox"/> General Inhalation	<input type="checkbox"/> Paracervical	<input type="checkbox"/> General Intravenous		<input type="checkbox"/> No
21	<input type="checkbox"/> Pudendal				

February Coder Fax 2011

P2

Prenatal History

SUBSEQUENT PRENATAL VISITS

MARY ANN BOUVER

VISIT DATE (YEAR)	2009	10/18	10/14	11/11	11/23	12/9	12/10	12/23	1/31	1/6	1/13	1/20	1/21
WEEKS GEST. BEST EST.	9	24 1/2	25 1/2	28 1/2	30 1/2	32 1/2	32 1/2	34 1/2	35 1/2	36 1/2	37 1/2	38 1/2	38 1/2
CUMULATIVE WEIGHT GAIN													
WEIGHT		133	129	131	130	132	133	134	135	137.6	139	138	138
BLOOD PRESSURE	INITIAL 124/66	124/60	124/50	110/60	124/60	100/64	100/60	126/60	104/60	112/60	120/70	110/60	110/60
HT FUNDUS (CM)		23	24	29	30	32	34	35	36	37	38		40
PRESENTATION - VTX BR. TRANSVERSE													
FHR PRESENT		150	155	155	155	150	150	155	155	150	150	150	145
F = FETOSCOPE O = ABSENT O = DOPTONE													
FETAL MOVEMENT													
+ = PRESENT D = DECREASED O = ABSENT													
VAGINAL BLEEDING													
CERVIX EXAM (DIL / EFF / STA)		4/0	5										3/90
STATION OF PRESENTING PART													
ROMA - PRESENT O ABSENT													
URINE (GLUCOSE/ALBUMIN)													
NEXT APPOINTMENT													
PROVIDER													
TEST REMINDERS													

8-16 WEEKS CVS/AMNIO/SAFP

24-28 WEEKS GLUCOSE SCREENING

February Coder Fax 2011

P1

Pregnancy History

PAST PREGNANCIES (LAST TEN)

DATE MO/YR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX	TYPE DELIVERY	ANES	PLACE OF DELIVERY	PERINATAL MORTALITY YES / NO	TREATMENT PRETERM LABOR YES / NO	COMMENTS/ COMPLICATIONS
2008										Molar pregnancy

NYSDOH "Bottom line—code as spontaneous termination-
If I hear differently I will let you know" (4/25/11)

(same for blighted ovum & tubal pregnancy)

February Coder Fax 2011

P6

Characteristics of Labor and Delivery

```
-- Delivery Room Record for Mother --      -- Single Birth --
Nurse:
Gravida: 2  Para: 2  Blood Type: O+          RPR NEG
GBS NEG          Date: 12/31/09  HEP Surg Ag NEG      Date: 10/08/09
Medication Allergy: N  Latex Allergy: N  Food Allergy: N
Allergies: NKDA
Uterine Activity Mode: External Monitor/ TOCO ←
Membranes ruptured on Date: 01/22/10  Time: 1113  Amniotomy? Y  or SPROM?
Color: Non part meconium ←                Note:
```

Anesthesia / Analgesia

```
* IV Therapy
IV Started (Y/N)? Y
Cath Size:
Cath Type:
PORT #1 SOLUTION: LR #3
```

```
* Anesthesia
Local:          N
Pudendal:       N
General:        N
Spinal:         N
Other: EPIDURAL ←
Drug: FENTANYL ←
```

```
Concentration: STANDARD
```

Pitocin 20units given at 1804,
Delivery at 1802



Satisfaction Survey Discussion

- Received 26 completed surveys

Lets...

- Look at some of the responses
- Discuss possible changes

Satisfaction Survey Discussion

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA	Missing
1. I am aware of the annual site visit by the RPC SMH at my hospital.	22	3	1			
2. I am invited to participate in the annual site visit the RPC makes at my hospital.	22	3	1			
3. I know how to generate the monthly standard reports for my hospital from the Perinatal Data System.	13	2	9	1		1
4. I distribute reports from the Perinatal Data System to key perinatal leadership at my hospital.	8	5	5	3	5	
5. I am aware that my hospital's birth certificate data are available to download from the HPN.	14	10	2			
6. I attend the bi-monthly Coder meeting held at Corporate Woods.	8	10	7	1		

Comments: mostly time/travel issues

Quick review of this

Producing SPDS Reports

The screenshot displays the HCS Home portal interface. The browser address bar shows the URL: <https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/home>. The page features a navigation menu with options: Home, Topics, HCS Applications, Contact Us, and Logout. The user is logged in as Barbara Suter.

