

Vermont Oxford Network – EDS Documentation

2026 Member Instructions for Electronic Data Submission

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2026 Member Instructions for Electronic Data Submission

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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.

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 2026, regardless of the birth year of records included in the files. Data files submitted on or after January 1, 2026, must be submitted in accordance with these instructions.

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 2026, Release 28.0, has been published and provides 2026 data booklets, definitions of Data Items, and guidelines for submitting data for infants born in 2026. 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 14).

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.

Network Databases and Electronic Data Submission Options

Centers who join the Network need to select whether to 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 <https://vtoxford.zendesk.com/hc/en-us/articles/360009343093-Manual-of-Operations-Part-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.

VLBW Data participants do not submit the Supplemental Data Items (Appendix A, Supplemental Data Items section) for any infant record.

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 submit the Supplemental Data Items ([Appendix A, Supplemental Data Items section](#)) for all eligible infants, including VLBW infants.

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](#)).

File Formatting Requirements

The following file formats are currently supported. Additional export formats may be supported with prior approval.

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 16. 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").

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.

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:

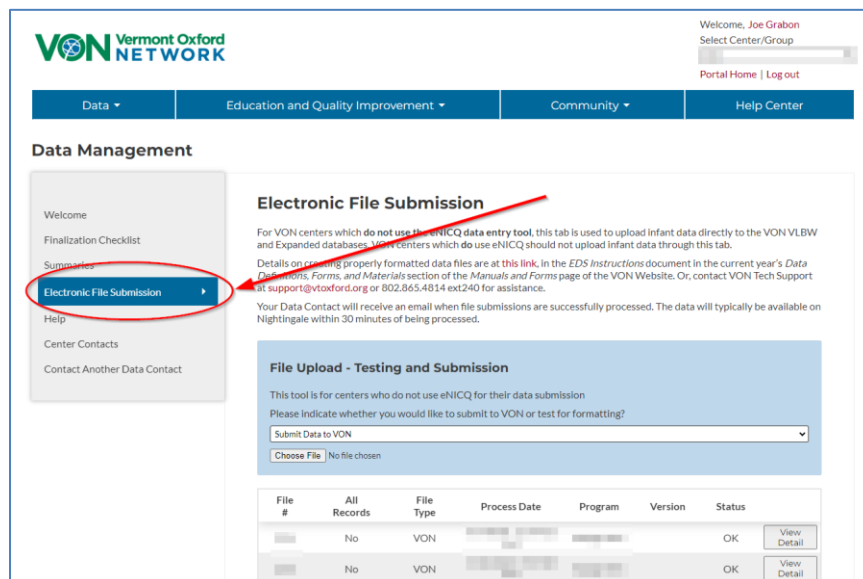


Figure 1: Electronic File Submission page

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.

Export Types

Members must have the ability 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.

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 has been received.

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.

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 increased by increments of 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 2026, records of infants born in 2022 and prior years are archived and may not be submitted.

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.

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).

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.

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 2026 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: 2026 Field Name | Depends on: 2026 Field Name |
|---|-------------------------------------|
| DAYADMISS | LOCATE or DISCHOME |
| 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 |
| LBPATW | LBPATW |
| LBPATWCD1-LBPATWCD3 | LBPATW |
| CNEGWO | CNEGSTAPH |
| FUNGALWO | FUNGAL |
| ISTAGE | EYEX |
| BDCD1-BDCD5 | CMAL |
| BDEFECT | CMAL |
| NCFFINAL_GT_2L | NCFFINAL |
| XFER_CTR | FDISP |
| F2DISP | FDISP |
| F3DISP | FDISP; F2DISP |
| F3WGT | FDISP; F2DISP |
| UDISP | FDISP; F2DISP; F3DISP |
| Supplemental Data Items (Expanded Data Centers Only) | Depends on: 2026 Field Name |
| VENTDAYS | DURVENT |
| COOLMETH | COOLED |
| COOLLEVEL | COOLED |
| HYPUIEP | GAWEEKS |
| TRCSUCMA | MECASP |
| NASTREAT | NAS |
| NASTREATWG | NASTREAT |

