MEMBER INSTRUCTIONS FOR ELECTRONIC DATA SUBMISSION IN 2022

Version 23.3

April 2022

Purpose of Member Instructions for Electronic Data Submission (EDS)

These instructions supplement the Vermont Oxford Network Database Manual of Operations by providing Members with advice and assistance for collecting and submitting data in electronic format. This document provides specifications for application programmers who design and develop systems in support of the Vermont Oxford Network Database, as well as guidelines for center staff members who enter and submit electronic data files to the Network.

Patient Privacy

Privacy rules defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) specify that certain patient-specific information items, including dates, are personal identifiers and classify these items as "protected health care information" (PHI).

> **Vermont Oxford Network does not generally accept protected health care information from member centers. Vermont Oxford Network does accept protected health care information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), from members who have both voluntarily elected to send this information in addition to the standard Vermont Oxford Network dataset and who have signed an appropriate Business Associate Agreement.**

Members with questions about patient privacy or electronic submission should contact the Network HIPAA Coordinator (hipaa@vtoxford.org) and their local Patient Safety Officer or HIPAA Compliance Officer. If you do not know if your center is certified for PHI, contact your Network Account Manager.

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i. **Revisions for 2022.** This section describes the changes to data items and procedures for 2022 electronic submissions, as compared to 2021.

A. New Data Items:

- Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation
- Nasal Cannula Flow after Initial Resuscitation
- Flow Rate of Nasal Cannula Greater than Two Liters per Minute after Initial Resuscitation
- Nasal Cannula Flow at 36 Weeks
- Flow Rate of Nasal Cannula Greater than Two Liters per Minute at 36 Weeks
- Nasal Cannula Flow at Discharge
- Flow Rate of Nasal Cannula Greater than Two Liters per Minute at Discharge
- Reason for Transfer In
- Neonatal Abstinence Syndrome (Expanded Database only)
- Pharmacological Treatment for Neonatal Abstinence Syndrome (Expanded Database only)
- Pharmacological Treatment for Neonatal Abstinence Syndrome, Where Given (Expanded Database only)
- Level of Consciousness Before Hypothermic Therapy (Expanded Database only)

B. Modified Data Items:

- Necrotizing Enterocolitis
- Conventional Ventilation after Initial Resuscitation
- Conventional Ventilation at 36 Weeks
- Conventional Ventilation at Discharge
- High Frequency Ventilation After Initial Resuscitation
- High Frequency Ventilation at 36 Weeks
- High Frequency Ventilation at Discharge
- Nasal Ventilation during Initial Resuscitation
- Nasal Ventilation after Initial Resuscitation
- Nasal Ventilation at 36 Weeks
- Nasal Ventilation at Discharge
- Nasal CPAP during Initial Resuscitation
- Nasal CPAP after Initial Resuscitation
- Nasal CPAP at 36 Weeks
- Nasal CPAP at Discharge
- Surgery or Interventional Catheterization for Closure of PDA
- Patent Ductus Arteriosus
- Birth Weight (grams)
- Gestational Age, weeks
- Reason for Transfer Out

NOTE: Modified Data Items *Birth Weight (grams)*, *Gestational Age, weeks*, and *Reason for Transfer Out* are the only modified Data Item where the Data Items'

acceptable values in the items' Field Codes and Ranges have been modified. The other Modified Data Items' Data Definitions have been updated, but acceptable Data Item values are unchanged. See the 2022 VON Manual Part 2 at https://www.vtoxford.org/downloads for modified Data Items' updated Data Definitions.

C. Discontinued Data Items:

- Nasal CPAP or Nasal Ventilation before or without ever having received ETT ventilation
- HIE Severity
- High Flow Nasal Cannula After Initial Resuscitation
- High Flow Nasal Cannula at 36 Weeks
- High Flow Nasal Cannula at Discharge
- Focal Intestinal Perforation
- Focal Intestinal Perforation, Where Occurred

D. Other Changes:

New Congenital Anomaly Code:

- 611 Twin-twin transfusion syndrome

New Surgery Codes:

- S342 Gastrostomy tube
- S343 Jejunostomy tube
- S906 Endoscopic third ventriculostomy with or without choroid plexus cauterization

Revisions in version 23.2

- N/A and Unknown codes for Data Items *Reason for Transfer In* and *Reason for Transfer Out* have been updated.

Revisions in version 23.3

- Data Item *Hypoxic-Ischemic Encephalopathy* was updated to remove a *Gestational Age, Weeks* restriction that had accidentally left in place.

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I. Introduction. The purpose of these instructions is to assist Member centers with creating and submitting properly formatted data files to Vermont Oxford Network (VON or "the Network"). These instructions apply to all data files submitted in 2022, regardless of the birth year of records included in the files. Data files submitted on or after January 1, 2022 must be submitted in accordance with these instructions. Please continue to use the 2021 EDS Instructions, located at www.vtoxford.org/downloads, for file submissions through December 31, 2021.

You may submit records for only the current year and three prior years. For data definitions, please use the Vermont Oxford Network Database Manual of Operations applicable to the birth year of the relevant infant record.

The Vermont Oxford Network Database Manual of Operations for Infants Born in 2022, Release 26.0, has been published and provides 2022 data booklets, definitions of Data Items, and guidelines for submitting data for infants born in 2022. The purpose of the instructions in this document is to supplement the Database Manual of Operations by providing Members with advice and assistance for collecting and submitting data in electronic format. These instructions provide specifications to application programmers who design and develop systems in support of the Vermont Oxford Network Database. **If you need further assistance with electronic data submission**, please contact your VON Account Manager (Section X on page 16).

II. Vermont Oxford Network Mission. The mission of Vermont Oxford Network is to improve the quality, safety, and value of care for newborn infants and their families through a coordinated program of data-driven quality improvement, education, and research. In support of this mission, the Network maintains a Database including information about the care and outcomes of infants treated at Member institutions.

III. Patient Privacy. Privacy rules defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) specify that certain patient-specific information items, including dates, are personal identifiers and classify these items as "protected health care information" (PHI).

> **Vermont Oxford Network does not generally accept protected health care information from member centers. Vermont Oxford Network does accept protected health care information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), from members who have both voluntarily elected to send this information in addition to the standard Vermont Oxford Network dataset and who have signed an appropriate Business Associate Agreement.**

Members with questions about patient privacy or electronic submission should contact the Network HIPAA Coordinator (hipaa@vtoxford.org) and their local Patient Safety Officer or HIPAA Compliance Officer. If you do not know if your center is certified for PHI, contact your Network Account Manager.

IV. Network Databases and Electronic Data Submission Options. Centers that join the Network select a Network database option.

A. Centers participate in either Very Low Birth Weight (VLBW) data submission or Expanded data submission. Eligibility criteria for these submission options are specified in the Vermont Oxford Network Database Manual of Operations, Part 1, which is available at www.vtoxford.org/downloads.

1. **Very Low Birth Weight (VLBW) Data Submission**. VLBW data submission includes any live born infant whose birth weight is less than or equal to 1500 grams OR whose gestational age is less than or equal to 29 weeks 6 days who is admitted to or dies in any location in your center within 28 days of birth. VLBW Data is captured from the Patient Data Booklet. For infants who die in the delivery room or any other location in your hospital within 12 hours after birth and prior to admission to the NICU, the Delivery Room Death Booklet is used to capture data.
2. **Expanded Data Submission**. Members participating in Expanded data submission submit data for eligible VLBW infants, as well as for infants over 1500 grams or 29 weeks 6 days who are not eligible for VLBW data submission but who are, within 28 days of birth, either admitted to a neonatal intensive care unit, or die at any location in your center. Expanded Data participants complete the Supplemental Data Items for all eligible infants including VLBW infants.

B. Selecting a Data Submission Option. Members may submit data electronically using the procedures described in these instructions or using the Network's *eNICQ* software.

To learn more about *eNICQ,* visit the Network web site: https://public.vtoxford.org/enicq-6/.

Before submitting electronic data to the Network, Members must work with a VON Account Manager to set up an account for electronic data submission (EDS). Contact your center's Account Manager for details (see page 16).

V. File Formatting Requirements. The following file formats are currently supported. Additional export formats may be supported with prior approval.

A. File Format Options

1. XML File Format (preferred): The root element of the document is <tblVtOxUd> which should contain the following attributes: ALLRECORDS (indicating whether this is an AllRecords file), FILEDATE (in XML datetime format), FILENUM (next file number in sequential order), APPLICATION (used to create the file), VERSION (of APPLICATION). Each record in the file is wrapped by a <row> element and each <row> must have at a minimum <HOSPNO>, <ID>, and <BYEAR>. While order of the data fields is not important, capitalization is. All data fields are capitalized, as are the file attributes mentioned previously. Datetime data elements must include a time component and should use the following format: "YYYY-MM-DDThh:mm:ss". For example: 2017-04-07T16:49:06.547125-04:00 The file must be named HxxxxEDSyyyy.xml, where xxxx represents the 4-digit Vermont Oxford Network Hospital Number and yyyy represents the 4-digit file number. The file number (FILENUM) field is described in paragraph G of this section. Use leading zeros when necessary for the hospital number and file number, e.g., H0355EDS0025.xml for hospital 355, file number 25. For more information on the standard, the XML Schema Definition (XSD) file used in validation of XML file submissions can be helpful in creating your XML file. The XML Schema Definition file and a sample XML file can be found in an article in the VON Help Center at this link: https://vtoxford.zendesk.com/hc/en-us/articles/4402740234515-EDS-Sample-File-and-Schema.
Please contact the Vermont Oxford Network Technical Support Team, support@vtoxford.org, if you need assistance with submitting XML files.

2. Comma Delimited ASCII Text File Format (CSV files): Each record must be terminated by a carriage control / line feed pair (ASCII characters 13 and 10). The first record must be column headers, using the field names in Appendix A on page 18. The order of the data fields is not important. Do not include other header records or trailer records. Fields and column headers must be separated by commas (ASCII character 44). Dates must be exported in mm/dd/yyyy format. The text fields BDEFECT and OSRGDESC must be enclosed in double quotes (ASCII character 34), with no embedded double quotes in the body of the text. The file must be named HxxxxEDSyyyy.csv, where xxxx represents the 4-digit Vermont Oxford Network Hospital Number and yyyy represents the 4-digit file number. The file number (FILENUM) field is described in paragraph G of this section. Use leading zeros when necessary for the hospital number and file number, e.g. H0355EDS0025.csv for hospital 355, file number 25.
A sample .CSV file can be found in the VON Help Center at this link: https://vtoxford.zendesk.com/hc/en-us/articles/4402740234515-EDS-Sample-File-and-Schema.

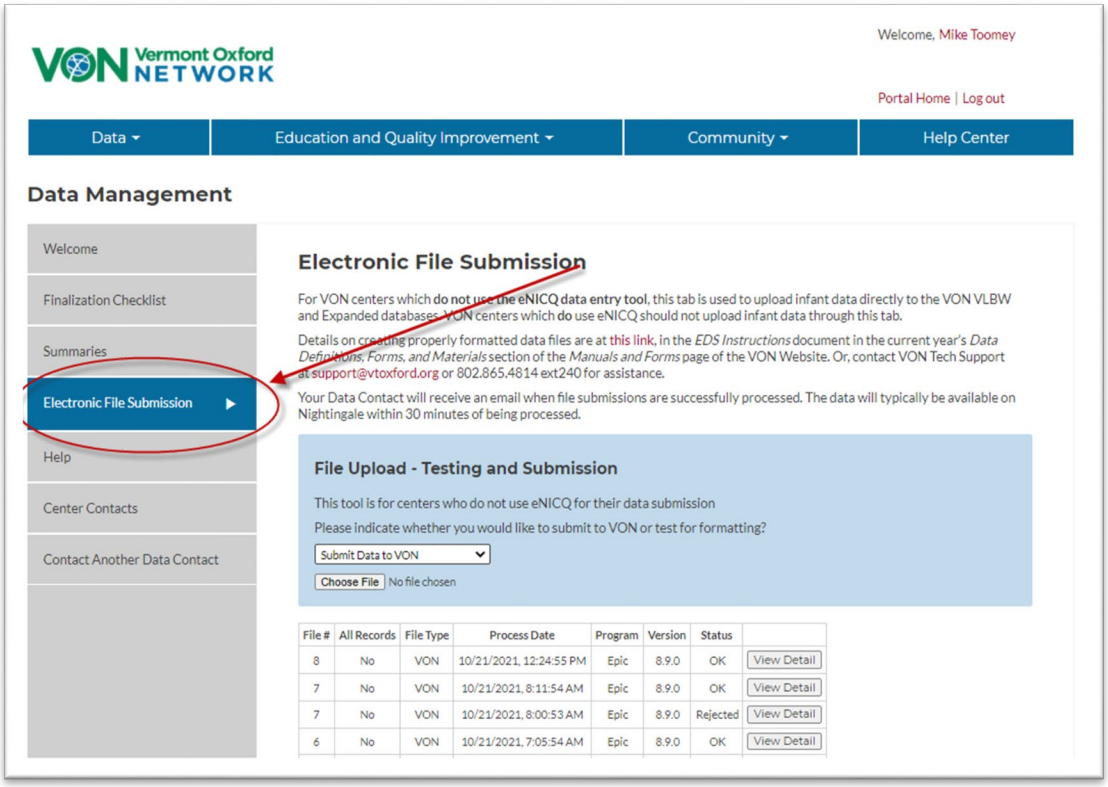
> **Note**: Use double quotes for the BDEFECT and OSRGDESC fields, even if the answers are coded ”N/A” (“77”) or ”UNKNOWN” (“99”).