Important Health Notifications

Sort by: Ascending Descending Notifications Display Period:

Priority	Keyword	Source	Audience	Description	Posted	Recipients
Advisory	Communicable Disease	NYS DOH	All Users	MEASLES IMMUNIZATION PRIOR TO INTERNATIONAL TRAVEL	04/08/2011	Recipients
Advisory	Announcement	NYS DOH	All Users	Voluntary Nationwide Recall - Triad Group Alcohol Prep Pads	03/31/2011	Recipients

My Applications

- Acronyms & Abbreviations
- Auth Training Agen
- CART
- Emergency Contacts
- HIV/AIDS Training Ctrs
- Neonatal ICU Sys
- ServNY
- SPDS Core
- SPDS County Birth Data
- SPDS Hospital Data Download

Newsroom Highlights

New Items

- 04/19/2011 L-1 April Webinar Recordings
- 04/15/2011 HCBS DAL 11-03
- 04/15/2011 DRS NH DAL 11-03: MDS 3.0 Errata
- 04/15/2011 MDS 3.0 Errata - Section S
- 04/15/2011 MDS 3.0 Errata - Appendix A

Events/Calendar

- 04/27/2011 Children with Chronic Respiratory Complaints: When ...
- 04/21/2011 Teens, Tweens, Parents & Vaccines: Applying Resear ...
- 04/18/2011 Understanding and Helping a Suicidal Person

Newsletters

- 04/01/2011 Aware Prepare - April, 2011
- 04/01/2011 e-DLC - April, 2011
- 03/16/2011 Immunize NY! VFC March2011 (Volume 3, Issue 2)

Press Releases

- 04/15/2011 National Health Care Decisions Day is April 16th
- 04/08/2011 State Health Commissioner Cites Obesity Prevention ...
- 04/08/2011 Media Advisory: State Health Commissioner to Make ...

User Survey

Please take this quick survey and let us know what you think of the HCS portal.

Footer: [About Us](#) | [Terms of Use](#) | [Help](#) Version: 2.0.3

Producing SPDS Reports

The screenshot displays the NYSDOH HCS Health Commerce System interface. The browser address bar shows the URL: https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/home?_nfpb=true&_windowLabel=hcs_MyApplications&hcs_MyApplications_actionOverride=%2Fgov%2Fnyh. The page features a navigation menu with links for Home, Topics, HCS Applications, Contact Us, and Logout. A search bar is present, and the user is identified as Barbara Suter. The main content area is titled "New York State Perinatal Data System" and contains a large yellow box with the text: "Choose an action from the list below:" followed by a radio button next to "Run Reports" and a "Continue" button. The left sidebar lists various applications under "My Applications", including Acronyms & Abbreviations, Auth Training Agen, CART, Emergency Contacts, HIV/AIDS Training Ctrs, Neonatal ICU Sys, ServNY, SPDS Core, SPDS County Birth Data, and SPDS Hospital Data Download. The bottom of the screen shows the Windows taskbar with several open applications and the system clock at 12:57 PM.

Satisfaction Survey Discussion

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA	Missing
7. I find the information shared at the bi-monthly Coder meetings helpful in my day-to-day coding of birth certificates.	2	7	14	2		1

Comments summary:

- Lack of clear answers is confusing
- Sometimes meetings clear up confusion sometimes they create more
- More consistency!

Working on developing the FL Helper Guidelines

- Will help create consistency – 1 working document
- Verified by the state

Satisfaction Survey Discussion

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA	Missing
8. I find that the medical chart reviews, done at my hospital by Donna Hayes and Barbara Suter, identify issues important to the integrity of my hospital's birth data.	13	10	3			

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA	Missing
9. I find the yearly chart review, where all birth coders code the same chart (usually done in March), identifies important coding issues	10	12	1		3	

Comments Summary:

It is difficult to review another hospital's chart

- Maybe helpful to distribute rec ahead of time?
 - Please submit *your* charts...
- While forms or Dr's writing may differ, it is helpful to see how everyone is interpreting the data and talk about it
 - Discussion starter

Satisfaction Survey Discussion

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA	Missing
10. I find the monthly Coder Fax serves as a good tool for raising important coding issues.	12	11	1		2	

Comments Summary:

- Too many coder faxes to remember before we get a chance to review them

- Will make reviewing a priority for meetings
- Will not distribute the following month's coder fax until all previous ones have been reviewed at the meeting

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA	Missing
11. My coding skills have improved through participation in ongoing training (coder fax, chart reviews).	12	7	1		5	1

Satisfaction Survey Discussion

Who codes Birth Certificates?