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

| 2026 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 |
| INDOMETH | 7 |
| IBUPROFEN | 7 |
| ACETAMIN | 7 |

| 2026 Field Name | N/A code |
|-------------------|----------|
| PROBIOTICS | 7 |
| ROPANTIVEGF | 7 |
| CAFFEINE | 7 |
| VITAMINA | 7 |
| ROPSURG | 7 |
| ROPSURGWD | 7 |
| PDASURG | 7 |
| NECSURG | 7 |
| OSURG | 7 |
| SRGCD1 | "77" |
| SRGLOC1 | 7 |
| SRGSS11 | 7 |
| SRGCD2 | "77" |
| SRGLOC2 | 7 |
| SRGSS12 | 7 |
| SRGCD3 | "77" |
| SRGLOC3 | 7 |
| SRGSS13 | 7 |
| SRGCD4 | "77" |
| SRGLOC4 | 7 |
| SRGSS14 | 7 |
| SRGCD5 | "77" |
| SRGLOC5 | 7 |
| SRGSS15 | 7 |
| SRGCD6 | "77" |
| SRGLOC6 | 7 |
| SRGSS16 | 7 |
| SRGCD7 | "77" |
| SRGLOC7 | 7 |
| SRGSS17 | 7 |
| SRGCD8 | "77" |
| SRGLOC8 | 7 |
| SRGSS18 | 7 |
| SRGCD9 | "77" |
| SRGLOC9 | 7 |
| SRGSS19 | 7 |
| SRGCD10 | "77" |
| SRGLOC10 | 7 |
| SRGSS110 | 7 |
| OSRGDESC | "77" |
| RDS | 7 |
| PNTX | 7 |
| PNTXWO | 7 |
| PDA | 7 |
| NEC | 7 |
| NECWO | 7 |
| SIP7LBPAT7LBPATWO | 7 |
| LBPATCD1 | 7777 |
| LBPATCD2 | 7777 |
| LBPATCD3 | 7777 |

| 2026 Field Name | N/A code |
|---------------------|----------|
| CNEGSTAPH | 7 |
| CNEGWO | 7 |
| FUNGAL | 7 |
| FUNGALWO | 7 |
| PVL | 7 |
| EYEX | 7 |
| ISTAGE | 7 |
| ENTFEED | 7 |
| OXFINAL | 7 |
| VENTFINAL | 7 |
| HFVFINAL | 7 |
| NCCFINAL | 7 |
| NCCFINAL_GT_2L | 7 |
| NIMVFINAL7CPAPFINAL | 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 |
| HYP0IEP | 7 |
| SEIZURE | 7 |
| NAS7NASTREAT | 7 |
| NASTREATWG | 7 |

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/>.

Data Completeness and Accuracy

Records must be submitted for 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.

Annual Changes to the Database

The Network Database is reviewed annually by the Database Advisory Committee. Please see Revisions for 2026 on page 1 for a description of all changes for the 2026 birth year.

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.

Vermont Oxford Network Support

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.

Assistance with Membership

For questions about membership or changes to database participation, please contact your Account Manager, (802) 865-4814. You can find your Account Manager's direct extension in our member Portal on the [Center Contacts](#) page.

Note: Please *do not* send electronic data submissions to your Network Account Manager. Submit files as specified under [Submission Methods](#) on page 7.

Appendix A, 2026 Data Fields Table

Introduction

This Appendix specifies the data fields to be submitted for VLBW and Expanded data submission in 2026 and summarizes changes to submissions in 2026 as compared to 2025.

Data Fields Table

The Data Fields Table below includes the 2026 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, 2026, even if all infants reported in the file were born prior to 2026. Files submitted in 2026 may include data for infants born between 2022 and 2025 if your center was certified to submit electronic data in these years.
2. Electronically Submitted Records. At the minimum, infant records submitted in 2026 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 2026: Please see [page 3](#) 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.

