

ARIZONA DEPARTMENT OF HEALTH SERVICES
High-Risk Perinatal Program/Newborn Intensive Care Program
Hospital Discharge Summary

Place required label here

Current Hospital:

Enrollment Forward Transport Back Transport

| | | | | | |
|--|--------|--|-------------------------------------|--------------------------|----------------|
| Infant's Last Name | | First Name | | MI | DOB: |
| Alias Last, First | Phone: | Birth weight: lbs oz | Birth Length: | | Birth OFC (HC) |
| Gestational Age by Exam: _____ weeks | | Fetal Growth: <input type="checkbox"/> AGA <input type="checkbox"/> SGA <input type="checkbox"/> LGA | APGAR @ 1" _____ 5" _____ 10" _____ | | |
| Discharge Date: | | Disch. Wt. lbs oz gms | | Disch. OFC (HC) _____ cm | |
| English Proficiency: Proficient Good Some None | | Discharged/Transferred to: | | DIED: Date of Death: | |

Respiratory Diagnosis/Complication

- 486 Pneumonia
- 512.8 Air Leak Syndrome
- 747.89 PPHN (pulmonary hypertension)
- 748.3 Subglottic Stenosis/Tracheomalacia
- 769 Respiratory Distress
- 770.1 Meconium RDS
- 770.6 TTN
- 770.7 BPD (or Chronic Lung Disease)
- 770.8 Apnea
- Other _____

Respiratory Treatment (RT)

- Hood O2 Only
- CPAP Only
- IPPV>7 days
- IPPV<7 days
- Jet Ventilation
- ECMO
- Tracheostomy
- Surfactant
- Oscillator
- Other _____

Cardiovascular Diagnosis/Complication

- 785.5 Shock Hypotension with Pressor Support
- 746.9 Congenital Heart Disease
- 401 Systemic Hypertension
- 427.8 Cardiac Dysrhythmias
- 747.9 Cardiac Anomaly
- Other _____

Cardiovascular Treatment

- 747 PDA-Indomethacin
- 747 PDA-Surgical
- Other _____

Gastrointestinal/Genitourinary

- 779.3 GE Reflux
- 777.5 Proven NEC
- 584 Renal Failure
- 751.9 GI Anomaly
- 522.9 GU Anomaly
- Other _____

Neurological Diagnosis

- 768.9 Hypoxic Encephalopathy
- 767.0 Intraventricular Hemorrhage GR I/II
- 772.1 IVH-Grade III / IV
- 742.4 PVL
- 320.9 Meningitis
- 742.3 Congenital Hydrocephalus
- 331.4 Acquired Hydrocephalus
 - Shunted V45.2
- 742.1 Microcephaly
- 794 Abnormal Neurologic Exam _____
- 779 Seizures
- Other _____

Dysmorphology

- 758 Chromosomal Anomaly
- 759 Congenital Anomaly (unspecified)
- 759.9 Dysmorphic Infant
- Type of Syndrome _____
- Anomaly Requiring Surgery _____
- Other _____

Hematological

- 776.4 Polycythemia
- 776.1 Thrombocytopenia
- 774.6 Hyperbilirubinemia Requiring Exchange Transfusion or a Total of 25 or Indirect above 1
- 774.2 Highest Bilirubin Total _____ Indirect _____
- 762.3 Twin to Twin Transfusion Syndrome
- Other _____

Other Diagnoses

- 775. Symptomatic Hypoglycemia (BG<40)
- 647.8 Suspected/Proven Sepsis
- 771 Congenital Viral Infections (CMV, Herpes, HIV)
- 764.9 SGA-Symmetrical
- 362.2 ROP
- 779.5 Newborn Drug Withdrawal Syndrome
- 760.70 Positive Drug Screen for _____
- 651 Multiple Birth
- 764.9 IUGR
- Other _____

Developmental

- NIDCAP # of times _____
- Other Developmental Assessment
- Kangaroo Care Co-bedding
- OT Evaluation PT Evaluation
- Speech Evaluation
- Psychosocial Assessment
- ROP/Vision Screen:
 - Pass/WNL Refer / Abnormal
- Copy of Developmental Care Plan given to:
 - Family CHN
- Other _____

Comments: _____

Completed by _____
 Hospital Representative

Primary Care Physician:

Discharge Information / Adaptations

- Apnea Monitor Oxygen
- Medication Special Therapy
- Special Feeding CPR
- Car Seat

Newborn Screening

- Hearing Screen: Pass Refer
- Bloodspot Screen: 1st 2nd 3rd

Immunizations

- HepB Synagis
- DTaP Pneumococcal
- Polio
- Hib

Discharge Risk: High Risk At Risk
Criteria: _____

Referral to:

- NICP Community Home Nursing
- ASDB CRS SSI
- CPS DDD WIC
- Healthy Families Health Start
- Social Worker
- Home Health Agency _____
- Other _____

Social Concerns:

- Infant Placed in Foster Care
- History of Parental Substance Abuse
- Parent has Chronic Illness
- Problems Buying Food & Other Necessities
- Family Conflict/Anger
- No Transportation
- Parental Unemployment
- Single Parent
- Teen Parent
- Parent has Mental Illness
- Father of Baby Not Involved
- Housing Inadequate or Homeless
- Domestic Violence/Child Abuse History
- Parent has Developmental Disability
- Siblings have Chronic Illness or Developmental Disability
- No Family/Community Support System
- Language Barrier: _____
- Parent has Cognitive Limitation
- Adoption (CHN information only)

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