17. Birth certificate related tasks	# Yes
• I abstract birth certificate data	20
• I enter birth certificate data on the HPN	22
• I use my hospital's birth certificate data	8
18. I've been abstracting/entering birth certificate data for:	
• Less than 1 year	3
• 1 to 2 year	3
• More that 2 years but less than 5 years	7
• More than 5 years	13

Satisfaction Survey Discussion

16. I could use help with (please describe):

- More specific details and examples in the guidelines.
- Be more decisive in our interpretation of what to code -- Physicians, their staff, nurses need to document better
- Doctors using the same data collecting sheets and understanding the importance of us being able to find that data!
- When changes are made or a clarification is made, send the guideline section with the information.
- I enter the information entered by the delivery nurses. They should have a 1 Day learning session.
- I think everything we do such as meetings and monthly coder faxes really helps us to make sure we are coding correctly and consistent with each other
- The region have their own guidelines and when changes are made those changes are update in our guidelines. I think this would be better than just mentioning in our meeting notes.

Would training(s) for Delivery Nurses be helpful in your department?



Satisfaction Survey Discussion

What do you think?

1. Finger Lakes Helper Guidelines

- Discuss discrepancy in coding
 - Get expert opinion – Dr. Glantz/Donna Hayes
 - Receive verification from NYS DOH and/or other region's data coordinators
 - Put in writing along with source and date
- If you currently have issues/questions for which you would like confirmation, please let us know

2. Distribute the yearly chart review ahead of time



Satisfaction Survey Discussion

3. Will try not to distribute next coder fax until the previous 2 have been reviewed at the bi-monthly meeting. This way the maximum number of coder faxes to be reviewed is 2.



Other Possibilities

1. Training(s) for Delivery Nurses that do coding??
 - Intro to Guidelines
 - Some commonly faced difficulties in coding
2. Hold occasional meetings in the Southern Tier



April Coder Fax 2011

April Coder Fax 2011

N = 16

1	4/2/09	14	2	1/17/10	1	12/14/10
15	Key Pregnancy Dates (MM/DD/YYYY)		Date of Last Menses: 04 / 12 / 09		Estimated Due Date: 01 / 12 / 10	
	Date of First Prenatal Visit: 06 / 24 / 09		Date of Last Prenatal Visit: 12 / 14 / 09		16	15
13	Prenatal Visits					
	Total Number of Prenatal Visits: 11					
16	Previous Live Births:		Previous Spontaneous Terminations:		Previous Induced Terminations:	
	Now Living None or Number		Now Dead None or Number		Less than 20 weeks or more None or Number	
	None or Number		None or Number		None or Number	
	5		0		1	
16	Total Prior Pregnancies:		None or Number		7	
16	First Live Birth: (MM/YYYY)		Last Live Birth: (MM/YYYY)		Last Other Pregnancy Outcome: (MM/YYYY)	
	10 / 1993		10 / 2008		?	
	10/09				8	
16	Risk Factors in this Pregnancy					
	None Unknown at this time					
	Select all that apply					
	Prepregnancy Diabetes		Gestational Diabetes		Prepregnancy Hypertension	
	Other serious chronic conditions		XX Previous Preterm Births		? Abruptio Placenta	
	Other poor pregnancy outcomes		Prelabor Referred for High Risk Care		? Other Vaginal Bleeding	
	Pregnancy resulted from infertility treatment (if yes, check all that apply)		Fertility-enhancing drugs, artificial or intrauterine insemination		XX Previous Low Birthweight Infant	
	Assisted reproductive technology (e.g. IVF, GIFT)		Number of Embryos Implanted: (if applicable)			
16	Fetal Presentation: (select one)		Cesarean Section History:		1 Number	
	Cephalic XX Breech Other		XX Previous C-Section		14	
					2 blank	
	Route & Method: (select one)					
	Spontaneous		Forceps-Mid		Forceps-Low/ Outlet	
					XX Cesarean Unknown	
	Indications for C-Section:					
	Unknown					
	Select all that apply					
	Failure to progress		XX Malpresentation		Previous C-Section	
	Fetus at Risk/Not		Maternal Condition-Not Pregnancy Related		? Maternal Condition-Pregnancy Related	
	Refused VBAC		Elective		Other	
16	Apgar Scores		Clinical Estimate of Gestation: (Weeks)		Newborn Treatment Given:	
	1 minute: 9		5 minutes: 9		10 minutes: 9	
			36		XX Both	
					Neither	
	How is infant being fed at discharge? (Select one)					
	Breast Milk Only		XX Formula Only		Both Breast Milk and Formula	
	Other		Do Not Know			