| 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 2023 and 2026 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 |
| 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: 2023 to 2026 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|--------------|--|------------|--|
| BWGT | Birth Weight (grams) | Long | <p>Range: <u>VLBW data submission:</u> ≤ 1500 grams or may be > 1500 grams if [GAWEEKS] ≤ 29</p> <p><u>Expanded data submission:</u> Same as VLBW Database but also includes infants > 1500 grams who are otherwise eligible. See eligibility criteria in Manual of Operations.</p> <p>Codes: 99999=Unknown</p> |
| GAWEEKS | Gestational Age, Weeks | Integer | Range: 10 to 46, 99; Codes: 99=Unknown |
| 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 | Integer | Range: 77 if [DELDIE] =1; 1 if [LOCATE]=0 and [DISCHOME] in (0,7); 1 to 28 if [LOCATE]=1 or [DISCHOME]=1; Codes: 77=N/A |
| TRANSCODE_IN | Reason for Transfer In | Byte | Range: 77 if [LOCATE]=0; 0 to 6, 99 if [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/transfers-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 10 th of a cm) | Single | Range: 10.0 to 70.0, 999.9; Codes: 999.9=Unknown |
| HISP | Ethnicity of Mother | Byte | Range: 0, 1, 9; Codes: 0=Not Hispanic, 1=Hispanic, 9=Unknown |

| Field Name | Description | Field Type | Field Codes and Ranges |
|--------------|---|------------|--|
| 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 |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|--|------------|--|
| DRLMA | Supraglottic Airway Device during Initial Resuscitation | Byte | Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown |
| 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, 7, 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 |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|---|------------|--|
| 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 |
| 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 |
| NCF | Nasal Cannula Flow 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 |
| NCF_GT_2L | Flow Rate of Nasal Cannula Greater than Two Liters per Minute after Initial Resuscitation | Byte | Range: 7 if [NCF] in (0,7); 9 if [NCF]=9; 0, 1, 9 if [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 |
| DRSURF | Surfactant during Initial Resuscitation | Byte | Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown |

| Field Name | Description | Field Type | Field Codes and Ranges |
|-------------|---|------------|---|
| 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 |
| 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 |
| NCF36 | Nasal Cannula Flow 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 |
| NCF36_GT_2L | Flow Rate of Nasal Cannula Greater than Two Liters per Minute at 36 Weeks | Byte | Range: 7 if [NCF36] in (0,7); 9 if [NCF36]=9; 0, 1, 9 if [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 |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|-------------|--|------------|--|
| 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 |
| 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, 7, 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 |

| 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] in (2,7); 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] in (2,7); 9 if [SRGLOC2]=9; 0,1, 9 if [SRGLOC1] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|--|------------|--|
| SRGSSI3 | Surgical Site Infection at Your Hospital for Third Surgery Code Procedure | Byte | Range: 7 if [SRGLOC3] in (2,7); 9 if [SRGLOC3]=9; 0,1, 9 if [SRGLOC1] 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 |
| 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] in (2,7); 9 if [SRGLOC4]=9; 0,1, 9 if [SRGLOC1] 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] in (2,7); 9 if [SRGLOC5]=9; 0,1, 9 if [SRGLOC1] 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] in (2,7); 9 if [SRGLOC6]=9; 0,1, 9 if [SRGLOC1] 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 |
| 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] in (2,7); 9 if [SRGLOC7]=9; 0,1, 9 if [SRGLOC1] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|--|------------|---|
| 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] in (2,7); 9 if [SRGLOC8]=9; 0,1, 9 if [SRGLOC1] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown |
| 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] in (2,7); 9 if [SRGLOC9]=9; 0,1, 9 if [SRGLOC1] in (1,3); Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|---|------------|--|
| 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 |
| 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] in (2,7); 9 if [SRGLOC10]=9; 0,1, 9 if [SRGLOC1] 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 |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|---|------------|---|
| NEC | Necrotizing Enterocolitis | Byte | Range: 7 if [DELDIE]=1; 0, 1, 7, 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 |
| SIP | Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation | Byte | Range: 7 if [DELDIE]=1; 0, 1, 2, 9 if [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 |
| 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 ([USOUND1]=0 and infant not hospitalized after day 28); 0, 1, 9 if [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 |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|----------------|--|------------|--|
| 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 |
| 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 |
| NCFFINAL | Nasal Cannula Flow at Discharge | Byte | Range: 7 if [DELDIE]=1; 0, 1, 9 if [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 [NCFFINAL] in (0,7); 9 if [NCFFINAL]=9; 0, 1, 9 if [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 |
| DWGT | Weight at Initial Disposition | Long | Range: 77777 if [DELDIE]=1; 201 to 66665, 99999 if [DELDIE]=0; Codes: 77777=N/A; 99999=Unknown |

