NICU PATIENT LOG 2025 PATIENT LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY DO NOT SUBMIT TO CPQCC

Center Number Center Name	Center Number	Center Name
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NICU Record ID	Patient's Name	Medical Record	Birth Date	Birth Time	Eligibility:	Admission/Discharge	DR Death Form	Transport Form
Number		Number	(MM/DD/YYYY)	(00:00) AM/PM	A. ≤ 1500g OR B. ≤ 31/6 OR	Form Date Sent (MM/DD/YYYY)	Date Sent (MM/DD/YYY)	Required? (Y/N)
					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			
	 	 						
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^{*}This form was adapted from a log developed by Vermont Oxford Network