April Coder Fax 2011

P1

Key Pregnancy dates /Pregnancy History

LMP 4 1 21 09		EDC 1 17 10		CORRECTED EDC 1 12 10			
TOTAL PREG	FULL TERM	PREMATURE	ABORTIONS INDUCED	ABORTIONS SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING
8	5		1	1			5

PAST PREGNANCIES (LAST TEN)

DATE MO/YR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX	TYPE DELIVERY	ANES	PLACE OF DELIVERY	PERINATAL MORTALITY YES / NO	TREATMENT PRETERM LABOR YES / NO	COMMENTS/ COMPLICATIONS
10/93	40	17	8-5		VAG		RECH			
5/99	40	12	7-3		VAG		RECH			
9/98	40	12	7-6		VAG		RECH			
9/01	40	8	6-7		VAG		MUHY/CRNF			
10/09	33	-	4-9	F	C-section		RECH			marginal plevia

April Coder Fax 2011

P2-3

Prenatal History

N=11 visits

SUBSEQUENT PRENATAL VISITS

TAN EDC 11/12/10

VISIT DATE (YEAR)	6/24	7/27	8/10	8/19	8/28	9/15	9/22	9/26	10/14	10/29	11/10	11/13
WEEKS GEST BEST EST	10w 15d	15w 2d	D		20w 4d	24w 2d	24w 2d	24w 2d	27w 3d	29w 3d	31w 3d	31w 3d
CUMULATIVE WEIGHT GAIN												
WEIGHT	111	117	A		123	125	125	129	129	131	135	
BLOOD PRESSURE INITIAL	100/62	100/50			110/60	110/60	110/60	110/60	110/60	110/60	110/60	110/60
HT FUNDUS (CM)	10	11			20	24	24	21	24	31	31	
PRESENTATION - VTX OR TRANSVERSE	2	130			130							
FHR PRESENT F = FETOSCOPE O = ABSENT D = DOPTONE	2	130			130							
FETAL MOVEMENT + = PRESENT O = DECREASED O = ABSENT	2	2			2							
VAGINAL BLEEDING												
CERVIX EXAM (DIL/EFF/STA)	4/0	2			4/0							
STATION OF PRESENTING PART	2	2			2							
EDEMA + PRESENT O ABSENT	2	2			2							
URINE (GLUCOSE/ALBUMIN)	2	2			2							
NEXT APPOINTMENT	3				3							
PROVIDER												
TEST REMINDERS	8-18 WEEKS CVS/AMNIO/MSAFP			24-28 WEEKS GLUCOSE SCREENING								

SUBSEQUENT PRENATAL VISITS

VISIT DATE (YEAR)	11/18	12/9	12/14
WEEKS GEST BEST EST	32	35w 4d	35w 4d
CUMULATIVE WEIGHT GAIN			
WEIGHT	133	138	138
BLOOD PRESSURE INITIAL	100/60	100/60	100/60
HT FUNDUS (CM)	31	31	31
PRESENTATION - VTX OR TRANSVERSE			
FHR PRESENT F = FETOSCOPE O = ABSENT D = DOPTONE	150	150	150
FETAL MOVEMENT + = PRESENT O = DECREASED O = ABSENT	2	2	2
VAGINAL BLEEDING			
CERVIX EXAM (DIL/EFF/STA)	4/0	4/0	4/0
STATION OF PRESENTING PART	2	2	2
EDEMA + PRESENT O ABSENT	2	2	2
URINE (GLUCOSE/ALBUMIN)	0/1	0/1	0/1
NEXT APPOINTMENT			
PROVIDER			
TEST REMINDERS	8-18 WEEKS CVS/AMNIO/MSAFP		

April Coder Fax 2011

P5

Labor and Delivery

JOB #: 439842

DATE OF SURGERY: 12/15/09

PREOP DIAGNOSIS: Preterm labor with ruptured membranes and breech presentation.