| Field Name | Description | Field Type | Field Codes and Ranges |
|--|--|------------|---|
| DHEADCIR | Head Circumference at Initial Disposition (in cm to nearest 10 th 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_OUT | Reason for Transfer Out | Byte | Range: 77 if [FDISP] in (1, 3, 5, 7); 99 if [FDISP]=9; 0 to 6, 99 if [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 |
| 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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|--|------------|--|
| 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 |
| | Supplemental Data Items | | All Data Items required for Expanded Data centers |
| DISCHOME | Previously Discharged Home | Byte | Range: 7 if [DELDIE]=1; 0, 1 if [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 [COOLED] in (0,7); 9 if [COOLED]=9; 1, 2, 3, 9 if [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 |

| Field Name | Description | Field Type | Field Codes and Ranges |
|------------|---|------------|---|
| 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 |
| 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 [DELDIE]=1 or $1 \leq [GAWEEKS] \leq 33$; 0, 1, 9 if [DELDIE]=0 and $[GAWEEKS] \geq 34$; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown |
| NASTREAT | Pharmacological Treatment for Neonatal Abstinence Syndrome | Byte | Range: 7 if [NAS] in (0,7); 9 if [NAS]=9; 0, 1, 9 if [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 [NASTREAT] in (0,7); 9 if [NASTREAT]=9; 1, 2, 3, 9 if [NASTREAT]=1; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown |

Appendix B, 2026 Data Booklets

2026 Patient Data Booklet for VLBW Centers

General Data Items - For Infants Born in **2026** at VLBW Centers



Center Number: _____ Patient ID Number: MRN: _____

VERMONT OXFORD NETWORK eNICQ PATIENT DATA BOOKLET FOR INFANTS BORN IN 2026

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:

Page 1: Patient Identification Worksheet
Page 2-7: General Data Items for Infants Born in 2026 at VLBW Centers

PATIENT IDENTIFICATION WORKSHEET

Patient's Name: _____

Mother's Name: _____

Date of Birth: / /

Date of Admission: / /

Date of Day 28: / /

Date of Week 36: / /

- 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

} For Date of Day 28 use the Day 28 Calculation Charts:
https://vtoxford.zendesk.com/hc/article_attachments/46001422006931
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

General Data Items - For Infants Born in 2026 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: ____/____/____ <small>MM DD YYYY</small> |
| Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete Delivery Room Death data booklet, not this booklet) | |
| Location of Birth: <input type="checkbox"/> Inborn <input type="checkbox"/> 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: ____/____/____ <small>MM DD YYYY</small> | |
| Reason for Transfer In: <input type="checkbox"/> ECMO <input type="checkbox"/> Growth/Discharge Planning <input type="checkbox"/> Medical/Diagnostic Services <input type="checkbox"/> Surgery <input type="checkbox"/> Chronic Care <input type="checkbox"/> Other <input type="checkbox"/> 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: _____ <small>(List available at https://public.vtoxford.org/transfer-codes/)</small> | |
| Head Circumference at Birth (in cm to nearest 10 th): <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | |
| Maternal Ethnicity/Race (Answer both Ethnicity and Race): | |
| Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | |
| Race of Mother: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | |
| Prenatal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Antenatal Steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Antenatal Magnesium Sulfate: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Chorioamnionitis: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Maternal Hypertension, Chronic or Pregnancy-Induced: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Maternal Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mode of Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section | |
| Sex of Infant: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | |
| Multiple Gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Infants Delivered: ____ | |
| Congenital Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Congenital Infection, Organism(s): _____ <small>(If Congenital Infection is Yes, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)</small> | |

