

**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 gms	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: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup>

**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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**Cardiovascular Treatment**

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☐ 747 PDA-Surgical

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**Completed by** \_\_\_\_\_

Hospital Representative

**Primary Care Physician:**

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☐ Special Feeding ☐ CPR

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Completed by \_\_\_\_\_  
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