Georgia Department of Public Health

Neonatal Abstinence Syndrome (NAS)

USER GUIDE

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Georgia Department of Public Health

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Accessing the NAS Reporting form in SendSS

1. **Existing SendSS Notifiable Disease Reporting Users** – need not do anything as NAS is now part of the disease drop down box. Please follow directions from **Page 11.**

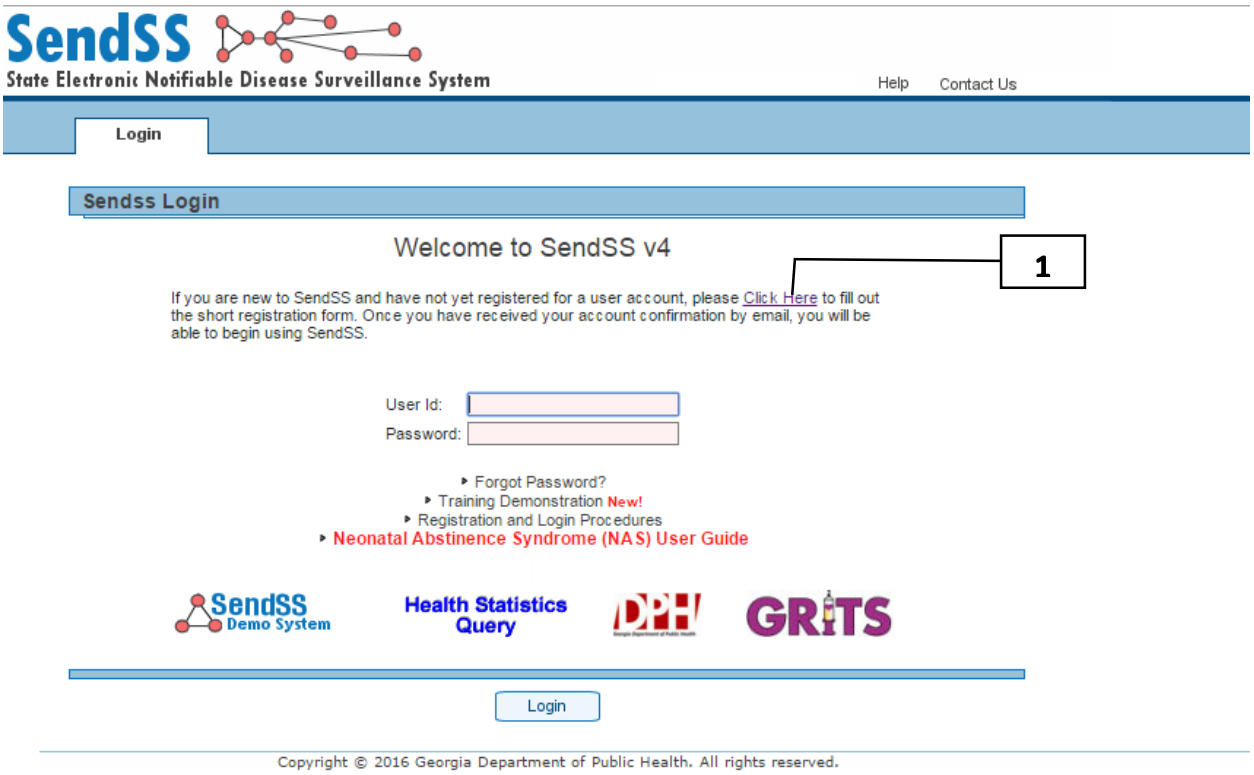
2. **Existing SendSS NB (Newborn) Users** – Send an email to SendSS.Support@dph.ga.gov including in the subject **Requesting NAS Reporting Access** and in the body **Name, UserId and contact telephone number**. Once access is approved, please follow directions from **Page 11.**

3. **New (unregistered) Users to SendSS only reporting NAS** – please follow the directions from **Page 4.**

New User Registration Procedure

The home page can be accessed with the following URL - https://sendss.state.ga.us

In order to register for access to SENDSS you will first need to fill in a registration form. This can be accessed by pressing “Click Here” as shown below **[1]**.