General Data Items - For Infants Born in 2026 at VLBW Centers



Center Number: _____ Patient ID Number: MRN: _____

| | | |
|--|------------------------------------|--|
| APGAR Scores: | 1 minute _____ | 5 minutes _____ |
| Initial Resuscitation: | Oxygen: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Face Mask Vent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Supraglottic Airway Device: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Endotracheal Tube Vent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Epinephrine: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Cardiac Compression: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Nasal Vent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Nasal CPAP: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Temperature Measured within the First Hour after Admission to <u>Your</u> NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| If Yes, Temperature Within the First Hour after Admission to Your NICU: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <small>(In degrees centigrade to nearest 10th)</small> | | |
| Died within 12 Hours of Admission to Your NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bacterial Sepsis and/or Meningitis on or before Day 3: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bacterial Sepsis and/or Meningitis on or before Day 3, Pathogen(s): _____ <small>(If Bacterial Sepsis and/or Meningitis is Yes, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2 – Appendix B)</small> | | |
| Oxygen on Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Periventricular-Intraventricular Hemorrhage (PIH): | | |
| Cranial Imaging (US/CT/MRI) on or before Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Worst Grade of PIH (0-4): _____ | | |
| If PIH Grade 1-4, Where PIH First Occurred: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital | | |
| Respiratory Support (at any time after leaving the delivery room/initial resuscitation area): | | |
| Oxygen (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Conventional Ventilation (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| High Frequency Ventilation (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Nasal Cannula Flow (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Nasal Ventilation (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Nasal CPAP (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Surfactant during Initial Resuscitation: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Surfactant at Any Time: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Surfactant at Any Time must be Yes if Surfactant During Initial Resuscitation is Yes)</small> | | |
| If Yes, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____ | | |
| Inhaled Nitric Oxide: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Inhaled Nitric Oxide, Where Given: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both | | |

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3

General Data Items - For Infants Born in 2026 at VLBW 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: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 2: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 3: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 4: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 5: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 6: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 7: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 8: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 9: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 10: _____ | <input type="checkbox"/> Your Hospital | <input type="checkbox"/> Other Hospital | <input type="checkbox"/> Both | Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> 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 2026 at VLBW Centers



Center Number: _____ Patient ID Number: MRN: _____

| | |
|--|---|
| Respiratory Distress Syndrome: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pneumothorax: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Pneumothorax, Where Occurred: | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both |
| Patent Ductus Arteriosus: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Necrotizing Enterocolitis: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, NEC, Where Occurred: | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both |
| Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation: | |
| <input type="checkbox"/> Surgically Confirmed <input type="checkbox"/> Clinically Diagnosed <input type="checkbox"/> No | |
| Sepsis and/or Meningitis, Late (after day 3 of life): | |
| Bacterial Sepsis and/or Meningitis after Day 3: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred: | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Outside Your Hospital <input type="checkbox"/> Both |
| Bacterial Sepsis and/or Meningitis after Day 3, Pathogen(s): _____ | |
| <small>(If Bacterial Sepsis and/or Meningitis is Yes, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2, Appendix B)</small> | |
| Coagulase Negative Staph Infection after Day 3: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Coagulase Negative Staphylococcal Infection after Day 3, Where Occurred: | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Outside Your Hospital <input type="checkbox"/> Both |
| Fungal Infection after Day 3: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Fungal Infection after Day 3, Where Occurred: | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Outside Your Hospital <input type="checkbox"/> Both |
| Cystic Periventricular Leukomalacia: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (See Manual of Operations, Part 2 for N/A criteria) |
| ROP, Retinal Examination | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Worst Stage of ROP (0-5): | _____ |
| Congenital Anomaly: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, enter up to 5 Congenital Anomaly Codes: _____ | |
| <small>See Manual of Operations, Part 2 – Appendix C for Congenital Anomaly Codes.</small> | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

General Data Items - For Infants Born in 2026 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 2026 at VLBW Centers



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: / / (infant record is now complete)
MM DD YYYY

2. Died

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

3. Transferred Again to Another Hospital (2nd Transfer)

Ultimate Disposition:

Home

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

Died

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

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: / / (infant record is now complete)
MM DD YYYY

Died

Weight at Disposition after Readmission: grams

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

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: / / (infant record is now complete)
MM DD YYYY

Died

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

5. Still Hospitalized as of First Birthday (infant record is now complete)

2026 Patient Data Booklet for Expanded Centers

General Data Items - *For Infants Born in 2026 at Expanded Centers* 

Center Number: _____ Patient ID Number: MRN: _____

VERMONT OXFORD NETWORK eNICQ PATIENT DATA BOOKLET FOR INFANTS BORN IN 2026

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:

