

## **NICU NOTIFICATION FORM**

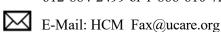
## **Notification Guidelines:**

**TYPE OF NOTIFICATION:** 

- Please submit this form to UCare upon admission, discharge and whenever there is an update or change within
- 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



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



UCare's Secure E-mail Site

☐ Admission	□ Concurr	ent Review	☐ Discharge			
Today's Date:			NICU Admission Da	ate:	_	
ORDERING P	RACTITIONER	INFORMATION	<b>\</b> :			
Practitioner Name:			NPI:			
Specialty:						
Clinic Name:						
Clinic Address:						
City:			State:	Zip Code:		
Phone:			Fax:			
FACILITY IN	FORMATION:					
Facility Name:			Facility NPI Number:			
Facility Address:			Fax:			
Contact Person:			Phone Number:			
			·			
PATIENT INFORMATION (Mother):			NEWBORN INFO	NEWBORN INFORMATION		
Name (Mother):			Name (Newborn):			
(Mother) Member ID:			(Newborn) Member ID:			
(Mother) PMI:			(Newborn) PMI:			
(Mother) Date of	Birth:		(Newborn)Date of Birth:			
				☐ C-Section Birth		
Phone:			☐ Male	☐ Singleton		
			☐ Female	☐ Multiple		
A 11			D. D	CA A D' 1	1	
Address:		Primary Diagnosis:	GA At Birth:	weeks		
				Current GA:	weeks	
			Newborn Weight	Birth Weight:	grams	
				Current Weight:	grams	
City	State	Zip Code	APGAR Scores			
City	State	Zip Code	APGAR Scores	Current Weight:	grams	

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LEVEL OF CARE:								
PLEASE SELECT THE H	IIGHEST LEVEL OF CARE	C (CURRENTLY PROVIDED)						
☐ Level I – Well Newborn N ☐ Term (≥37 weeks), ☐ Routine care: feeding ☐ No special intervent ☐ Crib ☐ Room Air	stable infant ng, monitoring, cord care	□ Level II – Special Care Nursery (REV 172)  □ ≥32 weeks and ≥1500g □ Mild respiratory distress requiring ≤2L NC □ Brief IV therapy or phototherapy □ Feeding immaturity needing gavage feeds □ Isolette □ ISC/Servo OR □ Air						
☐ Level III – NICU (Modera  ☐ <32 weeks or <150  ☐ Mechanical ventila  ☐ Central line access  ☐ Post-op monitoring  ☐ Management of appropriate the second	0g tion or parenteral nutrition for congenital anomalies	□ Level IV – Regional NICU (Highest Acuity) (REV 174) □ ECMO or HFOV □ Major surgery (cardiac, GI, neuro) □ Complex congenital anomalies □ Multi-organ failure management						
SUPPORTING CLINICA								
☐ Respiratory Distress	☐ Apnea or Bradycardia	☐ Hypoglycemia	☐ Cardiac Defect					
☐ Hypothermia ☐ Need for total parenteral nutrition (TPN)	☐ Sepsis Evaluation ☐ Phototherapy for hyperbilirubinemia	☐ Central Line Placement ☐ NAS / Finnegan Score (if available)	☐ Neurologic Concerns (seizures, IVH) / SARNAT Score (if available)					
ADDITIONAL SUPPORT	ING DOCUMENTATION (	MATERNAL AND/OR NEWBO	ORN):					

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