Registration Form

SendSS

State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

Registration Form

Personal Information

Please select an Id you can easily remember. Examples: Name: John Smith UserId: jsmith1960
Name:William B Hartsfield UserId: willyB

User Id ●

Password ●

User Information

First Name ●

Last Name ●

E-Mail Address ●

Phone ● - - Ext

Fax Number - -

Pager Number - -

Title
Choose One

Enter Title if not in list

Please choose your type of organization from the list below. Once your type is selected, select your organization. If you can not find your organization, please select "Enter New Organization" in the "Organization" drop down box."

Type of Organization ●
Choose One

Organization ●
Select Organization Type

Access Required

- [ ] SendSS Newborn
- [ ] General Notifiable User
- [ ] Syndromic Surveillance
- [ ] TB User
- [ ] STD User
- [ ] HIV User
- [ ] Dept of Corrections
- [ ] STD Case Management **Public Health Workers Only**
- [ ] Lead User
- [ ] Varicella User
- [ ] HL7-Cancer Registry
- [ ] Survey User
- [ ] Ga Birth Defects File Transfer
- [ ] Immunization Assessment System
- [ ] RevMaxx File Check
- [ ] GPHL File Transfer
- [ ] BCW Providers
- [ ] EMS IMS
- [ ] Vital Records
- [ ] IISS On Call User
- [ ] Central Intake Data System
- [ ] Animal Bite Module
- [ ] Employee Database Administrator
- [ ] Neonatal Abstinence Syndrome (NAS) Reporting **New!**
- [ ] Nurse Database
- [ ] Data Request Database
- [ ] Grants Tracking
- [ ] Low THC Oil Registry
- [ ] Ga Public Health Calendar
- [ ] Progress Check

Supporting Information for Access

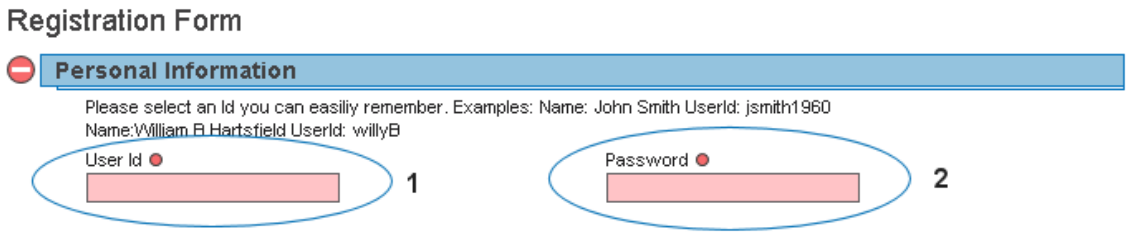
Are you the only person from your organization using SENDSS ? ○ Yes ○ No ○ Unknown

Has your organization had formal SENDSS training? ○ Yes ○ No ○ Unknown

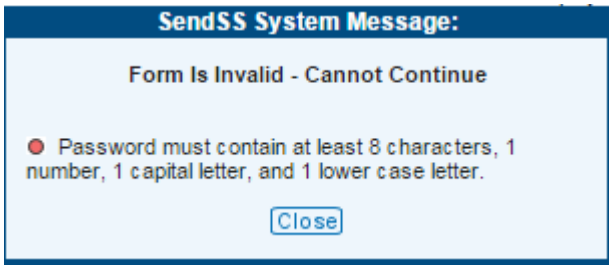
How did you hear about SENDSS?