Page 1: Patient Identification Worksheet
Page 2-7: General Data Items For Infants Born in 2026 at Expanded Centers

PATIENT IDENTIFICATION WORKSHEET

Patient's Name: _____

Mother's Name: _____

Date of Birth: / /

Date of Admission: / /


Date of Day 28: / /

Date of Week 36: / /

- 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

} For Date of Day 28 use the [Day 28 Calculation Charts](https://vtoxford.zendesk.com/hc/article_attachments/46001422008931):
For Date of Week 36 use the [Week 36 Calculator](https://public.vtoxford.org/week-36-calculator/):
<https://public.vtoxford.org/week-36-calculator/>

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General Data Items - For Infants Born in 2026 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: <u> </u> / <u> </u> / <u> </u> <small>MM DD YYYY</small> |
| Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete Delivery Room Death data booklet, not this booklet) | |
| Location of Birth: <input type="checkbox"/> Inborn <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <u> </u> / <u> </u> / <u> </u> <small>MM DD YYYY</small> |
| Reason for Transfer In: <input type="checkbox"/> ECMO <input type="checkbox"/> Growth/Discharge Planning <input type="checkbox"/> Medical/Diagnostic Services <input type="checkbox"/> Surgery <input type="checkbox"/> Chronic Care <input type="checkbox"/> Other <input type="checkbox"/> 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: _____ <small>(List available at https://public.vtoxford.org/transfer-codes/)</small> | |
| Head Circumference at Birth (in cm to nearest 10 th): <input type="text"/> <input type="text"/> <input type="text"/> . | |
| Maternal Ethnicity/Race (Answer both Ethnicity and Race): | |
| Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | |
| Race of Mother: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | |
| Prenatal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Antenatal Steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Antenatal Magnesium Sulfate: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Chorioamnionitis: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Maternal Hypertension, Chronic or Pregnancy-Induced: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Maternal Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mode of Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section | |
| Sex of Infant: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | |
| Multiple Gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Infants Delivered: _____ | |
| Congenital Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Congenital Infection, Organism(s): _____ <small>(If Congenital Infection is Yes, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)</small> | |

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General Data Items - For Infants Born in 2026 at Expanded Centers 


Center Number: _____ Patient ID Number: MRN: _____

| | | |
|--|------------------------------------|--|
| APGAR Scores: | 1 minute _____ | 5 minutes _____ |
| Initial Resuscitation: | Oxygen: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Face Mask Vent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Supraglottic Airway Device: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Endotracheal Tube Vent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Epinephrine: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Cardiac Compression: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Nasal Vent: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Nasal CPAP: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Temperature Measured within the First Hour after Admission to <u>Your</u> NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| If Yes, Temperature Within the First Hour after Admission to Your NICU: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <small>(In degrees centigrade to nearest 10th)</small> | | |
| Died within 12 Hours of Admission to Your NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bacterial Sepsis and/or Meningitis on or before Day 3: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Bacterial Sepsis and/or Meningitis on or before Day 3, Pathogen(s): _____ <small>(If Bacterial Sepsis and/or Meningitis is Yes, enter up to 3 Bacterial Pathogen descriptions from Manual of Operations, Part 2 – Appendix B)</small> | | |
| Oxygen on Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Periventricular-Intraventricular Hemorrhage (PIH): | | |
| Cranial Imaging (US/CT/MRI) on or before Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Worst Grade of PIH (0-4): _____ | | |
| If PIH Grade 1-4, Where PIH First Occurred: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital | | |
| Respiratory Support (at any time after leaving the delivery room/initial resuscitation area): | | |
| Oxygen (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Conventional Ventilation (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| High Frequency Ventilation (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Nasal Cannula Flow (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Nasal Ventilation (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Nasal CPAP (after Initial Resuscitation): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Surfactant during Initial Resuscitation: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Surfactant at Any Time: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Surfactant at Any Time must be Yes if Surfactant During Initial Resuscitation is Yes)</small> | | |
| If Yes, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____ | | |
| Inhaled Nitric Oxide: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, Inhaled Nitric Oxide, Where Given: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both | | |