B. Required Data Fields.

1. XML Files. Files in XML format must at a minimum include the following fields in each file submitted (see Appendix A): FILENUM, FILEDATE, HOSPNO, ID and BYEAR. Fields with null values should not be included in XML files.
2. CSV Files. Files in CSV format must at a minimum include the following fields in each file submitted (see Appendix A): FILENUM, FILEDATE, HOSPNO, ID and BYEAR. CSV files may include fields with null values, including the Supplemental Data Item fields. If Members that only participate in VLBW data submission choose to submit the Supplemental Data Items, the fields should be populated with N/A codes as shown in Appendix A.

C. Submission Methods. Members should submit electronic files to the Network using the Quick Link on the VON Data Management Summary page. Access to the Data Management Summary page requires a VON Services Login and Data Management permission. If you cannot access Data Management, please contact your center's Web Services Administrator or your center's VON Account Manager.

1. The Data Management Summary page is at the following URL: https://datamanagement.vtoxford.org/
2. After logging on to the Data Management Summary page, click Electronic File Submission tab:



From the Upload Data screen, browse to the file to be uploaded, choose it, and click Upload File – the submission process is automatic. Either .csv or .xml files may be sent using this method. The file is encrypted using the 256-bit secure sockets layer (SSL) protocol. After the file is uploaded, you will be notified that the process is complete.

Data submission for Members using *eNICQ* is handled by the *eNICQ* software.

D. Export Types. Members must have the capability to submit two types of electronic files.

1. New/Updated/Deleted Records Export: Routine data files submitted by Members to the Network need only include new, updated, and deleted records. Static records (unchanged since the last export) need not be re-sent but will be accepted.
2. All Records Export. In special circumstances, Members may be asked to submit all records (including New, Updated, Deleted, and Static records). This may be necessary to verify that all records are processed correctly.

E. Range Checking. Prior to export by the Member, data should be subjected to appropriate range checks for each field, as described in Appendix A. To avoid errors, there should be no out-of-range value for any field included in a submitted record. Additional validation of Data Items is performed by Vermont Oxford Network after the data are received.

F. Data Editing and Field Updates. Members must have the capability of editing every field submitted in electronic records. This is necessary because the Network normally will not change data sent electronically. Except in very unusual situations, all data inconsistencies must be corrected by the Member with an electronic data submission.

G. Housekeeping Fields. The following fields are used for record and file control. Although these fields are not included in the Vermont Oxford Network data booklets, they are part of the export file structure as indicated in Appendix A.

1. File Number (FILENUM) – The FILENUM field must be sequentially numbered by the Member's system to uniquely identify each electronic file submitted to the Network (no gaps in sequence). The first file submitted after certification normally has file number 0001. Every file submitted after the first submission must have the file number incremented by 1 so that missing file submissions can be identified. Every record in an export file must have the same File Number. Files submitted with non-sequential file numbers will be rejected, resulting in an email to your center's Data Contact with information on the steps needed to resolve the problem.

2. File Date (FILEDATE) – The FILEDATE field identifies the date that the file was exported from the Member's system. Every record in a file must have the same File Date.

3. Deleted Records (DELETED) – There are occasions when an infant record must be removed from the database. For example, a user may discover that a reported infant was not eligible. To accommodate these situations, each record must include a field named DELETED. To delete a record, the DELETED field must be coded with the numeric value 1. For records that have not been deleted, the DELETED field should be left blank. When a valid or deleted record has been submitted to the Network, the ID number of the infant must not be re-used for another infant. **Note:** Records deleted before being exported to the Network may be removed from the Member's computer system entirely and the ID number may be reused.

4. Application Used to Submit Records (APPLICATION) – This text field names the computer software which is used to submit to the Network. Although not required, the application name will be useful if Network assistance is needed to resolve file submission problems.

5. Application Version (VERSION) – This text field identifies the version number of the computer software application which is used for data submissions. Although not required, the application version information will be useful if Network assistance is needed to resolve file submission problems.

6. All Records File (ALLRECORDS) – This indicates whether an all records file is being submitted. The field is coded 0 or left blank if the file is not an All Records file and is coded 1 if the file is an All Records file. All Records files should be limited to all records of infants born during the past four years, if your center has participated that long. Records for infants born more than three years prior to the current year are considered archived and are not processed. For example, in 2022, records of infants born in 2018 and prior years are archived and may not be submitted.

H. Record Keys. The Center Number (HOSPNO) and Network Patient Identification Number (ID) fields must uniquely identify each record in an exported file.

1. The HOSPNO field should be completed with the confidential Center Number provided to the Member by the Network. If you are submitting files on behalf of more than one center (e.g., for a group), please see section IX for instructions.

2. Each patient record must include a unique Network Patient Identification Number (ID), which is assigned based on procedures described in the Manual of Operations. No two infants at a center may have the same ID.

I. Records of Infants Who Die in the Delivery Room or in a Resuscitation Area within 12 Hours of Birth and Prior to NICU Admission. For infants who die in the delivery room or in a resuscitation area within 12 hours of birth and prior to NICU admission, the fields which appear on the general Infant Data Booklet, but which do not appear on the Delivery Room Death Booklet, must be coded using the appropriate not applicable (N/A) code provided in Appendix A. If your center submits Expanded Data, two of the Supplemental Data fields apply to infants who die in the delivery room; other Supplemental Data fields should be coded as not applicable. The Supplemental Data fields which are applicable are: Meconium Aspiration Syndrome (MECASP) and Tracheal Suctioning for Meconium Attempted in the Delivery Room (TRCSUCMA).

J. Records of Infants Who Do Not Transfer. If an infant does not transfer from your center to another hospital, all Transfer and Readmission Data Items should be submitted with the appropriate N/A codes, as specified in Appendix A.

K. Coding of Unknown Data Items for Dependent Fields. For the database to be useful for quality improvement, Data Items must be as complete and accurate as possible. When data cannot be obtained, however, Data Items must be coded as "Unknown" (see Appendix A for "Unknown" codes). When one Data Item depends on another, this affects the coding of unknown values. For example, if it is unknown whether the infant had a cranial ultrasound on or before day 28 (Data Item *Cranial Imaging on or before Day 28*), then this variable (USOUND1) should be coded as "Unknown" (9), and the dependent field *Periventricular-Intraventricular Hemorrhage (PIH), Worst Grade* should also be coded as "Unknown" (9). The table below shows the 2022 dependent fields, as well as the fields on which these depend. Dependent fields should be coded as "Unknown" whenever the fields on which they depend are unknown.

> **Note**: Do not use the "Unknown" codes to temporarily fill fields until data can be obtained. Only code fields as "Unknown" when all reasonable attempts have been made to obtain the data and it is determined that the data are not obtainable.

Dependent Data Items for Coding Unknown Values

Dependent Field: 2022 Field Name	Depends on: 2022 Field Name
DAYADMISS	LOCATE or DISCHOME
TRANSCODE_IN	LOCATE
NBIRTHS	MULT
CONGENINFCD1-CONGENINFCD3	CONGENINF
ATEMP	ATEMPM
EBSEPSCD1-EBSEPSCD3	EBSEPS
UGRADE1	USOUND1
PIHWFO	USOUND1; UGRADE1
NCF_GT_2L	NCF
SURF1DHR	SURFX
SURF1DMIN	SURFX; SURF1DHR
INOWG	INO
NCF36_GT_2L	NCF36
STERBPDWG	STERBPD
ROPSURGWD	ROPSURG
SRGCD1-SRGCD10	PDASURG, OSURG or NECSURG
SRGLOC1-SRGLOC10	SRGCD1-SRGCD10
SRGSSI1-SRGSSI10	SRGCD1-SRGCD10 and SRGLOC1-SRGLOC10
OSRGDESC	OSURG
PNTXWO	PNTX
NECWO	NEC
LBPATHWO	LBPATH
LBPATHCD1-LBPATHCD3	LBPATH
CNEGWO	CNEGSTAPH
FUNGALWO	FUNGAL
ISTAGE	EYEX
BDCD1-BDCD5	CMAL
BDEFECT	CMAL
NCFFINAL_GT_2L	NCFFINAL
TRANSCODE	FDISP
XFER_CTR	FDISP
F2DISP	FDISP
F3DISP	FDISP; F2DISP
F3WGT	FDISP; F2DISP
UDISP	FDISP; F2DISP; F3DISP
Supplemental Data Items (Expanded Data Centers Only)	**Depends on: 2022 Field Name**
VENTDAYS	DURVENT
COOLMETH	COOLED
COOLLEVEL	COOLED
HYPOIEP	GAWEEKS
TRCSUCMAHYPOIES	MECASPHYPOIEP
TRCSUCMA	MECASP
NASTREAT	NAS
NASTREATWG	NASTREAT

L. Coding N/A Values for Delivery Room Deaths. Any eligible inborn infant who dies in the delivery room or at any other location in your hospital within 12 hours after birth and prior to admission to the NICU is defined as a "Delivery Room Death." Several Data Items are coded as Not Applicable (N/A) for infants who meet the Delivery Room Death criteria. The following Data Items should be coded N/A if the Data Item DELDIE is coded Yes (1). See Appendix A for additional coding information for each Data Item.

Coding N/A Values for Delivery Room Deaths

2022 Field Name	N/A code
DOA	7/7/1907 if center is certified for PHI; blank if not certified
DID	7/7/1907 if center is certified for PHI; blank if not certified
DFD	7/7/1907 if center is certified for PHI; blank if not certified
DAYADMISS	77
TRANSCODE_IN	77
OUTB_CTR	77777777
ATEMPM	7
ATEMP	777.7
DIE12	7
EBSEPS	7
EBSEPSCD1	7777
EBSEPSCD2	7777
EBSEPSCD3	7777
NEWOX28	7
USOUND1	7
UGRADE1	7
PIHWFO	7
OXY	7
VENT	7
HFV	7
NCF	7
NCF_GT_2L	7
NIMV	7
CPAP	7
INO	7
INOWG	7
OX36	7
VENT36	7
HFV36	7
NCF36	7
NCF36_GT_2L	7
NIMV36	7
CPAP36	7
STERBPD	7
STERBPDWG	7

2022 Field Name	N/A code
INDOMETH	7
IBUPROFEN	7
ACETAMIN	7
PROBIOTICS	7
ROPANTIVEGF	7
CAFFEINE	7
VITAMINA	7
ROPSURG	7
ROPSURGWD	7
PDASURG	7
NECSURG	7
OSURG	7
SRGCD1	“77”
SRGLOC1	7
SRGSSI1	7
SRGCD2	“77”
SRGLOC2	7
SRGSSI2	7
SRGCD3	“77”
SRGLOC3	7
SRGSSI3	7
SRGCD4	“77”
SRGLOC4	7
SRGSSI4	7
SRGCD5	“77”
SRGLOC5	7
SRGSSI5	7
SRGCD6	“77”
SRGLOC6	7
SRGSSI6	7
SRGCD7	“77”
SRGLOC7	7
SRGSSI7	7
SRGCD8	“77”
SRGLOC8	7
SRGSSI8	7
SRGCD9	“77”
SRGLOC9	7
SRGSSI9	7
SRGCD10	“77”
SRGLOC10	7
SRGSSI10	7
OSRGDESC	“77”
RDS	7
PNTX	7
PNTXWO	7

2022 Field Name	N/A code
PDA	7
NEC	7
NECWO	7
GIPERF	7
GIPERFWO	7
LBPATHWO	7
LBPATHCD1	7777
LBPATHCD2	7777
LBPATHCD3	7777
CNEGSTAPH	7
CNEGWO	7
FUNGAL	7
FUNGALWO	7
PVL	7
EYEX	7
ISTAGE	7
ENTFEED	7
OXFINAL	7
VENTFINAL	7
HFVFINAL	7
HFNCFINAL	7
NCFFINAL	7
NCFFINAL_GT_2L	7
CPAPFINAL	7
ACFINAL	7
FDISP	7
DWGT	77777
DHEADCIR	777.7
TRANSCODE_OUT	77
XFER_CTR	77777777
F2DISP	7
F3DISP	7
F3WGT	77777
UDISP	7
LOSTOT	777
DISCHOME	7
DURVENT	7
VENTDAYS	7777
ECMOP	7
COOLED	7
COOLMETH	7
COOLLEVEL	7
HYPOIEP	7
HYPOIES	7
SEIZURE	7
NASTREAT	7
NASTREATWG	7

VI. Network File Processing and Error Checking. Files submitted to the Network in the appropriate format and record structure will be processed. Otherwise, files will be rejected and the Member's Data Contact notified by email. Error checking includes an extensive series of range, logic, and consistency tests. Incomplete records may be submitted, but some error checks cannot be done if data are missing from the record. Records are processed as logical forms, corresponding to the Data Items as listed in the data collection booklets, and each processed form is assigned a status code. The Data Fields Table in Appendix A shows the fields for VLBW and Expanded records. Members can view data summaries with specific error and warning messages in the Data Management section of the Member's Area on the Network web site, https://datamanagement.vtoxford.org/.