POSTOP DIAGNOSIS: Preterm labor with ruptured membranes and breech presentation.

OPERATION:

1. Repeat low transverse cesarean section.
2. Bilateral tubal ligation by midsegment resection.

ASSISTANT: RNFA.

ANESTHESIOLOGIST: Dr. ANESTHESIA

FINDINGS:

1. Viable female infant weighing 2,755 grams (6 pounds 1 oz)
2. Preterm rupture of membranes.
3. Small placental abruption.
4. Normal tubes and ovaries bilaterally.
5. Estimated blood loss was 1,000 mL.

INDICATIONS: This is a 33-year-old gravida 8, now para 6, white female who presented to labor and delivery at 36 weeks with rupture of membranes. She was ultrasounded and was found to be breech and was taken for a C-section.

Pg 4 fluid "Bloody"

Pg 4 "+ VB c irreg ctx"
Dilation "appears closed"

April Coder Fax 2011

P6

Apgar Scores / Newborn Treatment Given

**** Newborn Information**

Vitamin K 1mg IM given?	Y	Time: 2122	Newborn ID Band #:	27812BPT
Emycin Ointment in Eyes?	Y	Time: 2122	Newborn Security Band #:	D125D4
Footprinted?:	Y		Baby suctioned at Birth?:	Y
Breastfeeding?:	N		Delee: N	Bulb: Y
Bottlefeeding?:	Y		Notes:	
		Apgar Score @ 1 minutes:	9	
		Apgar Score @ 5 minutes:	9	
Birthweight Kg:	2.755	Lbs:	6	Oz: 1
				Baby's Sex: Female

April Coder Fax 2011

P7

Feeding at Discharge

<p>Activity Date: 12/15/09 Time: 2220</p> <p>6890 OB-Newborn I&O/Newborn Monitoring A CP - Document: 12/15/09 2220 NTO 12/16/09 0315 NIB * Newborn Intake and Output Documentation Nurse: KTO3956 Input Bottlefeeding: Y ← Time: 2220 Amount: 25 ML Formula: Enfamil Output Latch Scoring/ Breastfeeding Assessment Scores 0 - 2 : <Shift><FB> for detailed criteria</p>	<p>Activity Date: 12/17/09 Time: 0030</p> <p>6890 OB-Newborn I&O/Newborn Monitoring A - Document: 12/17/09 0030 NTO 12/17/09 0616 NTO * Newborn Intake and Output Documentation Nurse: NTO3966 Input Bottlefeeding: Y Time: 0130 Amount: 40 ML Formula: Enfamil Output Latch Scoring/ Breastfeeding Assessment Scores 0 - 2 : <Shift><FB> for detailed criteria</p>
<p>Activity Date: 12/16/09 Time: 0230</p> <p>6890 OB-Newborn I&O/Newborn Monitoring A - Document: 12/16/09 0230 NTO 12/16/09 0315 NTO * Newborn Intake and Output Documentation Nurse: KTO3966 Input Bottlefeeding: Y Time: 0230 Amount: 30 ML Formula: Enfamil Output Voiding: Y ? Diapers: 16 Latch Scoring/ Breastfeeding Assessment Scores 0 - 2 : <Shift><FB> for detailed criteria</p>	<p>Activity Date: 12/17/09 Time: 0455</p> <p>6890 OB-Newborn I&O/Newborn Monitoring A - Document: 12/17/09 0455 NTO 12/17/09 0616 NTO * Newborn Intake and Output Documentation Nurse: KTO3956 Input Bottlefeeding: Y Time: 0500 Amount: 32 ML Formula: Enfamil Output Voiding: Y Stools: Y Latch Scoring/ Breastfeeding Assessment Scores 0 - 2 : <Shift><FB> for detailed criteria</p>
	<p>Activity Date: 12/17/09 Time: 0950</p>



Again-

Material for 1 Coder Fax from each hospital, please...