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3

General Data Items - For Infants Born in 2026 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): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Conventional Ventilation (at 36 Weeks): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| High Frequency Ventilation (at 36 Weeks): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Nasal Cannula Flow (at 36 Weeks): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If Yes, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (at 36 Weeks): <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Nasal Ventilation (at 36 Weeks): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Nasal CPAP (at 36 Weeks): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Steroids for CLD: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Steroids for CLD, Where Given: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both | |
| Indomethacin for Any Reason: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen for PDA: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetaminophen (Paracetamol) for PDA: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Probiotics: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Treatment of ROP with Anti-VEGF Drug: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Caffeine for Any Reason: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intramuscular Vitamin A for Any Reason: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ROP Surgery: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, ROP Surgery, Where Done: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both | |
| Surgery or Interventional Catheterization for Closure of PDA: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)</small> | |
| Surgery for NEC, Suspected NEC, or Bowel Perforation: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)</small> | |
| Other Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required below)</small> | |
| 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: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 2: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 3: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 4: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 5: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 6: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 7: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 8: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 9: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgery Code 10: _____ | <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> 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 2026 at Expanded Centers 


Center Number: _____ Patient ID Number: MRN: _____

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

General Data Items - For Infants Born in 2026 at Expanded Centers 

Center Number: _____ Patient ID Number: MRN: _____

| | |
|---|--|
| Meconium Aspiration Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Tracheal Suction for Meconium Attempted during Initial Resuscitation: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Neonatal Abstinence Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A when Gestational Age, Weeks is less than or equal to 33) If Yes, Pharmacological Treatment for Neonatal Abstinence Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Pharmacological Treatment for Neonatal Abstinence Syndrome, Where Given: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both | |
| Is this infant still hospitalized at your center? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Enteral Feeding at Discharge: <input type="checkbox"/> None <input type="checkbox"/> Human Milk Only <input type="checkbox"/> Formula Only <input type="checkbox"/> Human milk in combination with either fortifier or formula | |
| Oxygen, Respiratory Support, and Monitor at Discharge: Oxygen (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No Conventional Ventilation (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No High Frequency Ventilation (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No Nasal Cannula Flow (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Flow Rate of Nasal Cannula Greater than Two Liters per Minute (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No Nasal Ventilation (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No Nasal CPAP (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No Monitor (at Discharge): <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Duration of Assisted Ventilation (initial hospital stay): <input type="checkbox"/> None <input type="checkbox"/> <4 hours <input type="checkbox"/> 4-24 hours <input type="checkbox"/> > 24 hours If > 24 hours, Total Days of Assisted Ventilation (initial hospital stay): _____ | |
| Initial Disposition (check only one): (When Transferred is chosen, also complete Transfer/Readmission data below & on page 7) <input type="checkbox"/> Home <input type="checkbox"/> Died <input type="checkbox"/> Transferred to another Hospital <input type="checkbox"/> Still Hospitalized as of First Birthday | |
| Date of Initial Disposition: ____/____/____ (Not required when Initial Disposition is Still Hospitalized as of First Birthday) <small>MM DD YYYY</small> | |
| Weight at Initial Disposition: _____ grams | |
| Head Circumference at Initial Disposition (in cm to nearest 10 th): <input type="text"/> <input type="text"/> <input type="text"/> (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: <input type="checkbox"/> ECMO <input type="checkbox"/> Growth/Discharge Planning <input type="checkbox"/> Medical/Diagnostic Services <input type="checkbox"/> Surgery <input type="checkbox"/> Chronic Care <input type="checkbox"/> Other <input type="checkbox"/> 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 2026 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: / / (infant record is now complete)
MM DD YYYY

2. Died

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

3. Transferred Again to Another Hospital (2nd Transfer)

Ultimate Disposition:

Home

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

Died

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

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 Bacteria/ 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, Seizures, Neonatal Abstinence Syndrome, Pharmacological Treatment for Neonatal Abstinence Syndrome, and Pharmacological Treatment for Neonatal Abstinence Syndrome, Where Given based on events that occur following transfer and readmission.

