Twins born prior to hospital admission – They were 30 wk. 2da. as documented in her prenatal record. Mary Smith was home alone when she went into premature labor. Before the ambulance arrived the 1st baby, a girl, was born at home with only Mary, in attendance. The 2nd baby, a boy, was born in the ambulance with assist from EMT, Jeff Brown, lic # 678390. He also delivered the placentae. The NICU team at the Level III hospital met the family in the Emergency room. Both babies were assessed, found to be breathing on their own and transported to NICU due to prematurity. All immediate care was done after the NICU admission. There was documentation that the babies had received eye meds and Vit K. They’re hearing was not tested and they did not receive the hepatitis vaccine before day 5 of life. The NBS was completed, 987654321.

**Attendant’s Information:**

License Number: Name *First Middle Last*

Title: *(Select one)*

\_ Medical Doctor \_ Doctor of Osteopathy \_ Licensed Midwife (CNM) \_ Licensed Midwife ((CM) \_ Other

**Certifier’s Information:**

\_\_ Check here if the Certifier is the same as Attendant *(Otherwise enter information below)*

License Number: Name *First Middle Last*

Title: *(Select one)*

\_ Medical Doctor \_ Doctor of Osteopathy \_ Licensed Midwife (CNM) \_ Licensed Midwife ((CM) \_ Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infant**

If Multiple Births: Birth Weight:

Number of Live Births: \_\_\_\_ Number of Fetal Deaths \_\_\_\_\_\_ \_\_\_ 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

Select all that apply:

\_\_\_Rapid / Advanced Labor \_\_\_Bleeding \_\_\_Fetus at Risk \_\_\_Severe pre-eclampsia

\_\_\_Woman Refused Transfer \_\_\_Other (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant Transferred: NYA Hospital Transferred to: State / Terr./Province:

\_\_\_Within 24 hrs

\_\_\_After 24 hrs.

\_\_\_not Transferred

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apgar Scores Is the Infant Alive? Clinical Estimate Newborn

1 minute 5 minutes 10 minutes \_\_\_Yes \_\_\_No Gestation Treatment

\_\_\_Infant transferred/ (weeks) Given

Status Unknown \_\_\_Conjunctivitis only

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Vitamin K only

How is the infant being fed at discharge? (Select one) \_\_\_Both

\_\_\_Breast Milk \_\_\_Formula only \_\_\_Both Breast Milk and Formula \_\_\_Neither

\_\_\_Other \_\_\_Do Not Know

Newborn Blood-Spot Screening Reason if Lab ID is not submitted:

Screening Lab ID number: *(9-digits)* \_\_\_No NBS Lab ID because infant died prior to test

\_\_\_No NBS Lab ID because infant transferred prior to test

\_\_\_Lab ID unknown / illegible

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_Refused NBS

Hepatitis B Inoculation

Immunization Administered: \_\_\_Yes \_\_\_No Immunoglobulin Administered: \_\_\_Yes \_\_\_No

Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Mfr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mfr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Newborn Hearing Screen Equipment Type Screening Results

\_\_\_ Screening Performed (one or both ear) \_\_\_AABR Left ear: Right ear:

\_\_\_ Not Performed-Facility related \_\_\_ABR \_\_\_Pass \_\_\_Pass

\_\_\_ Not Performed-Medical Exclusion (both ears) \_\_\_TEOAE \_\_\_Refer \_\_\_Ref

\_\_\_ Not Performed-Parent Refused \_\_\_DPOAE \_\_\_ Not Performed- \_\_\_ Not Performed-

\_\_\_Unknown Medical Exclusion Medical Exclusion

Date: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ - Enter date final hearing screening was conducted prior to discharge

**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