Save

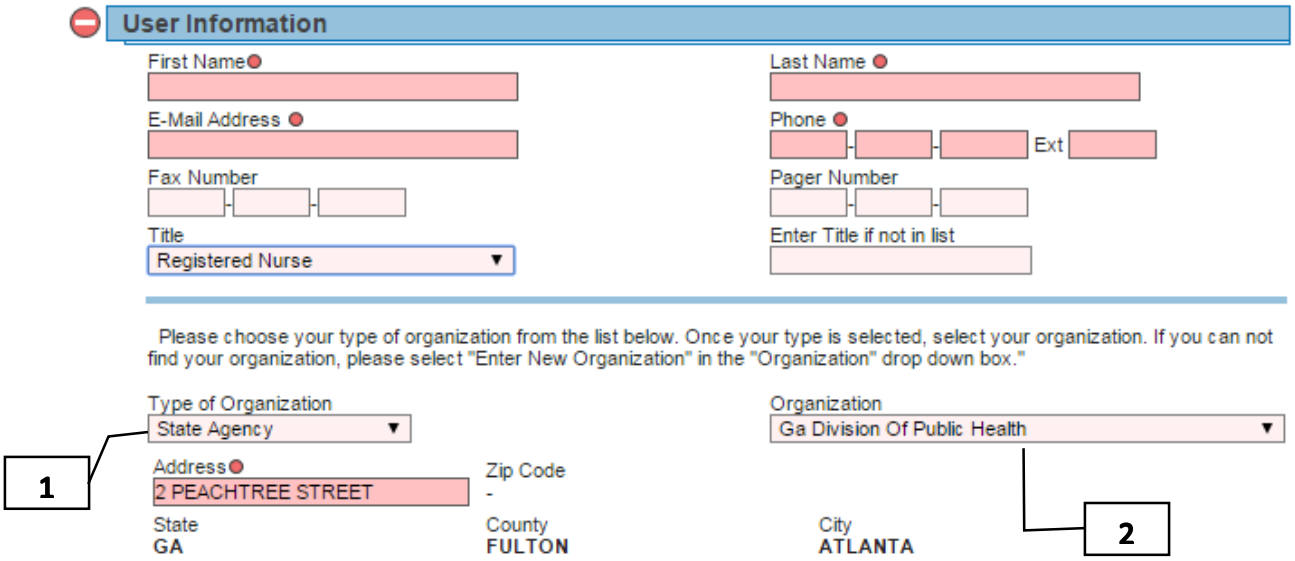
Choosing a User ID and Password



1. Remember to use a userid that can be easily remembered
2. Fill out Password Information. Correct password must contain at least 8 characters, 1 number, 1 capital letter and 1 lower case letter. Failure to adhere to this will result in the below SendSS System Message box.



Registration Form (Continued)



1. Select the type of organization you will be entering cases for.
2. Select the name of your organization. If you cannot find your organization select “Enter a New Organization” from the select box and the section will change and appear as below.

City, County, State, and District are not editable once an organization is entered into SendSS.

Choosing the Access

Access Required

- [ ] SendSS Newborn
- [ ] General Notifiable User
- [ ] Syndromic Surveillance
- [ ] TB User
- [ ] STD User
- [ ] HIV User
- [ ] Dept of Corrections
- [ ] STD Case Management Public Health Workers Only
- [ ] Lead User
- [ ] Varicella User
- [ ] HL7-Cancer Registry
- [ ] Survey User
- [ ] Ga Birth Defects File Transfer
- [ ] Immunization Assessment System
- [ ] RevMaxx File Check
- [ ] GPHL File Transfer
- [ ] BCW Providers
- [ ] EMS IMS
- [ ] Vital Records
- [ ] IISS On Call User
- [ ] Central Intake Data System
- [ ] Animal Bite Module
- [ ] Employee Database Administrator
- [x] Neonatal Abstinence Syndrome (NAS) Reporting New!
- [ ] Nurse Database
- [ ] Data Request Database
- [ ] Grants Tracking
- [ ] Low THC Oil Registry
- [ ] Ga Public Health Calendar
- [ ] Progress Check

1

1. Select 'Neonatal Abstinence Syndrome (NAS) Reporting' from 'Access Required' section above.
2. Please answer the questions in 'Supporting Information' section below.
3. Enter any comments in this section.
4. Press "Save" to complete your registration.

Supporting Information for Access

2

Are you the only person from your organization using SENDSS ? (•) Yes ( ) No ( ) Unknown

Has your organization had formal SENDSS training? ( ) Yes (•) No ( ) Unknown

How did you hear about SENDSS?