Disposition after Readmission:

Home

Weight at Disposition after Readmission: _____ grams
Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

Died

Weight at Disposition after Readmission: _____ grams
Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

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: / / (infant record is now complete)
MM DD YYYY

Died

Date of Final Discharge: / / (infant record is now complete)
MM DD YYYY

5. Still Hospitalized as of First Birthday (infant record is now complete)

2026 Delivery Room Death Booklet for VLBW Centers

DRD Data Items - For Infants Born in 2026 at VLBW Centers



Center Number: _____ Patient ID Number: MRN: _____

VERMONT OXFORD NETWORK

eNICQ DELIVERY ROOM DEATH BOOKLET FOR INFANTS BORN IN 2026

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:

- Page 1: Patient Identification Worksheet
- Page 2-3: Delivery Room Death Data Items For Infants Born in 2026 at VLBW Centers

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 2026 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: <u> </u> / <u> </u> / <u> </u> <small>MM DD YYYY</small> | |
| Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> 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 10 th): <input type="text"/> <input type="text"/> <input type="text"/> . | |
| Maternal Ethnicity/Race (Answer both Ethnicity and Race): | |
| Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | |
| Race of Mother: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | |
| Prenatal Care: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antenatal Steroids: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antenatal Magnesium Sulfate: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chorioamnionitis: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maternal Hypertension, Chronic or Pregnancy-Induced: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maternal Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mode of Delivery: | <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section |
| Sex of Infant: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown |
| Multiple Gestation: | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Infants Delivered: _____ |
| Congenital Infection: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Congenital Infection, Organism(s): _____ <small>(If Congenital Infection is Yes, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)</small> | |
| APGAR Scores: | 1 minute _____ 5 minutes _____ |

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2

DRD Data Items - For Infants Born in 2026 at VLBW Centers



Center Number: _____ Patient ID Number: MRN: _____

| | | | |
|-------------------------------|------------------------------------|------------------------------|-----------------------------|
| Initial Resuscitation: | Oxygen: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Face Mask Vent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Supraglottic Airway Device: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Endotracheal Tube Vent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Epinephrine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Cardiac Compression: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Nasal Vent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Nasal CPAP: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)

2026 Delivery Room Death Booklet for Expanded Centers

DRD Data Items - For Infants Born in 2026 at Expanded Centers



Center Number: _____ Patient ID Number: MRN: _____

VERMONT OXFORD NETWORK

eNICQ DELIVERY ROOM DEATH BOOKLET FOR INFANTS BORN IN 2026

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.

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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:

- Page 1: Patient Identification Worksheet
- Page 2-3: Delivery Room Death Data Items For Infants Born in 2026 at Expanded Centers

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 2026 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: <u> </u> / <u> </u> / <u> </u> <small>MM DD YYYY</small> | |
| Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> 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 10 th): <input type="text"/> <input type="text"/> <input type="text"/> . | |
| Maternal Ethnicity/Race (Answer both Ethnicity and Race): | |
| Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | |
| Race of Mother: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | |
| Prenatal Care: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antenatal Steroids: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antenatal Magnesium Sulfate: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chorioamnionitis: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maternal Hypertension, Chronic or Pregnancy-Induced: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maternal Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mode of Delivery: | <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section |
| Sex of Infant: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown |
| Multiple Gestation: | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Infants Delivered: _____ |
| Congenital Infection: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Congenital Infection, Organism(s): _____ <small>(If Congenital Infection is Yes, enter up to 3 Congenital Infection descriptions from Manual of Operations, Part 2 – Appendix E)</small> | |
| APGAR Scores: | 1 minute _____ 5 minutes _____ |

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2

DRD Data Items - For Infants Born in 2026 at Expanded Centers



Center Number: _____ Patient ID Number: MRN: _____

| | | | |
|-------------------------------|------------------------------------|------------------------------|-----------------------------|
| Initial Resuscitation: | Oxygen: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Face Mask Vent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Supraglottic Airway Device: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Endotracheal Tube Vent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Epinephrine: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Cardiac Compression: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Nasal Vent: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Nasal CPAP: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)

All the booklets in this appendix can be downloaded individually as PDFs from our knowledge base. The 2026 booklets are found at <https://vtoxford.zendesk.com/hc/en-us/sections/46001385360531-VLBW-Expanded-Databases-2026-Data-Definitions-Forms-and-Materials>.