VII. Data Completeness and Accuracy. Records must be submitted on all eligible infants. All fields in records submitted electronically must be verified by the Member as adhering to the definitions and procedures described in the Manual of Operations.

VIII. Annual Changes to the Database. The Network Database is reviewed annually by the Database Advisory Committee. Please see Revisions for 2022 on page 2 for a description of all changes for the 2022 birth year.

IX. Group File Submissions. Prior to first submission of files that include data for more than one hospital (two or more Network center numbers), the group must coordinate file submission with the Groups Coordinator. For questions about group file submissions, email support@vtoxford.org. Group files are submitted in the same structure as shown in Appendix A, but must be named and numbered differently, and housekeeping fields are completed differently as compared to individually submitted hospital files.

X. Vermont Oxford Network Support

A. Assistance with Data Submissions. For assistance with technical questions, contact VON Technical Support by email at support@vtoxford.org, or by phone at (802) 865-4814, extension 240.

B. Assistance with Membership. For questions about membership or changes to database participation, please contact your Account Manager, (802) 865-4814, at the extension below.

Account Manager	Extension	Email
Annie Blanchette	218	ablanchette@vtoxford.org
Amy Briody	252	ABriody@vtoxford.org
Marilyn Eick	227	marilyn@vtoxford.org
Joan Schillhammer	224	joan@vtoxford.org
Denise Schomody	260	dschomondy@vtoxford.org
Ellen Wilhite	216	ellen@vtoxford.org

Note: Please do not send electronic data submissions to your Network Account Manager. Submit files as specified in paragraph V.C on pages 7 and 8.

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Appendix A, 2022 Data Fields Table

A. Introduction. This Appendix specifies the data fields to be submitted for VLBW and Expanded data submission in 2022 and summarizes changes to submissions in 2022 as compared to 2021.

B. Data Fields Table. The Data Fields Table below includes the 2022 Field Name, a brief description of the field, the Field Type, and the Field Codes and Ranges.

1. Applicability. The Data Fields Table applies to any electronic data file submitted on or after January 1, 2022, even if all infants reported in the file were born prior to 2022. Files submitted in 2022 may include data for infants born between 2019 and 2022 if your center was certified to submit electronic data in these years.
2. Electronically Submitted Records. At the minimum, infant records submitted in 2022 must include the following fields for each eligible infant (see the Data Fields Table below for details for each Data Item): Housekeeping Fields FILENUM, FILEDATE, DELETED, and ALLRECORDS, and general infant data fields HOSPNO, ID, and BYEAR. For records to be considered complete, values for all General Data Items must be provided. Centers participating in Expanded data submission must also submit values for the Supplemental Data Items for each eligible infant. Members choosing the VLBW option should code the Supplemental Data Items as N/A (or exclude them from .xml submissions). **Note**: Please submit records with fields ordered as listed in the Data Fields Table.
3. Changes to the Data Fields Table for 2022: Please see page 2 of this document for all changes. In Appendix A, discontinued fields are highlighted in blue, new fields are highlighted in green, coding changes are highlighted in pink, and moved items are highlighted in orange.

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Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
	Housekeeping Fields		
FILENUM	Sequential File Submission Number	Integer	Range: Sequential positive integer
FILEDATE	File Submission Export Date	Date	Range: Valid date, mm/dd/yyyy
DELETED	Record Deleted	Byte	Range: 1 if record is deleted, blank otherwise
APPLICATION	Application Submitting the Data File	Text25	
VERSION	Version of Application Submitting the Data File	Text15	
ALLRECORDS	Type of file submitted (All Records or Update)	Byte	Range: 0 or blank if not an All Records file, 1 if an All Records File (all records for infants born between 2019 and 2022 in your center database)
	PHI Fields		
DOB	Date of Birth	Date	Range: Valid date, mm/dd/yyyy if center is certified for PHI; blank if center is not certified for PHI
DOA	Date of Admission	Date	Range: 7/7/1907 if [DELDIE=1] and center is certified for PHI; Valid date, mm/dd/yyyy if [DELDIE=0] and center is certified for PHI; blank if center is not certified for PHI; Codes: 7/7/1907=NA
DID	Date of Initial Disposition	Date	Range: 7/7/1907 if [DELDIE=1] and center is certified for PHI; 9/9/1909 if [FDISP]=[9]; Valid date, mm/dd/yyyy if [DELDIE=0] and center is certified for PHI; blank if center is not certified for PHI; Codes: 7/7/1907=NA; 9/9/1909=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
DFD	Date of Final Disposition	Date	Range: 7/7/1907 if {[DELDIE]=1 or [FDISP] in (1,3,5)} and center is certified for PHI; 9/9/1909 if [FDISP]=2 and ([F2DISP]=9 or [F3DISP]=9 or [UDISP]=9) and center is certified for PHI; Valid date, mm/dd/yyyy if center is certified for PHI and [FDISP]=2; blank if center is not certified for PHI; Codes: 7/7/1907=NA, 9/9/1909=Unknown
	General Data Items		
HOSPNO	Center Number	Integer	Range: Network-assigned hospital number
ID	Network Patient Identification Number	Integer	Range: Positive integer between 1 and 999,999 (sequential from Start ID Number)
BYEAR	Birth Year	Integer	Range: 2019 to 2022
BWGT	Birth Weight (grams)	Long	Range: VLBW data submission: 401 to 1500 grams or may be < 401 or > 1500 if GAWEEKS is between 22 and 29 and [BYEAR] ≤ 2021; ≤ 1500 grams or may be > 1500 grams if [GAWEEKS] ≤ 29 and [BYEAR] ≥ 2022; Expanded data submission: Same as VLBW Database but also includes infants > 1500 grams who are otherwise eligible. See eligibility criteria in Manual of Operations. Codes: 99999=Unknown
GAWEEKS	Gestational Age, Weeks	Integer	Range: 15 to 46, 99 if [BYEAR] ≤ 2021; 1 to 46, 99 if [BYEAR]≥ 2022; Codes: 99=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
GADAYS	Gestational Age, Days	Integer	Range: 0 to 6, 99; Codes: 99=Unknown
DELDIE	Died in Delivery Room or, if inborn, in an initial resuscitation area within 12 Hours of Birth and Prior to NICU Admission	Byte	Range: 0, 1; Codes: 0=No, 1=Yes
LOCATE	Location of Birth	Byte	Range: 0, 1; Codes: 0=Inborn; 1=Outborn
DAYADMISS	Day of Admission to Your NICU (outborn infants or infants previously discharged home only)	Integer	Range: 77 if [DELDIE] =1; 1 if ([BYEAR] in (2019, 2020) and [LOCATE]=0 and [DISCHOME]=0, 7, 9) or ([BYEAR] ≥ 2021 and [LOCATE]=0 and [DISCHOME] in (0,7)); 1 to 28 if [BYEAR] ≥ 2019 and ([LOCATE]=1 or [DISCHOME]=1); Codes: 77=N/A
TRANSCODE_IN	Reason for Transfer In	Byte	Range: 77 if [BYEAR] ≥ 2022 and [LOCATE]=0; 0 to 6, 99 if [BYEAR] ≥ 2022 and [LOCATE]=1; Codes: 0=ECMO, 1=Growth/ Discharge Planning, 2=Medical/Diagnostic Services, 3=Surgery, 4=Chronic Care, 5=Other, 6=Hypothermic Therapy, 77=N/A, 99=Unknown
OUTB_CTR	Transfer Code of Center from which Infant Transferred (outborn infants only) (List available at https://public.vtoxford.org/transfer-codes/)	Long	Range: 77777777 if [LOCATE]=0; Transfer Code provided by VON or 99999999 if [LOCATE]=1; Codes: 77777777=N/A, 99999999=Unknown
BHEADCIR	Head Circumference at Birth (in cm to nearest 10th of a cm)	Single	Range: 10.0 to 70.0, 999.9; Codes: 999.9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
HISP	Ethnicity of Mother	Byte	Range: 0, 1, 9; Codes: 0=Not Hispanic, 1=Hispanic, 9=Unknown
MATRACE	Race of Mother	Byte	Range: 1, 3, 4, 5, 6, 7, 99; Codes: 1=Black or African American, 3=White, 4=Asian, 5=American Indian or Alaska Native, 6=Native Hawaiian or Other Pacific Islander, 7=Other Race, 99=Unknown
PCARE	Prenatal Care	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
ASTER	Antenatal Steroids	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
AMAGSULF	Antenatal Magnesium Sulfate	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
CHORIO	Chorioamnionitis	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
MHYPERTENS	Maternal Hypertension, Chronic or Pregnancy-Induced	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
MDIABETES	Maternal Diabetes	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
VAGDEL	Mode of Delivery	Byte	Range: 0, 1, 9; Codes: 0=C-Section, 1=Vaginal, 9=Unknown
SEX	Sex of Infant	Byte	Range: 0, 1, 9; Codes: 0=Female, 1=Male, 9=Unknown
MULT	Multiple Gestation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
NBIRTHS	Number of Infants Delivered	Integer	Range: 77 if [MULT]=0; 99 if [MULT]=9; 1 to 10, 99 if [MULT]=1; Codes: 77=N/A, 99=Unknown
CONGENINF	Congenital Infection	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
CONGENINFCD1	Congenital Infection, organism 1	Integer	Range: 7777 if [CONGENINF]=0; 9999 if [CONGENINF]=9; Congenital Infection Code if [CONGENINF]=1; Codes: 7777=N/A, 9999=Unknown, Congenital Infection in Appendix E of Manual of Operations
CONGENINFCD2	Congenital Infection, organism 2	Integer	Range: 7777 if [CONGENINF]=0 or no more infections; 9999 if [CONGENINF]=9; Congenital Infection Code if [CONGENINF]=1; Codes: 7777=N/A, 9999=Unknown, Congenital Infection in Appendix E of Manual of Operations
CONGENINFCD3	Congenital Infection, organism 3	Integer	Range: 7777 if [CONGENINF]=0 or no more infections; 9999 if [CONGENINF]=9; Congenital Infection Code if [CONGENINF]=1; Codes: 7777=N/A, 9999=Unknown, Congenital Infection in Appendix E of Manual of Operations
AP1	APGAR Score, 1 Minute	Integer	Range: 0 to 10, 99; Codes: 99=Unknown
AP5	APGAR Score, 5 Minutes	Integer	Range: 0 to 10, 99; Codes: 99=Unknown
DROX	Oxygen during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRBM	Face Mask Ventilation during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRLMA	Laryngeal Mask Airway During Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
DRET	Endotracheal Tube Ventilation during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DREP	Epinephrine during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRCC	Cardiac Compression during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRNIMV	Nasal Ventilation During Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRCPAP	Nasal CPAP during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
ATEMPM	Temperature Measured within the First Hour after Admission to Your NICU	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ATEMP	Temperature within the First Hour after Admission to Your NICU (in degrees centigrade to nearest 10^{th} of a degree)	Single	Range: 777.7 if [DELDIE]=1 or [ATEMPM]=0; 999.9 if [ATEMPM]=9; 20.0 to 45.0, 999.9 if [DELDIE]=0 and [ATEMPM]=1; Codes: 777.7=N/A, 999.9=Unknown
DIE12	Died within 12 Hours of Admission to Your NICU	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
EBSEPS	Bacterial Sepsis and/or Meningitis on or before Day 3	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
EBSEPSCD1	Bacterial Sepsis and/or Meningitis on or before Day 3, pathogen 1	Integer	Range: 7777 if [EBSEPS]=7; 9999 if [EBSEPS]=9; Bacterial organism code if [EBSEPS]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
EBSEPSCD2	Bacterial Sepsis and/or Meningitis on or before Day 3, pathogen 2	Integer	Range: 7777 if [EBSEPS]=7 or no more pathogens; 9999 if [EBSEPS]=9; Bacterial organism code if [EBSEPS]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
EBSEPSCD3	Bacterial Sepsis and/or Meningitis on or before Day 3, pathogen 3	Integer	Range: 7777 if [EBSEPS]=7 or no more pathogens; 9999 if [EBSEPS]=9; Bacterial organism code if [EBSEPS]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
NEWOX28	Oxygen on Day 28	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized on Day 28; 0, 1, 9 if [DELDIE]=0 and infant hospitalized on Day 28; Codes: 0=No, 1=Yes, 7=N/A,9=Unknown
USOUND1	Cranial Imaging on or before Day 28	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
UGRADE1	Periventricular-Intraventricular Hemorrhage (PIH), Worst Grade	Byte	Range: 7 if [USOUND1] in (0,7); 9 if [USOUND1]=9; 0 to 4, 9 if [USOUND1]=1; Codes: 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
PIHWFO	PIH, where First Occurred	Byte	Range: 7 if [USOUND1] in (0, 7) or [UGRADE1]=0; 9 if [UGRADE1]=9 or [USOUND1]=9; 1, 2, 9 if [USOUND]=1 and [UGRADE1] between 1 and 4; Codes: 1=Your Hospital, 2=Other Hospital, 7=N/A, 9=Unknown
OXY	Oxygen after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
VENT	Conventional Ventilation after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFV	High Frequency Ventilation after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFNC (discontinued effective 2022)	High Flow Nasal Cannula after Initial Resuscitation	Byte	Range: 7 if [BYEAR] ≤ 2021 and [DELDIE]=1; 0, 1, 9 if [BYEAR] ≤ 2021 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NCF	Nasal Cannula Flow after Initial Resuscitation	Byte	Range: 7 if [BYEAR] ≥ 2022 and [DELDIE]=1; 0, 1, 9 if [BYEAR] ≥ 2022 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NCF_GT_2L	Flow Rate of Nasal Cannula Greater than Two Liters per Minute after Initial Resuscitation	Byte	Range: 7 if [BYEAR] ≥ 2022 and [NCF] in (0,7); 9 if [BYEAR] ≥ 2022 and [NCF]=9; 0, 1, 9 if [BYEAR] ≥ 2022 and [NCF]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NIMV	Nasal Ventilation after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
CPAP	Nasal CPAP after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
CPAPES (discontinued effective 2022)	Nasal CPAP or Nasal Ventilation before or without ever having received ETT Ventilation	Byte	Range: 7 if [BYEAR] ≤ 2021 and ([DELDIE]=1 or ([DRCPAP]=0 and [DRNIMV]=0 and [CPAP]=0 and [NIMV]=0)); 9 if [BYEAR] ≤ 2021 and {([DRCPAP]=9 and [DRNIMV] in (0,9) and [CPAP] in (0,9) and [NIMV] in (0,9)) or ([DRCPAP]=0 and [DRNIMV]=9 and [CPAP] in (0,9) and [NIMV] in (0,9)) or ([DRCPAP=0 and [DRNIMV]=0 and [CPAP]=9 and [NIMV] in (0,9)) or ([DRCPAP]=0 and [DRNIMV]=0 and [CPAP]=0 and [NIMV]=9)}; 0, 1, 9 if [BYEAR] ≤ 2021 and [DELDIE]=0 and ([DRCPAP]=1 or [DRNIMV]=1 or [CPAP]=1 or [NIMV]=1); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
DRSURF	Surfactant during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
SURFX	Surfactant at any Time	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
SURF1DHR	Age at First Dose of Surfactant, Hours	Integer	Range: 7777 if [SURFX]=0; 9999 if [SURFX]=9 or [SURF1DMIN]=99; 0 to 6665, 9999 if [SURFX]=1; Codes: 7777=N/A; 9999=Unknown
SURF1DMIN	Age at First Dose of Surfactant, Minutes	Byte	Range: 77 if [SURFX]=0; 99 if [SURFX]=9 or [SURF1DHR]=9999; 0 to 59, 99 if [SURFX]=1; Codes: 77=N/A; 99=Unknown
INO	Inhaled Nitric Oxide	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
INOWG	Inhaled Nitric Oxide, Where Given	Byte	Range: 7 if [INO] in (0, 7); 9 if [INO]=9; 1, 2, 3, 9 if [INO]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
OX36	Oxygen at 36 Weeks	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
VENT36	Conventional Ventilation at 36 Weeks	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFV36	High Frequency Ventilation at 36 weeks	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFNC36 (discontinued effective 2022)	High Flow Nasal Cannula at 36 Weeks	Byte	Range: 7 if [BYEAR] ≤ 2021 and ([DELDIE]=1 or infant not hospitalized at week 36); 0, 1, 9 if [BYEAR] ≤ 2021 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NCF36	Nasal Cannula Flow at 36 Weeks	Byte	Range: 7 if [BYEAR] ≥ 2022 and ([DELDIE]=1 or infant not hospitalized at week 36); 0, 1, 9 if [BYEAR] ≥ 2022 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NCF36_GT_2L	Flow Rate of Nasal Cannula Greater than Two Liters per Minute at 36 Weeks	Byte	Range: 7 if [BYEAR] ≥ 2022 and [NCF36] in (0,7); 9 if [BYEAR] ≥ 2022 and [NCF36]=9; 0, 1, 9 if [BYEAR] ≥ 2022 and [NCF36]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NIMV36	Nasal Ventilation at 36 Weeks	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
CPAP36	Nasal CPAP at 36 Weeks	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
STERBPD	Steroids for CLD	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
STERBPDWG	Steroids for CLD, Where Given	Byte	Range: 7 if [STERBPD] in (0, 7); 9 if [STERBPD]=9; 1, 2, 3, 9 if [STERBPD]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
INDOMETH	Indomethacin for Any Reason	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
IBUPROFEN	Ibuprofen for PDA	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ACETAMIN	Acetaminophen (Paracetamol) for PDA	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
PROBIOTICS	Probiotics	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ROPANTIVEGF	Treatment of ROP with Anti-VEGF Drug	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
CAFFEINE	Caffeine for Any Reason	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
VITAMINA	Intramuscular Vitamin A for Any Reason	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
ROPSURG	ROP Surgery	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ROPSURGWD	ROP Surgery, Where Done	Byte	Range: 7 if [ROPSURG] in (0, 7); 9 if ROPSURG=9; 1, 2, 3, 9 if [ROPSURG]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
PDASURG	Surgery or Interventional Catheterization for Closure of PDA	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NECSURG	Surgery for NEC, Suspected NEC, or Bowel Perforation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
OSURG	Other Surgery	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD1	First Surgery Code	Text6	Range: “77” if[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7); “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
SRGLOC1	Location of Surgery for First Surgery Code Procedure	Byte	Range: 7 if [SRGCD1]="77"; 9 if [SRGCD1]=9; 1, 2, 3, 9 if [SRGCD1] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI1	Surgical Site Infection at Your Hospital for First Surgery Code Procedure	Byte	Range: 7 if [SRGLOC1]=2; 9 if [SRGLOC1]=9; 0,1, 9 if [SRGLOC1] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD2	Second Surgery Code	Text6	Range: "77" if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; "99" if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC2	Location of Surgery for Second Surgery Code Procedure	Byte	Range: 7 if [SRGCD2]="77"; 9 if [SRGCD2]=9; 1, 2, 3, 9 if [SRGCD2] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI2	Surgical Site Infection at Your Hospital for Second Surgery Code Procedure	Byte	Range: 7 if [SRGLOC2]=2; 9 if [SRGLOC2]=9; 0,1, 9 if [SRGLOC2] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
SRGCD3	Third Surgery Code	Text6	Range: “77” if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC3	Location of Surgery for Third Surgery Code Procedure	Byte	Range: 7 if [SRGCD3]=“77”; 9 if [SRGCD3]=9; 1, 2, 3, 9 if [SRGCD3] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI3	Surgical Site Infection at Your Hospital for Third Surgery Code Procedure	Byte	Range: 7 if [SRGLOC3]=2; 9 if [SRGLOC3]=9; 0,1, 9 if [SRGLOC3] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD4	Fourth Surgery Code	Text6	Range: “77” if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations

Field Name	Description	Field Type	Field Codes and Ranges
SRGLOC4	Location of Surgery for Fourth Surgery Code	Byte	Range: 7 if [SRGCD4]="77"; 9 if [SRGCD4]=9; 1, 2, 3, 9 if [SRGCD4] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI4	Surgical Site Infection at Your Hospital for Fourth Surgery Code Procedure	Byte	Range: 7 if [SRGLOC4]=2; 9 if [SRGLOC4]=9; 0,1, 9 if [SRGLOC4] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD5	Fifth Surgery Code	Text6	Range: "77" if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; "99" if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC5	Location of Surgery for Fifth Surgery Code Procedure	Byte	Range: 7 if [SRGCD5]="77"; 9 if [SRGCD5]=9; 1, 2, 3, 9 if [SRGCD5] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI5	Surgical Site Infection at Your Hospital for Fifth Surgery Code Procedure	Byte	Range: 7 if [SRGLOC5]=2; 9 if [SRGLOC5]=9; 0,1, 9 if [SRGLOC5] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
SRGCD6	Sixth Surgery Code	Text6	Range: “77” if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC6	Location of Surgery for Sixth Surgery Code Procedure	Byte	Range: 7 if [SRGCD6]=“77”; 9 if [SRGCD6]=9; 1, 2, 3, 9 if [SRGCD6] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI6	Surgical Site Infection at Your Hospital for Sixth Surgery Code Procedure	Byte	Range: 7 if [SRGLOC6]=2; 9 if [SRGLOC6]=9; 0,1, 9 if [SRGLOC6] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD7	Seventh Surgery Code	Text6	Range: “77” if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations

Field Name	Description	Field Type	Field Codes and Ranges
SRGLOC7	Location of Surgery for Seventh Surgery Code Procedure	Byte	Range: 7 if [SRGCD7]="77"; 9 if [SRGCD7]=9; 1, 2, 3, 9 if [SRGCD7] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI7	Surgical Site Infection at Your Hospital for Seventh Surgery Code Procedure	Byte	Range: 7 if [SRGLOC7]=2; 9 if [SRGLOC7]=9; 0,1, 9 if [SRGLOC7] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD8	Eighth Surgery Code	Text6	Range: "77" if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; "99" if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC8	Location of Surgery for Eighth Surgery Code Procedure	Byte	Range: 7 if [SRGCD8]="77"; 9 if [SRGCD8]=9; 1, 2, 3, 9 if [SRGCD8] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI8	Surgical Site Infection at Your Hospital for Eighth Surgery Code Procedure	Byte	Range: 7 if [SRGLOC8]=2; 9 if [SRGLOC8]=9; 0,1, 9 if [SRGLOC8] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
SRGCD9	Ninth Surgery Code	Text6	Range: “77” if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC9	Location of Surgery for Ninth Surgery Code Procedure	Byte	Range: 7 if [SRGCD9]=“77”; 9 if [SRGCD9]=9; 1, 2, 3, 9 if [SRGCD9] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI9	Surgical Site Infection at Your Hospital for Ninth Surgery Code Procedure	Byte	Range: 7 if [SRGLOC9]=2; 9 if [SRGLOC9]=9; 0,1, 9 if [SRGLOC9] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD10	Tenth Surgery Code	Text6	Range: “77” if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or no more surgery done; “99” if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); Surgery Code if [NECSURG]=1 or [OSURG]=1 or [PDASURG]=1; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations

Field Name	Description	Field Type	Field Codes and Ranges
SRGLOC10	Location of Surgery for Tenth Surgery Code Procedure	Byte	Range: 7 if [SRGCD10]="77"; 9 if [SRGCD10]=9; 1, 2, 3, 9 if [SRGCD10] has a valid surgery code; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGSSI10	Surgical Site Infection at Your Hospital for Tenth Surgery Code Procedure	Byte	Range: 7 if [SRGLOC10]=2; 9 if [SRGLOC10]=9; 0,1, 9 if [SRGLOC10] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
OSRGDESC	Surgical Code Description	Text255	Range: "77" if ([NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or if the surgery code(s) do not require a description; "99" if ([NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9); description of surgical procedure(s) if ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and code for surgery requires a description Codes: "77"=N/A, "99"=Unknown Surgery Codes are in Appendix D of the Network Manual of Operations, Part 2.
RDS	Respiratory Distress Syndrome	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
PNTX	Pneumothorax	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
PNTXWO	Pneumothorax, Where Occurred	Byte	Range: 7 if [PNTX] in (0, 7); 1, 2, 3, 9 if [PNTX]=1; 9 if [PNTX]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
PDA	Patent Ductus Arteriosus	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NEC	Necrotizing Enterocolitis	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NECWO	Necrotizing Enterocolitis, Where Occurred	Byte	Range: 7 if [NEC] in (0, 7); 9 if [NEC]=9; 1, 2, 3, 9 if [NEC]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
GIPERF (discontinued effective 2022)	Focal Intestinal Perforation	Byte	Range: 7 if [BYEAR] ≤ 2021 AND [DELDIE]=1; 0, 1, 9 if [BYEAR] ≤ 2021 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
GIPERFWO (discontinued effective 2022)	Focal Intestinal Perforation, Where Occurred	Byte	Range: 7 if [BYEAR] ≤ 2021 and [GIPERF] in (0, 7); 9 [BYEAR] ≤ 2021 and if [GIPERF]=9; 1, 2, 3, 9 if [BYEAR] ≤ 2021 and [GIPERF]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SIP	Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation	Byte	Range: 7 if [BYEAR] ≥ 2022 AND [DELDIE]=1; 0, 1, 2, 9 if [BYEAR] ≥ 2022 and [DELDIE]=0; Codes: 0=No, 1=Surgically Confirmed, 2=Clinically Diagnosed, 7=N/A, 9=Unknown
LBPATH	Bacterial Sepsis and/or Meningitis after Day 3	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized after Day 3; 0, 1, 9 if [DELDIE]=0 and infant hospitalized after Day 3; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
LBPATHWO	Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred	Byte	Range: 7 if [LBPATH] in (0, 7); 9 if [LBPATH]=9; 1, 2, 3, 9 if [LBPATH]=1; Codes: 1=Your Hospital, 2=Outside of Your Hospital, 3=Both Your Hospital and Outside of Your Hospital, 7=N/A, 9=Unknown
LBPATHCD1	Bacterial Sepsis and/or Meningitis After Day 3, pathogen 1	Integer	Range: 7777 if [LBPATH]=7; 9999 if [LBPATH]=9; Bacterial organism code if [LBPATH]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
LBPATHCD2	Bacterial Sepsis and/or Meningitis After Day 3, pathogen 2	Integer	Range: 7777 if [LBPATH]=7 or no more pathogens; 9999 if [LBPATH]=9; Bacterial organism code if [LBPATH]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
LBPATHCD3	Bacterial Sepsis and/or Meningitis After Day 3, pathogen 3	Integer	Range: 7777 if [LBPATH]=7 or no more pathogens; 9999 if [LBPATH]=9; Bacterial organism code if [LBPATH]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
CNEGSTAPH	Coagulase Negative Staphylococcal Infection after Day 3	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized after Day 3; 0, 1, 9 if [DELDIE]=0 and infant hospitalized after Day 3; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
CNEGWO	Coagulase Negative Staphylococcal Infection after Day 3, Where Occurred	Byte	Range: 7 if [CNEGSTAPH] in (0, 7); 9 if [CNEGSTAPH]=9; 1, 2, 3, 9 if [CNEGSTAPH]=1; Codes: 1=Your Hospital, 2=Outside of Your Hospital, 3=Both Your Hospital and Outside of Your Hospital, 7=N/A, 9=Unknown
FUNGAL	Fungal Infection after Day 3	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized after Day 3; 0, 1, 9 if [DELDIE]=0 and infant hospitalized after Day 3; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
FUNGALWO	Fungal Infection after Day 3, Where Occurred	Byte	Range: 7 if [FUNGAL] in (0, 7); 9 if [FUNGAL]=9; 1, 2, 3, 9 if [FUNGAL]=1; Codes: 1=Your Hospital, 2=Outside of Your Hospital, 3=Both Your Hospital and Outside of Your Hospital, 7=N/A, 9=Unknown
PVL	Cystic Periventricular Leukomalacia	Byte	Range: 7 if [DELDIE]=1 or cranial imaging study never done or ([BYEAR] ≥ 2020 and [USOUND1]=0 and infant not hospitalized after day 28); 0, 1, 9 if ([BYEAR] < 2020 and [DELDIE]=0 and cranial imaging study ever done) or {[BYEAR] ≥ 2020 and [DELDIE]=0 and ([USOUND1]=1 or cranial imaging study ever done)}; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
EYEX	ROP, Retinal Examination	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ISTAGE	ROP Stage	Byte	Range: 7 if [EYEX] in (0,7); 9 if [EYEX]=9; 0 to 5, 9 if [EYEX]=1; Codes: 7=N/A, 9=Unknown
CMAL	Congenital Anomaly	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
BDCD1	First Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1; Codes: 7777=N/A, 9999=Unknown Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD2	Second Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 2nd Defect; Codes: 7777=N/A, 9999=Unknown Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2

