

# NICU NOTIFICATION FORM

## Notification Guidelines:

- Please submit this form to UCare upon admission, discharge and whenever there is an update or change within 24 hours.
- Incomplete, illegible or inaccurate forms will be returned to the sender.
- If there are two infants admitted to the NICU, a separate admission notification should be submitted for each baby.



Fax form and relevant clinical documentation to:  
612-884-2499 or 1-866-610-7215



For questions, call:  
612-676-3300 or 1-888-531-1493



E-Mail: HCM\_Fax@ucare.org



UCare's Secure E-mail Site

TYPE OF NOTIFICATION:			
<input type="checkbox"/> Admission		<input type="checkbox"/> Concurrent Review	
		<input type="checkbox"/> Discharge	
Today's Date:		NICU Admission Date:	
ORDERING PRACTITIONER INFORMATION:			
Practitioner Name:		NPI:	
Specialty:			
Clinic Name:			
Clinic Address:			
City:		State:	Zip Code:
Phone:		Fax:	
FACILITY INFORMATION:			
Facility Name:		Facility NPI Number:	
Facility Address:		Fax:	
Contact Person:		Phone Number:	
PATIENT INFORMATION (Mother):		NEWBORN INFORMATION	
Name (Mother):		Name (Newborn):	
(Mother) Member ID:		(Newborn) Member ID:	
(Mother) PMI:		(Newborn) PMI:	
(Mother) Date of Birth:		(Newborn) Date of Birth:	<input type="checkbox"/> Vaginal Birth <input type="checkbox"/> C-Section Birth
Phone:		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Singleton <input type="checkbox"/> Multiple
Address:		Primary Diagnosis:	GA At Birth: weeks
			Current GA: weeks
		Newborn Weight	Birth Weight: grams
			Current Weight: grams
City	State	Zip Code	APGAR Scores

**LEVEL OF CARE:****PLEASE SELECT THE HIGHEST LEVEL OF CARE (CURRENTLY PROVIDED)**☐ **Level I – Well Newborn Nursery (REV 170, 171)**

- ☐ Term ( $\geq 37$  weeks), stable infant
- ☐ Routine care: feeding, monitoring, cord care
- ☐ No special interventions required
- ☐ Crib
- ☐ Room Air

☐ **Level II – Special Care Nursery (REV 172)**

- ☐  $\geq 32$  weeks and  $\geq 1500$ g
- ☐ Mild respiratory distress requiring  $\leq 2$ L NC
- ☐ Brief IV therapy or phototherapy
- ☐ Feeding immaturity needing gavage feeds
- ☐ Isolette    ☐ ISC/Servo **OR**    ☐ Air

☐ **Level III – NICU (Moderate to High Acuity) (REV 173)**

- ☐  $< 32$  weeks or  $< 1500$ g
- ☐ Mechanical ventilation
- ☐ Central line access or parenteral nutrition
- ☐ Post-op monitoring for congenital anomalies
- ☐ Management of apnea/bradycardia spells

☐ **Level IV – Regional NICU (Highest Acuity) (REV 174)**

- ☐ ECMO or HFOV
- ☐ Major surgery (cardiac, GI, neuro)
- ☐ Complex congenital anomalies
- ☐ Multi-organ failure management

**SUPPORTING CLINICAL FINDINGS:**☐ Respiratory Distress☐ Apnea or Bradycardia☐ Hypoglycemia☐ Cardiac Defect☐ Hypothermia☐ Sepsis Evaluation☐ Central Line Placement☐ Neurologic Concerns☐ Need for total parenteral nutrition (TPN)☐ Phototherapy for hyperbilirubinemia☐ NAS / Finnegan Score (if available) \_\_\_\_\_☐ SARNAT Score (if available) \_\_\_\_\_**ADDITIONAL SUPPORTING DOCUMENTATION (MATERNAL AND/OR NEWBORN):**