DRD Data Items	- For Infants	Born in 2021	at Expanded	Centers
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Center Number:	Patient ID Number:		MRN:
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VERMONT OXFORD NETWORK eNICQ DELIVERY ROOM DEATH BOOKLET FOR INFANTS BORN IN 2021

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 <u>both</u> voluntarily elected to send this information to VON <u>and</u> 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.

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Page 1: Patient Identification Worksheet

Page 2-3: Delivery Room Death Data Items For Infants Born in 2021 at Expanded Centers

DELIVERY ROOM DEATH PATIENT IDENTIFICATION WORKSHEET

Patient's Name:
Mother's Name:
Patient's Medical Record Number:
Date of Birth://_

PLEASE DO NOT SUBMIT THIS WORKSHEET

Protected Health Care Information

DRD Data Items - For Infants Born in 2021 at Expanded Centers



Center Number: Pa	tient ID Num	nber: MRN:
Patient ID number:	(this	s is the VON Network ID – it is auto-generated by eNICQ)
Medical Record Number:		
Date of Birth://	<u>-</u>	
Died in Delivery Room: Yes	☐ No (If No, c	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: gra		
Gestational Age, Weeks:	Gest	tational Age, Days (0-6):
Head Circumference at Birth (in	cm to nearest 1	I O th):
Maternal Ethnicity/Race (Answe	r both Ethnicity	y and Race):
Ethnicity of Mother: Hispanic	☐ Not Hispa	anic
Race of Mother: Black or A	African America	an 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((If Congenital Infection is Yes, enter up to		ction descriptions from Manual of Operations, Part 2 – Appendix E)
APGAR Scores: 1 mir	nute	5 minutes

DRD Data Items - For Infants Born in 2021 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	า is Ye
If Yes, Age at First D	ose of Surfactant: Hours	Min	utes (0-59)	
Congenital Anomaly:	☐ Yes ☐	No		
	Part 2 – Appendix C for Congenital And	maly Codes.		_
Meconium Aspiration Sy	yndrome: Yes	s ☐ No (for i	infants where Meconium Aspiration Synd is No, infant record is now complete	
If Yes, Tracheal Sucti	ion for Meconium Attempted o	during Initial R	•	