Field Name	Description	Field Type	Field Codes and Ranges
BDCD3	Third Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 2nd Defect; Codes: 7777=N/A, 9999=Unknown Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD4	Fourth Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 4th Defect; Codes: 7777=N/A, 9999=Unknown Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD5	Fifth Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 5th Defect; Codes: 7777=N/A, 9999=Unknown Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDEFECT	Congenital Anomaly Description	Text255	Range: “77” if [CMAL]=0 or no description required; “99” if [CMAL]=9; Text description of congenital anomaly if [CMAL]=1 and description required (see Manual of Operations) Codes: “77”=N/A, “99”=Unknown
ENTFEED	Enteral Feeding at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 2, 3, 9 if [DELDIE]=0; Codes: 0=None, 1=Human Milk Only, 2=Formula Only, 3=Human Milk with Fortifier or Formula, 7=N/A, 9=Unknown
OXFINAL	Oxygen at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
VENTFINAL	Conventional Ventilation at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFVFINAL	High Frequency Ventilation at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFNCFINAL (discontinued effective 2022)	High Flow Nasal Cannula at Discharge	Byte	Range: 7 if [BYEAR] ≤ 2021 and [DELDIE]=1; 0, 1, 9 if [BYEAR] ≤ 2021 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NCFFINAL	Nasal Cannula Flow at Discharge	Byte	Range: 7 if [BYEAR] ≥ 2022 and [DELDIE]=1; 0, 1, 9 if [BYEAR] ≥ 2022 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NCFFINAL_GT_2L	Flow Rate of Nasal Cannula Greater than Two Liters per Minute at Discharge	Byte	Range: 7 if [BYEAR] ≥ 2022 and [NCFFINAL] in (0,7); 9 if [BYEAR] ≥ 2022 and [NCFFINAL]=9; 0, 1, 9 if [BYEAR] ≥ 2022 and [NCFFINAL]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NIMVFINAL	Nasal Ventilation at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
CPAPFINAL	Nasal CPAP at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ACFINAL	Monitor at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
FDISP	Initial Disposition	Byte	Range: 7 if [DELDIE]=1; 1, 2, 3, 5, 9 if [DELDIE]=0; Codes: 1=Home, 2=Transferred, 3=Died, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
DWGT	Weight at Initial Disposition	Long	Range: 77777 if [DELDIE]=1; 201 to 66665, 99999 if [DELDIE]=0; Codes: 77777=N/A; 99999=Unknown
DHEADCIR	Head Circumference at Initial Disposition (in cm to nearest 10th of a cm)	Single	Range: 777.7 if [DELDIE]=1; 10.0 to 70.0, 999.9 if [DELDIE]=0; Codes: 777.7=N/A, 999.9=Unknown
LOS1	Initial Length of Stay	Integer	Range: 1 if [DELDIE]=1; 1 to 366 (367 if leap day must be added), 999 if [DELDIE]=0; See Manual of Operations; Codes: 999=Unknown
	Transfer and Readmission Data Items		
TRANSCODE (discontinued effective 2022)	Reason for Transfer	Byte	Range: 7 if [BYEAR] ≤ 2021 and [FDISP] in (1, 3, 5, 7); 9 if [BYEAR] ≤ 2021 and [FDISP]=9; 0 to 5, 9 if [FDISP]=2; Codes: 0=ECMO, 1=Growth/ Discharge Planning, 2=Medical/Diagnostic Services, 3=Surgery, 4=Chronic Care, 5=Other, 7=N/A, 9=Unknown
TRANSCODE_OUT	Reason for Transfer Out	Byte	Range: 77 if [BYEAR] ≥ 2022 and [FDISP] in (1, 3, 5, 7); 99 if [BYEAR] ≥ 2022 and [FDISP]=9; 0 to 6, 99 if [BYEAR] ≥ 2022 and [FDISP]=2; Codes: 0=ECMO, 1=Growth/ Discharge Planning, 2=Medical/Diagnostic Services, 3=Surgery, 4=Chronic Care, 5=Other, 6=Hypothermic Therapy, 77=N/A, 99=Unknown

Appendix A, 2022 Data Fields Table

Field Name	Description	Field Type	Field Codes and Ranges
XFER_CTR	Transfer Code of Center to which Infant Transferred (List available at https://public.vtoxford.org/transfer-codes/)	Long	Range: 77777777 if [FDISP] in (1,3,5,7); Transfer Code provided by VON or 99999999; Codes: 77777777=N/A, 99999999=Unknown
F2DISP	Post Transfer Disposition	Byte	Range: 7 if [FDISP] in (1, 3, 5, 7); 9 if [FDISP]=9; 1, 2, 3, 4, 5, 9 if [FDISP]=2; Codes: 1=Home, 2=Transferred Again, 3=Died, 4=Readmitted, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown
F3DISP	Disposition after Readmission	Byte	Range: 7 if [F2DISP] in (1, 2, 3, 5, 7); 9 if [F2DISP]=9; 1, 2, 3, 5, 9 if [F2DISP]=4; Codes: 1=Home, 2=Transfer, 3=Died, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown
F3WGT	Weight at Disposition after Readmission	Long	Range: 77777 if [F3DISP]=7; 99999 if [F2DISP]=9; 201 to 66665 or 99999 if [F3DISP] in (1,2,3,5); Codes: 77777=N/A, 99999=Unknown
UDISP	Ultimate Disposition	Byte	Range: 7 if [F2DISP] in (1,3,5,7) or if [F3DISP] in (1,3,5,7); 9 if [F2DISP]=9 or if [F3DISP]=9; 1, 3, 5, 9 if [F2DISP]=2 or if [F3DISP]=2; Codes: 1=Home, 3=Died, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown
LOSTOT	Total Length of Stay	Integer	Range: 777 if [FDISP] in (1,3,5,7); 999 if [FDISP]=9; 1 to 366 (367 if leap day must be added), 999 if [FDISP]=2; See Manual of Operations; Codes: 777=N/A; 999=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
	Supplemental Data Items		**All Data Items required for Expanded Data centers**
DISCHOME	Previously Discharged Home	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [BYEAR] in (2019, 2020) and [DELDIE]=0; 0, 1 if [BYEAR] ≥ 2021 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
DURVENT	Duration of Assisted Ventilation (initial stay in your NICU)	Byte	Range: 7 if [DELDIE]=1; 0, 1, 2, 3, 9 if [DELDIE]=0; Codes: 0=None, 1= < 4 Hours, 2= 4 to 24 Hours, 3= > 24 Hours, 7=N/A, 9=Unknown
VENTDAYS	Days of Assisted Ventilation (initial stay in your NICU)	Long	Range: 7777 if [DURVENT] in (0,1,2,7); 9999 if [DURVENT]=9; 2 to 366 (367 if leap day must be added), 9999 if [DURVENT]=3; Codes: 7777=N/A, 9999=Unknown
ECMOP	ECMO at your Hospital	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
COOLED	Hypothermic Therapy at Your Hospital	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
COOLLEVEL	Level of Consciousness Before Hypothermic Therapy	Byte	Range: 7 if [BYEAR] ≥ 2022 and [COOLED] in (0,7); 9 if [BYEAR] ≥ 2022 and [COOLED]=9; 1, 2, 3, 9 if [BYEAR] ≥ 2022 and [COOLED]=1; Codes: 1=Mild, 2=Moderate, 3=Severe, 7=N/A, 9=Unknown
COOLMETH	Cooling Method	Byte	Range: 7 if [COOLED] in (0,7); 9 if [COOLED]=9; 1, 2, 3, 9 if [COOLED]=1; Codes: 1=Selective Head, 2=Whole Body, 3=Both Selective Head and Whole Body, 7=N/A, 9=Unknown
HYPOIEP	Hypoxic-Ischemic Encephalopathy	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown

Field Name	Description	Field Type	Field Codes and Ranges
HYPOIES (discontinued effective 2022)	HIE Severity	Byte	Range: 7 if [BYEAR] ≤ 2021 and [HYPOIEP] in (0,7); 9 if [BYEAR] ≤ 2021 and [HYPOIEP]=9; 1, 2, 3, 9 if [BYEAR] ≤ 2021 and [HYPOIEP]=1; Codes: 1=Mild, 2=Moderate, 3=Severe, 7=N/A, 9=Unknown
MECASP	Meconium Aspiration Syndrome	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
TRCSUCMA	Tracheal Suctioning for Meconium Attempted during Initial Resuscitation	Byte	Range: 7 if [MECASP]=0; 9 if [MECASP]=9; 0, 1, 9 if [MECASP]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SEIZURE	Seizures	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NAS	Neonatal Abstinence Syndrome	Byte	Range: 7 if [BYEAR] ≥ 2022 and ([DELDIE]=1 or 1 ≤ [GAWEEKS] ≤ 33); 0, 1, 9 if [BYEAR] ≥ 2022 and [DELDIE]=0 and [GAWEEKS] ≥ 34; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NASTREAT	Pharmacological Treatment for Neonatal Abstinence Syndrome	Byte	Range: 7 if [BYEAR] ≥ 2022 and [NAS] in (0,7); 9 if [BYEAR] ≥ 2022 and [NAS]=9; 0, 1, 9 if [BYEAR] ≥ 2022 and [NAS]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NASTREATWG	Pharmacological Treatment for Neonatal Abstinence Syndrome, Where Given	Byte	Range: 7 if [BYEAR] ≥ 2022 and [NASTREAT] in (0,7); 9 if [BYEAR] ≥ 2022 and [NASTREAT]=9; 1, 2, 3, 9 if [BYEAR] ≥ 2022 and [NASTREAT]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown

Vermont Oxford Network
Member Instructions for Electronic Data Submission in 2022
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General Data Items - *For Infants Born in 2022 at VLBW Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

VERMONT OXFORD NETWORK
eNICQ PATIENT DATA BOOKLET FOR INFANTS BORN IN 2022

This booklet contains protected health care information and must NOT be submitted to Vermont Oxford Network (VON). VON only accepts protected health care information in cases where members have both voluntarily elected to send this information to VON and have signed an appropriate Business Associate Agreement with VON.

This booklet is designed for you to use to collect data that will later be entered by your center into eNICQ, the VON data submission tool.

