NICU PATIENT LOG 2024

PATIENT LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY

DO NOT SUBMIT TO CPQCC

Center Number_____ **Center Name_____**

NICU Record ID Number	Patient's Name	Medical Record Number	Birth Date (MM/DD/YYYY)	Birth Time (00:00) AM/PM	Eligibility: A. ≤ 1500g OR B. ≤ 31/6 OR C. >1500g and one of the following:Death, Acute transport into your NICU, Acute transport out of your NICU, Nasal IMV/SIMV (or any other form of non-intubated assisted ventilation) for greater than four continuous hours, Intubated assisted ventilation for greater than four continuous hours, Early bacterial sepsis, Major surgery requiring anesthesia, Previously discharged home and then readmitted for a total serum bilirubin of greater than or equal to 25 mg/dl (427 micromols/liter) and/or exchange transfusion, Suspected encephalopathy or perinatal asphyxia, Active therapeutic hypothermia, Seizures	Admission/Discharge Form Date Sent (MM/DD/YYYY)	DR Death Form Date Sent (MM/DD/YYY)	Transport Form Required? (Y/N)

*This form was adapted from a log developed by Vermont Oxford Network