Contents:

PATIENT IDENTIFICATION WORKSHEET

Patient's Name: _____

Mother's Name: _____

Date of Birth: ____/____/____ (MM DD YYYY)

Date of Admission: ____/____/____ (MM DD YYYY)

- For inborn infants, the date of admission is the Date of Birth
- For outborn infants, the date of admission is the date the infant was admitted to your hospital

Date of Day 28: ____/____/____ (MM DD YYYY)

Date of Week 36: ____/____/____ (MM DD YYYY)

For Date of Day 28 use the *Day 28 Calculation Charts*:
https://vtoxford.zendesk.com/hc/en-us/articles/4402663457171-2022-Calculation-Charts-Date-of-Day-28
For Date of Week 36 use the *Week 36 Calculator:*
https://public.vtoxford.org/week-36-calculator/

PLEASE DO NOT SUBMIT THIS WORKSHEET
Protected Health Care Information

Vermont Oxford Network
Member Instructions for Electronic Data Submission in 2022
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General Data Items - *For Infants Born in 2022 at VLBW Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Patient ID number: _____ (this is the VON Network ID – it is auto-generated by eNICQ)

Medical Record Number: _____ **Date of Birth:** ____/____/____ (MM DD YYYY)

Died in Delivery Room: ☐ Yes ☐ No (If *Yes*, complete Delivery Room Death data booklet, not this booklet)

Location of Birth: ☐ Inborn ☐ Outborn (If *Outborn*, complete *Date of Admission* below)

Patient's First Name: _____ **Mother's First Name:** _____

Patient's Last Name: _____ **Mother's Last Name:** _____

For *Outborn* infants:

Date of Admission: ____/____/____ (MM DD YYYY)

Reason for Transfer In: ☐ ECMO ☐ Growth/Discharge Planning ☐ Medical/Diagnostic Services ☐ Surgery ☐ Chronic Care ☐ Other ☐ Hypothermic Therapy

Birth Weight: _____ **grams**

Gestational Age, Weeks: _____ **Gestational Age, Days (0-6):** _____

If Location of Birth is Outborn, Transfer Code of Center from which Infant Transferred: _____
(List available at https://public.vtoxford.org/transfer-codes/)

Head Circumference at Birth (in cm to nearest 10th): ☐☐.☐

Maternal Ethnicity/Race (Answer both Ethnicity and Race):

Ethnicity of Mother: ☐ Hispanic ☐ Not Hispanic

Race of Mother: ☐ Black or African American ☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Prenatal Care: ☐ Yes ☐ No

Antenatal Steroids: ☐ Yes ☐ No

Antenatal Magnesium Sulfate: ☐ Yes ☐ No

Chorioamnionitis: ☐ Yes ☐ No

Maternal Hypertension, Chronic or Pregnancy-Induced: ☐ Yes ☐ No

Maternal Diabetes ☐ Yes ☐ No

Mode of Delivery: ☐ Vaginal ☐ Cesarean Section

Sex of Infant: ☐ Male ☐ Female ☐ Unknown

Multiple Gestation: ☐ Yes ☐ No **If *Yes*, Number of Infants Delivered:** ____

Congenital Infection: ☐ Yes ☐ No

Congenital Infection, Organism(s): _____ _____ _____
(If *Congenital Infection* is *Yes*, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)

General Data Items - *For Infants Born in 2022 at VLBW Centers*

VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

APGAR Scores:	**1 minute** _____	**5 minutes** _____	
Initial Resuscitation:	**Oxygen:**	☐ Yes	☐ No
	Face Mask Vent:	☐ Yes	☐ No
	Laryngeal Mask Airway:	☐ Yes	☐ No
	Endotracheal Tube Vent:	☐ Yes	☐ No
	Epinephrine:	☐ Yes	☐ No
	Cardiac Compression:	☐ Yes	☐ No
	Nasal Vent:	☐ Yes	☐ No
	Nasal CPAP:	☐ Yes	☐ No

Temperature Measured within the First Hour after Admission to Your NICU: ☐ Yes ☐ No ☐ N/A

If *Yes*, Temperature Within the First Hour after Admission to Your NICU: ☐☐.☐
(In degrees *centigrade* to nearest 10th)

Died within 12 Hours of Admission to Your NICU: ☐ Yes ☐ No

Bacterial Sepsis and/or Meningitis on or before Day 3: ☐ Yes ☐ No

Bacterial Sepsis and/or Meningitis on or before Day 3, Pathogen(s): _____ _____ _____
(If *Bacterial Sepsis and/or Meningitis* is *Yes*, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2 – Appendix B)

Oxygen on Day 28: ☐ Yes ☐ No

Periventricular-Intraventricular Hemorrhage (PIH):

Cranial Imaging (US/CT/MRI) on or before Day 28: ☐ Yes ☐ No

If *Yes*, Worst Grade of PIH (0-4): _____

If PIH Grade 1-4, Where PIH First Occurred: ☐ Your Hospital ☐ Other Hospital

Respiratory Support (at any time after leaving the delivery room/initial resuscitation area):

Oxygen (after Initial Resuscitation):	☐ Yes	☐ No
Conventional Ventilation (after Initial Resuscitation):	☐ Yes	☐ No
High Frequency Ventilation (after Initial Resuscitation):	☐ Yes	☐ No
Nasal Cannula Flow (after Initial Resuscitation):	☐ Yes	☐ No

If *Yes*, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (after Initial Resuscitation): ☐ Yes ☐ No

Nasal Ventilation (after Initial Resuscitation):	☐ Yes	☐ No
Nasal CPAP (after Initial Resuscitation):	☐ Yes	☐ No

Surfactant during Initial Resuscitation: ☐ Yes ☐ No

Surfactant at Any Time: ☐ Yes ☐ No (*Surfactant at Any Time* must be *Yes* if *Surfactant During Initial Resuscitation* is *Yes*)

If *Yes*, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____

Inhaled Nitric Oxide: ☐ Yes ☐ No

If *Yes*, Inhaled Nitric Oxide, Where Given: ☐ Your Hospital ☐ Other Hospital ☐ Both

General Data Items - *For Infants Born in 2022 at VLBW Centers*

VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Respiratory Support at 36 Weeks (See Manual of Operations, Part 2 for N/A criteria):

Oxygen (at 36 Weeks): ☐ Yes ☐ No ☐ N/A

Conventional Ventilation (at 36 Weeks): ☐ Yes ☐ No ☐ N/A

High Frequency Ventilation (at 36 Weeks): ☐ Yes ☐ No ☐ N/A

Nasal Cannula Flow (at 36 Weeks): ☐ Yes ☐ No ☐ N/A

If *Yes*, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (at 36 Weeks): ☐ Yes ☐ No

Nasal Ventilation (at 36 Weeks): ☐ Yes ☐ No ☐ N/A

Nasal CPAP (at 36 Weeks): ☐ Yes ☐ No ☐ N/A

Steroids for CLD: ☐ Yes ☐ No

If *Yes*, Steroids for CLD, Where Given: ☐ Your Hospital ☐ Other Hospital ☐ Both

Indomethacin for Any Reason: ☐ Yes ☐ No

Ibuprofen for PDA: ☐ Yes ☐ No

Acetaminophen (Paracetamol) for PDA: ☐ Yes ☐ No

Probiotics: ☐ Yes ☐ No

Treatment of ROP with Anti-VEGF Drug: ☐ Yes ☐ No

Caffeine for Any Reason: ☐ Yes ☐ No

Intramuscular Vitamin A for Any Reason: ☐ Yes ☐ No

ROP Surgery: ☐ Yes ☐ No

If *Yes*, ROP Surgery, Where Done: ☐ Your Hospital ☐ Other Hospital ☐ Both

Surgery or Interventional Catheterization for Closure of PDA: ☐ Yes ☐ No
(*If Yes*, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)

Surgery for NEC, Suspected NEC, or Bowel Perforation: ☐ Yes ☐ No
(*If Yes*, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)

Other Surgery: ☐ Yes ☐ No
(*If Yes*, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)

If *Yes* to *Surgery for Closure of PDA, Surgery for NEC*, or *Other Surgery*, enter up to 10 Surgery Codes, Locations of Surgery, and check Yes or No for Surgical Site Infection following Surgery at Your Hospital:
See Manual of Operations, Part 2 – Appendix D for Surgery Codes.
If *Surgery for NEC* is *Yes*, one or more of the following codes is required: S302, S303, S307, S308, S309, S333. Indicate *Location of Surgery* for each surgery code. If a surgical site infection is present, indicate "Yes" for the one surgical code that resulted in the surgical site infection.

Surgery Code 1: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 2: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 3: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 4: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 5: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 6: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 7: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 8: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 9: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No
Surgery Code 10: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes ☐ No

Include description for Surgery Codes S100,S200,S300,S400,S500,S600,S700,S800,S900,S1000, and S1001:

_____

_____

General Data Items - *For Infants Born in 2022 at VLBW Centers*

VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Respiratory Distress Syndrome:	☐ Yes ☐ No
Pneumothorax:	☐ Yes ☐ No
If *Yes*, Pneumothorax, Where Occurred:	☐ Your Hospital ☐ Other Hospital ☐ Both
Patent Ductus Arteriosus:	☐ Yes ☐ No ☐ N/A
Necrotizing Enterocolitis:	☐ Yes ☐ No
If *Yes*, NEC, Where Occurred:	☐ Your Hospital ☐ Other Hospital ☐ Both
Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation:	☐ Surgically Confirmed ☐ Clinically Diagnosed ☐ No
Sepsis and/or Meningitis, Late (after day 3 of life):	
Bacterial Sepsis and/or Meningitis after Day 3:	☐ Yes ☐ No
If *Yes*, Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred:	☐ Your Hospital ☐ Outside Your Hospital ☐ Both
Bacterial Sepsis and/or Meningitis after Day 3, Pathogen(s): (If *Bacterial Sepsis and/or Meningitis* is *Yes*, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2, Appendix B)	_____ _____ _____
Coagulase Negative Staph Infection after Day 3:	☐ Yes ☐ No
If *Yes*, Coagulase Negative Staphylococcal Infection after Day 3, Where Occurred:	☐ Your Hospital ☐ Outside Your Hospital ☐ Both
Fungal Infection after Day 3:	☐ Yes ☐ No
If *Yes*, Fungal Infection after Day 3, Where Occurred:	☐ Your Hospital ☐ Outside Your Hospital ☐ Both
Cystic Periventricular Leukomalacia:	☐ Yes ☐ No ☐ N/A (See Manual of Operations, Part 2 for N/A criteria)
ROP, Retinal Examination	☐ Yes ☐ No
If *Yes*, Worst Stage of ROP (0-5):	_____
Congenital Anomaly:	☐ Yes ☐ No
If *Yes*, enter up to 5 Congenital Anomaly Codes: See Manual of Operations, Part 2 – Appendix C for Congenital Anomaly Codes.	_____ _____ _____ _____ _____
If *Yes*, as needed, include description(s) for Codes 100, 504, 601, 605, 901, 902, 903, 904, & 907:	
Is this infant still hospitalized at your center?	☐ Yes ☐ No

General Data Items - *For Infants Born in 2022 at VLBW Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Enteral Feeding at Discharge:
- ☐ None
- ☐ Human Milk Only
- ☐ Formula Only
- ☐ Human milk in combination with either fortifier or formula

Oxygen, Respiratory Support, and Monitor at Discharge:

Oxygen (at Discharge):	☐ Yes	☐ No
Conventional Ventilation (at Discharge):	☐ Yes	☐ No
High Frequency Ventilation (at Discharge):	☐ Yes	☐ No
Nasal Cannula Flow (at Discharge):	☐ Yes	☐ No
If *Yes*, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (at Discharge):	☐ Yes	☐ No
Nasal Ventilation (at Discharge):	☐ Yes	☐ No
Nasal CPAP (at Discharge):	☐ Yes	☐ No
Monitor (at Discharge):	☐ Yes	☐ No

Initial Disposition (check only one):
- ☐ **Home**
- ☐ **Died**
- ☐ **Transferred to another Hospital**
  (When *Transferred* is chosen, also complete Transfer/Readmission data below & on page 7)
- ☐ **Still Hospitalized as of First Birthday**

Date of Initial Disposition: ____/____/____ (Not required when Initial Disposition is *Still Hospitalized as of First Birthday*)
MM DD YYYY

Weight at Initial Disposition: _____ grams

Head Circumference at Initial Disposition (in cm to nearest 10th): ☐☐.☐ **(For infants which have not transferred, infant record is now complete)**

If an infant is transferred to another hospital, complete Data Items *Reason for Transfer, Transfer Code of Center to which Infant Transferred, Post Transfer Disposition, and the Data Items that follow your Post Transfer Disposition choice*). *Post Transfer Disposition* refers to the infant's disposition upon leaving the "transferred to" hospital.

If Transferred, Reason for Transfer Out:
- ☐ ECMO
- ☐ Growth/Discharge Planning
- ☐ Medical/Diagnostic Services
- ☐ Surgery
- ☐ Chronic Care
- ☐ Other
- ☐ Hypothermic Therapy

Transfer Code of Center to which Infant Transferred: _____
(List available at https://public.vtoxford.org/transfer-codes/)

Is This Infant Still Hospitalized at Another Center? ☐ Yes ☐ No

General Data Items - *For Infants Born in 2022 at VLBW Centers*

VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Choose one of the five Post Transfer Disposition options below and complete the Data Item(s) that follow your choice:

Post Transfer Disposition:

1. ☐ **Home**
   Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
2. ☐ **Died**
   Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
3. ☐ **Transferred Again to Another Hospital (2nd Transfer)**
   Ultimate Disposition:
   - ☐ **Home**
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
   - ☐ **Died**
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
   - ☐ **Still Hospitalized as of First Birthday** **(infant record is now complete)**
4. ☐ **Readmitted to Any Location in Your Hospital**
   When infants are readmitted to your center, continue to update Data Items *Bacterial Sepsis and/or Meningitis on or before Day 3* through *Monitor at Discharge* based on all events at both hospitals until the date of Disposition after Readmission.
   Disposition after Readmission:
   - ☐ **Home**
     Weight at Disposition after Readmission: ____ grams
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
   - ☐ **Died**
     Weight at Disposition after Readmission: ____ grams
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
   - ☐ **Still Hospitalized as of First Birthday**
     Weight at Disposition after Readmission: ____ grams **(infant record is now complete)**
   - ☐ **Transferred Again to Another Hospital**
     Weight at Disposition after Readmission: ____ grams
     Ultimate Disposition:
     - ☐ **Still Hospitalized as of First Birthday** **(infant record is now complete)**
     - ☐ **Home**
       Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
     - ☐ **Died**
       Date of Final Discharge: ____/_____/____ (MM DD YYYY) **(infant record is now complete)**
5. ☐ **Still Hospitalized as of First Birthday** **(infant record is now complete)**

Vermont Oxford Network
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General Data Items - *For Infants Born in 2022 at Expanded Centers* VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

VERMONT OXFORD NETWORK
eNICQ PATIENT DATA BOOKLET FOR INFANTS BORN IN 2022

This booklet contains protected health care information and must NOT be submitted to Vermont Oxford Network (VON). VON only accepts protected health care information in cases where members have both voluntarily elected to send this information to VON and have signed an appropriate Business Associate Agreement with VON.

This booklet is designed for you to use to collect data that will later be entered by your center into eNICQ, the VON data submission tool.

Contents:

PATIENT IDENTIFICATION WORKSHEET

Patient's Name: _____

Mother's Name: _____

Date of Birth: ____/____/____ MM DD YYYY

Date of Admission: ____/____/____ MM DD YYYY

- For inborn infants, the date of admission is the Date of Birth
- For outborn infants, the date of admission is the date the infant was admitted to your hospital

Date of Day 28: ____/____/____ MM DD YYYY

Date of Week 36: ____/____/____ MM DD YYYY

For Date of Day 28 use the *Day 28 Calculation Charts*: https://vtoxford.zendesk.com/hc/en-us/articles/4402663457171-2022-Calculation-Charts-Date-of-Day-28
For Date of Week 36 use the *Week 36 Calculator:* https://public.vtoxford.org/week-36-calculator/

PLEASE DO NOT SUBMIT THIS WORKSHEET
Protected Health Care Information

Vermont Oxford Network
Member Instructions for Electronic Data Submission in 2022
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General Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Patient ID number: _____ (this is the VON Network ID – it is auto-generated by eNICQ)

Medical Record Number: _____ **Date of Birth:** ____/____/____ MM DD YYYY

Died in Delivery Room: ☐ Yes ☐ No (If *Yes*, complete Delivery Room Death data booklet, not this booklet)

Location of Birth: ☐ Inborn ☐ Outborn (If *Outborn*, complete *Date of Admission* below)

Patient's First Name: _____ **Mother's First Name:** _____

Patient's Last Name: _____ **Mother's Last Name:** _____

Previously Discharged Home: ☐ Yes ☐ No (If *Yes*, complete *Date of Admission* and *Reason for Transfer In* below)

For *Outborn* infants, or for *Inborn* infants where *Previously Discharged Home* is *Yes*

Date of Admission: ____/____/____ MM DD YYYY

Reason for Transfer In: ☐ ECMO ☐ Growth/Discharge Planning ☐ Medical/Diagnostic Services ☐ Surgery ☐ Chronic Care ☐ Other ☐ Hypothermic Therapy

Birth Weight: _____ **grams**

Gestational Age, Weeks: _____ **Gestational Age, Days (0-6):** _____

If Location of Birth is Outborn, Transfer Code of Center from which Infant Transferred: _____
(List available at https://public.vtoxford.org/transfer-codes/)

Head Circumference at Birth (in cm to nearest 10th): ☐☐.☐

Maternal Ethnicity/Race (Answer both Ethnicity and Race):

Ethnicity of Mother: ☐ Hispanic ☐ Not Hispanic

Race of Mother: ☐ Black or African American ☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Prenatal Care: ☐ Yes ☐ No

Antenatal Steroids: ☐ Yes ☐ No

Antenatal Magnesium Sulfate: ☐ Yes ☐ No

Chorioamnionitis: ☐ Yes ☐ No

Maternal Hypertension, Chronic or Pregnancy-Induced: ☐ Yes ☐ No

Maternal Diabetes ☐ Yes ☐ No

Mode of Delivery: ☐ Vaginal ☐ Cesarean Section

Sex of Infant: ☐ Male ☐ Female ☐ Unknown

Multiple Gestation: ☐ Yes ☐ No **If *Yes*, Number of Infants Delivered:** ____

Congenital Infection: ☐ Yes ☐ No

Congenital Infection, Organism(s): _____ _____ _____
(If *Congenital Infection* is *Yes*, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)

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General Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

APGAR Scores:	**1 minute** _____	**5 minutes** _____	
Initial Resuscitation:	**Oxygen:**	☐ Yes	☐ No
	Face Mask Vent:	☐ Yes	☐ No
	Laryngeal Mask Airway:	☐ Yes	☐ No
	Endotracheal Tube Vent:	☐ Yes	☐ No
	Epinephrine:	☐ Yes	☐ No
	Cardiac Compression:	☐ Yes	☐ No
	Nasal Vent:	☐ Yes	☐ No
	Nasal CPAP:	☐ Yes	☐ No

Temperature Measured within the First Hour after Admission to Your NICU: ☐ Yes ☐ No ☐ N/A

If *Yes*, Temperature Within the First Hour after Admission to Your NICU: ☐☐.☐
(In degrees *centigrade* to nearest 10^{th})

Died within 12 Hours of Admission to Your NICU: ☐ Yes ☐ No

Bacterial Sepsis and/or Meningitis on or before Day 3: ☐ Yes ☐ No

Bacterial Sepsis and/or Meningitis on or before Day 3, Pathogen(s): _____ _____ _____
(If *Bacterial Sepsis and/or Meningitis* is *Yes*, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2 – Appendix B)

Oxygen on Day 28: ☐ Yes ☐ No

Periventricular-Intraventricular Hemorrhage (PIH):

Cranial Imaging (US/CT/MRI) on or before Day 28: ☐ Yes ☐ No

If *Yes*, Worst Grade of PIH (0-4): _____

If PIH Grade 1-4, Where PIH First Occurred: ☐ Your Hospital ☐ Other Hospital

Respiratory Support (at any time after leaving the delivery room/initial resuscitation area):

Oxygen (after Initial Resuscitation):	☐ Yes	☐ No
Conventional Ventilation (after Initial Resuscitation):	☐ Yes	☐ No
High Frequency Ventilation (after Initial Resuscitation):	☐ Yes	☐ No
Nasal Cannula Flow (after Initial Resuscitation):	☐ Yes	☐ No
If *Yes*, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (after Initial Resuscitation):	☐ Yes	☐ No
Nasal Ventilation (after Initial Resuscitation):	☐ Yes	☐ No
Nasal CPAP (after Initial Resuscitation):	☐ Yes	☐ No

Surfactant during Initial Resuscitation: ☐ Yes ☐ No

Surfactant at Any Time: ☐ Yes ☐ No (*Surfactant at Any Time* must be *Yes* if *Surfactant During Initial Resuscitation* is *Yes*)

If *Yes*, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____

Inhaled Nitric Oxide: ☐ Yes ☐ No

If *Yes*, Inhaled Nitric Oxide, Where Given: ☐ Your Hospital ☐ Other Hospital ☐ Both

General Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Respiratory Support at 36 Weeks (See Manual of Operations, Part 2 for N/A criteria):

Oxygen (at 36 Weeks):	☐ Yes	☐ No	☐ N/A
Conventional Ventilation (at 36 Weeks):	☐ Yes	☐ No	☐ N/A
High Frequency Ventilation (at 36 Weeks):	☐ Yes	☐ No	☐ N/A
Nasal Cannula Flow (at 36 Weeks):	☐ Yes	☐ No	☐ N/A
If *Yes*, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (at 36 Weeks):	☐ Yes	☐ No	
Nasal Ventilation (at 36 Weeks):	☐ Yes	☐ No	☐ N/A
Nasal CPAP (at 36 Weeks):	☐ Yes	☐ No	☐ N/A

Steroids for CLD:	☐ Yes	☐ No	
If *Yes*, Steroids for CLD, Where Given:	☐ Your Hospital	☐ Other Hospital	☐ Both
Indomethacin for Any Reason:	☐ Yes	☐ No	
Ibuprofen for PDA:	☐ Yes	☐ No	
Acetaminophen (Paracetamol) for PDA:	☐ Yes	☐ No	
Probiotics:	☐ Yes	☐ No	
Treatment of ROP with Anti-VEGF Drug:	☐ Yes	☐ No	
Caffeine for Any Reason:	☐ Yes	☐ No	
Intramuscular Vitamin A for Any Reason:	☐ Yes	☐ No	
ROP Surgery:	☐ Yes	☐ No	
If *Yes*, ROP Surgery, Where Done:	☐ Your Hospital	☐ Other Hospital	☐ Both

Surgery or Interventional Catheterization for Closure of PDA: ☐ Yes ☐ No
(*If Yes*, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)

Surgery for NEC, Suspected NEC, or Bowel Perforation: ☐ Yes ☐ No
(*If Yes*, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)

Other Surgery: ☐ Yes ☐ No
(*If Yes*, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)

If *Yes* to *Surgery for Closure of PDA, Surgery for NEC*, or *Other Surgery*, enter up to 10 Surgery Codes, Locations of Surgery, and check Yes or No for Surgical Site Infection following Surgery at Your Hospital:
See Manual of Operations, Part 2 – Appendix D for Surgery Codes.
If *Surgery for NEC* is *Yes*, one or more of the following codes is required: S302, S303, S307, S308, S309, S333. Indicate *Location of Surgery* for each surgery code. If a surgical site infection is present, indicate "Yes" for the one surgical code that resulted in the surgical site infection.

Surgery Code 1: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 2: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 3: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 4: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 5: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 6: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 7: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 8: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 9: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No
Surgery Code 10: _____	☐ Your Hospital	☐ Other Hospital	☐ Both	Surgical Site Infection:	☐ Yes	☐ No

Include description for Surgery Codes S100,S200,S300,S400,S500,S600,S700,S800,S900,S1000, and S1001:

_____

_____

Vermont Oxford Network
Member Instructions for Electronic Data Submission in 2022
Version 23.3
Appendix B, 2022 Data Booklets

General Data Items - *For Infants Born in 2022 at Expanded Centers* VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Respiratory Distress Syndrome:	☐ Yes ☐ No
Pneumothorax:	☐ Yes ☐ No
If *Yes*, Pneumothorax, Where Occurred:	☐ Your Hospital ☐ Other Hospital ☐ Both
Patent Ductus Arteriosus:	☐ Yes ☐ No ☐ N/A
Necrotizing Enterocolitis:	☐ Yes ☐ No
If *Yes*, NEC, Where Occurred:	☐ Your Hospital ☐ Other Hospital ☐ Both
Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation:	☐ Surgically Confirmed ☐ Clinically Diagnosed ☐ No
Sepsis and/or Meningitis, Late (after day 3 of life):	
Bacterial Sepsis and/or Meningitis after Day 3:	☐ Yes ☐ No
If *Yes*, Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred:	☐ Your Hospital ☐ Outside Your Hospital ☐ Both
Bacterial Sepsis and/or Meningitis after Day 3, Pathogen(s): (If *Bacterial Sepsis and/or Meningitis* is *Yes*, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2, Appendix B)	_____ _____ _____
Coagulase Negative Staph Infection after Day 3:	☐ Yes ☐ No
If *Yes*, Coagulase Negative Staphylococcal Infection after Day 3, Where Occurred:	☐ Your Hospital ☐ Outside Your Hospital ☐ Both
Fungal Infection after Day 3:	☐ Yes ☐ No
If *Yes*, Fungal Infection after Day 3, Where Occurred:	☐ Your Hospital ☐ Outside Your Hospital ☐ Both
Cystic Periventricular Leukomalacia:	☐ Yes ☐ No ☐ N/A (See Manual of Operations, Part 2 for N/A criteria)
ROP, Retinal Examination	☐ Yes ☐ No
If *Yes*, Worst Stage of ROP (0-5):	_____
Congenital Anomaly:	☐ Yes ☐ No
If *Yes*, enter up to 5 Congenital Anomaly Codes: See Manual of Operations, Part 2 – Appendix C for Congenital Anomaly Codes.	_____ _____ _____ _____ _____
If *Yes*, as needed, include description(s) for Codes 100, 504, 601, 605, 901, 902, 903, 904, & 907:	_____ _____
ECMO at your Hospital:	☐ Yes ☐ No
Was Hypothermic Therapy Performed at Your Hospital:	☐ Yes ☐ No
If *Yes*, Level of Consciousness Before Hypothermic Therapy:	☐ Mild ☐ Moderate ☐ Severe
If *Yes*, Hypothermic Therapy Cooling Method:	☐ Selective Head ☐ Whole Body ☐ Both
Hypoxic-Ischemic Encephalopathy:	☐ Yes ☐ No

General Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Meconium Aspiration Syndrome: ☐ Yes ☐ No

If *Yes*, Tracheal Suction for Meconium Attempted during Initial Resuscitation: ☐ Yes ☐ No

Seizures: ☐ Yes ☐ No

Neonatal Abstinence Syndrome: ☐ Yes ☐ No ☐ N/A (N/A when *Gestational Age, Weeks* is less than or equal to 33)

If *Yes*, Pharmacological Treatment for Neonatal Abstinence Syndrome: ☐ Yes ☐ No

If *Yes*, Pharmacological Treatment for Neonatal Abstinence Syndrome, Where Given:
☐ Your Hospital ☐ Other Hospital ☐ Both

Is this infant still hospitalized at your center? ☐ Yes ☐ No

Enteral Feeding at Discharge: ☐ None ☐ Human Milk Only ☐ Formula Only ☐ Human milk in combination with either fortifier or formula

Oxygen, Respiratory Support, and Monitor at Discharge:

Oxygen (at Discharge): ☐ Yes ☐ No
Conventional Ventilation (at Discharge): ☐ Yes ☐ No
High Frequency Ventilation (at Discharge): ☐ Yes ☐ No
Nasal Cannula Flow (at Discharge): ☐ Yes ☐ No
If *Yes*, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (at Discharge): ☐ Yes ☐ No
Nasal Ventilation (at Discharge): ☐ Yes ☐ No
Nasal CPAP (at Discharge): ☐ Yes ☐ No
Monitor (at Discharge): ☐ Yes ☐ No

Duration of Assisted Ventilation: ☐ None ☐ <4 hours ☐ 4-24 hours ☐ > 24 hours

If > 24 hours, Total Days of Assisted Ventilation: _____

Initial Disposition (check only one): (When *Transferred* is chosen, also complete Transfer/Readmission data below & on page 7)
☐ **Home** ☐ **Died** ☐ **Transferred to another Hospital** ☐ **Still Hospitalized as of First Birthday**

Date of Initial Disposition: ____/____/____ (Not required when Initial Disposition is *Still Hospitalized as of First Birthday*)
MM DD YYYY

Weight at Initial Disposition: _____ grams

Head Circumference at Initial Disposition (in cm to nearest 10th): ☐☐.☐ **(For infants which have not transferred, infant record is now complete)**

If an infant is transferred to another hospital, complete Data Items *Reason for Transfer, Transfer Code of Center to which Infant Transferred, Post Transfer Disposition, and the Data Items that follow your Post Transfer Disposition choice*). *Post Transfer Disposition* refers to the infant's disposition upon leaving the "transferred to" hospital.

If Transferred, Reason for Transfer Out: ☐ ECMO ☐ Growth/Discharge Planning ☐ Medical/Diagnostic Services ☐ Surgery ☐ Chronic Care ☐ Other ☐ Hypothermic Therapy

Transfer Code of Center to which Infant Transferred: _____
(List available at https://public.vtoxford.org/transfer-codes/)

General Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ Patient ID Number: ☐☐☐☐☐ MRN: _____

Is This Infant Still Hospitalized at Another Center? ☐ Yes ☐ No

Choose one of the five Post Transfer Disposition options below and complete the Data Item(s) that follow your choice:

Post Transfer Disposition:

1. ☐ Home
   Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
2. ☐ Died
   Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
3. ☐ Transferred Again to Another Hospital (2nd Transfer)
   Ultimate Disposition:
   - ☐ Home
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
   - ☐ Died
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
   - ☐ Still Hospitalized as of First Birthday (infant record is now complete)
4. ☐ Readmitted to Any Location in Your Hospital
   When infants are readmitted to your center, continue to update Data Items *Bacterial Sepsis and/or Meningitis on or before Day 3* through *Monitor at Discharge* based on all events at both hospitals until the date of Disposition after Readmission.
   Also continue to update Data Items *ECMO at your Hospital*, *Hypothermic Therapy at Your Hospital*, *Cooling Method*, *Hypoxic-Ischemic Encephalopathy*, *HIE Severity*, and *Seizures* based on events that occur following transfer and readmission.
   Disposition after Readmission:
   - ☐ Home
     Weight at Disposition after Readmission: ____ grams
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
   - ☐ Died
     Weight at Disposition after Readmission: ____ grams
     Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
   - ☐ Still Hospitalized as of First Birthday
     Weight at Disposition after Readmission: ____ grams (infant record is now complete)
   - ☐ Transferred Again to Another Hospital
     Weight at Disposition after Readmission: ____ grams
     Ultimate Disposition:
     - ☐ Still Hospitalized as of First Birthday (infant record is now complete)
     - ☐ Home
       Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
     - ☐ Died
       Date of Final Discharge: ____/_____/____ (MM DD YYYY) (infant record is now complete)
5. ☐ Still Hospitalized as of First Birthday (infant record is now complete)

DRD Data Items - *For Infants Born in 2022 at VLBW Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

VERMONT OXFORD NETWORK
eNICQ DELIVERY ROOM DEATH BOOKLET FOR INFANTS BORN IN 2022

Use the Delivery Room Death Booklet for eligible inborn infants who die in the delivery room or at any other location in your hospital within 12 hours of birth and prior to admission to the NICU.

This booklet contains protected health care information and must NOT be submitted to Vermont Oxford Network (VON). VON only accepts protected health care information in cases where members have both voluntarily elected to send this information to VON and have signed an appropriate Business Associate Agreement with VON.

This booklet is designed for you to use to collect data that will later be entered by your center into eNICQ, the VON data submission tool.

Contents:

DELIVERY ROOM DEATH
PATIENT IDENTIFICATION WORKSHEET

Patient's Name: _____

Mother's Name: _____

Patient's Medical Record Number: _____

Date of Birth: ____/____/____
MM DD YYYY

PLEASE DO NOT SUBMIT THIS WORKSHEET
Protected Health Care Information

DRD Data Items - *For Infants Born in 2022 at VLBW Centers*

VON Vermont Oxford NETWORK

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Patient ID number: _____ (this is the VON Network ID – it is auto-generated by eNICQ)

Medical Record Number: _____

Date of Birth: _____/_____/_____
MM DD YYYY

Died in Delivery Room: ☐ Yes ☐ No (If *No*, complete General Data Items booklet, not this booklet)

Patient's First Name: _____

Patient's Last Name: _____

Mother's First Name: _____

Mother's Last Name: _____

Birth Weight: _____ **grams**

Gestational Age, Weeks: _____ **Gestational Age, Days (0-6):** _____

Head Circumference at Birth (in cm to nearest 10th): ☐☐.☐

Maternal Ethnicity/Race (Answer both Ethnicity and Race):

Ethnicity of Mother: ☐ Hispanic ☐ Not Hispanic

Race of Mother: ☐ Black or African American ☐ White ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Prenatal Care: ☐ Yes ☐ No

Antenatal Steroids: ☐ Yes ☐ No

Antenatal Magnesium Sulfate: ☐ Yes ☐ No

Chorioamnionitis: ☐ Yes ☐ No

Maternal Hypertension, Chronic or Pregnancy-Induced: ☐ Yes ☐ No

Maternal Diabetes ☐ Yes ☐ No

Mode of Delivery: ☐ Vaginal ☐ Cesarean Section

Sex of Infant: ☐ Male ☐ Female ☐ Unknown

Multiple Gestation: ☐ Yes ☐ No **If *Yes*, Number of Infants Delivered:** ____

Congenital Infection: ☐ Yes ☐ No

Congenital Infection, Organism(s): _____ _____ _____
(If *Congenital Infection* is *Yes*, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)

APGAR Scores: **1 minute** _____ **5 minutes** _____

DRD Data Items - *For Infants Born in 2022 at VLBW Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Initial Resuscitation:	**Oxygen:**	☐ Yes	☐ No
	Face Mask Vent:	☐ Yes	☐ No
	Laryngeal Mask Airway:	☐ Yes	☐ No
	Endotracheal Tube Vent:	☐ Yes	☐ No
	Epinephrine:	☐ Yes	☐ No
	Cardiac Compression:	☐ Yes	☐ No
	Nasal Vent:	☐ Yes	☐ No
	Nasal CPAP:	☐ Yes	☐ No

Surfactant during Initial Resuscitation: ☐ Yes ☐ No

Surfactant at Any Time: ☐ Yes ☐ No (*Surfactant at Any Time* must be *Yes* if *Surfactant During Initial Resuscitation* is *Yes*)

If *Yes*, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____

Congenital Anomaly: ☐ Yes ☐ No **(For infants where Congenital Anomaly is *No*, infant record is now complete)**

If *Yes*, enter up to 5 Congenital Anomaly Codes: _____ _____ _____ _____ _____
See Manual of Operations, Part 2 – Appendix C for Congenital Anomaly Codes.

If *Yes*, as needed, include description(s) for Codes 100, 504, 601, 605, 901, 902, 903, 904, & 907:

_____

_____

(infant record is now complete)

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DRD Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

VERMONT OXFORD NETWORK
eNICQ DELIVERY ROOM DEATH BOOKLET FOR INFANTS BORN IN 2022

Use the Delivery Room Death Booklet for eligible inborn infants who die in the delivery room or at any other location in your hospital within 12 hours of birth and prior to admission to the NICU.

This booklet contains protected health care information and must NOT be submitted to Vermont Oxford Network (VON). VON only accepts protected health care information in cases where members have both voluntarily elected to send this information to VON and have signed an appropriate Business Associate Agreement with VON.

This booklet is designed for you to use to collect data that will be later entered by your center into eNICQ, the VON data submission tool.

Contents:

DELIVERY ROOM DEATH
PATIENT IDENTIFICATION WORKSHEET

Patient's Name: _____

Mother's Name: _____

Patient's Medical Record Number: _____

Date of Birth: ____/____/____
MM DD YYYY

PLEASE DO NOT SUBMIT THIS WORKSHEET
Protected Health Care Information

DRD Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Patient ID number: _____ (this is the VON Network ID – it is auto-generated by eNICQ)

Medical Record Number: _____

Date of Birth: _____/_____/_____
MM DD YYYY

Died in Delivery Room: ☐ Yes ☐ No (If *No*, complete General Data Items booklet, not this booklet)

Patient's First Name: _____

Patient's Last Name: _____

Mother's First Name: _____

Mother's Last Name: _____

Birth Weight: _____ **grams**

Gestational Age, Weeks: _____ **Gestational Age, Days (0-6):** _____

Head Circumference at Birth (in cm to nearest 10th): ☐☐.☐

Maternal Ethnicity/Race (Answer both Ethnicity and Race):

Ethnicity of Mother: ☐ Hispanic ☐ Not Hispanic

Race of Mother: ☐ Black or African American ☐ White ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Prenatal Care: ☐ Yes ☐ No

Antenatal Steroids: ☐ Yes ☐ No

Antenatal Magnesium Sulfate: ☐ Yes ☐ No

Chorioamnionitis: ☐ Yes ☐ No

Maternal Hypertension, Chronic or Pregnancy-Induced: ☐ Yes ☐ No

Maternal Diabetes ☐ Yes ☐ No

Mode of Delivery: ☐ Vaginal ☐ Cesarean Section

Sex of Infant: ☐ Male ☐ Female ☐ Unknown

Multiple Gestation: ☐ Yes ☐ No **If *Yes*, Number of Infants Delivered:** ____

Congenital Infection: ☐ Yes ☐ No

Congenital Infection, Organism(s): _____ _____ _____
(If *Congenital Infection* is *Yes*, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)

APGAR Scores: **1 minute** _____ **5 minutes** _____

DRD Data Items - *For Infants Born in 2022 at Expanded Centers*

Center Number: _____ **Patient ID Number:** ☐☐☐☐☐ **MRN:** _____

Initial Resuscitation:	**Oxygen:**	☐ Yes	☐ No
	Face Mask Vent:	☐ Yes	☐ No
	Laryngeal Mask Airway:	☐ Yes	☐ No
	Endotracheal Tube Vent:	☐ Yes	☐ No
	Epinephrine:	☐ Yes	☐ No
	Cardiac Compression:	☐ Yes	☐ No
	Nasal Vent:	☐ Yes	☐ No
	Nasal CPAP:	☐ Yes	☐ No

Surfactant during Initial Resuscitation: ☐ Yes ☐ No

Surfactant at Any Time: ☐ Yes ☐ No (*Surfactant at Any Time* must be *Yes* if *Surfactant During Initial Resuscitation* is *Yes*)

If *Yes*, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____

Congenital Anomaly: ☐ Yes ☐ No

If *Yes*, enter up to 5 Congenital Anomaly Codes: _____ _____ _____ _____ _____
See Manual of Operations, Part 2 – Appendix C for Congenital Anomaly Codes.

If *Yes*, as needed, include description(s) for Codes 100, 504, 601, 605, 901, 902, 903, 904, & 907:

_____

_____

Meconium Aspiration Syndrome: ☐ Yes ☐ No **(for infants where Meconium Aspiration Syndrome is *No*, infant record is now complete)**

If Yes, Tracheal Suction for Meconium Attempted during Initial Resuscitation: ☐ Yes ☐ No
(infant record is now complete)