3

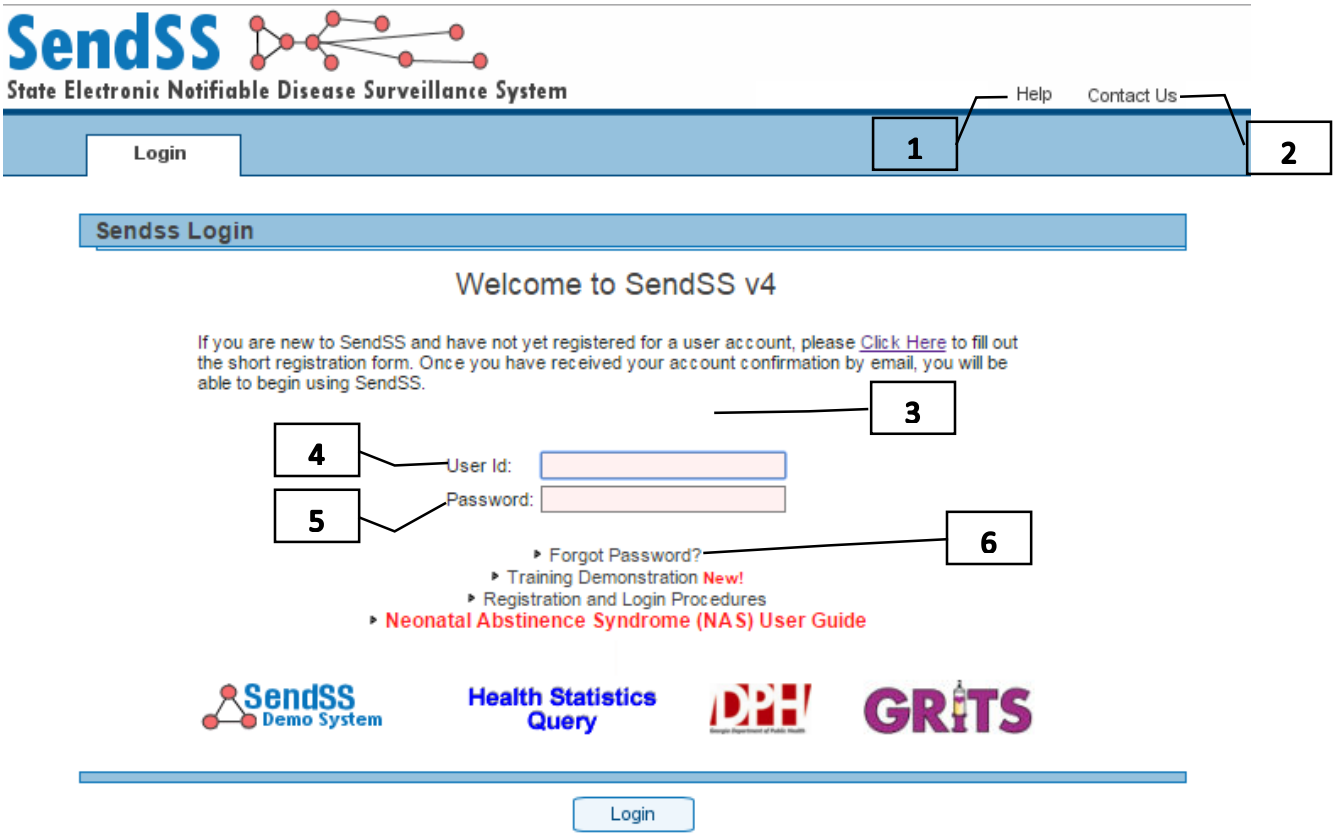
Save

4

Registration Confirmation Page

Once you have been approved, an email will be sent to you. If you use an email filter, please add sendsssupport@dhr.state.ga.us to your approved list.

Signing In



Key to features

1. Help – A link to documentation and manual for SendSS
2. Contact Us – Send an internal message
3. Warnings and Messages – Text will appear in red to alert users of failed logins or other relevant messages such as successful registration, new features or website maintenance.
4. User Id – Enter the user id you chose when registering
5. Password – Enter the password you chose when registering. This password must be reset every 3 months. After 3 months SendSS will allow 3 grace logins before locking your account. You will be prompted to change your password at this time.
6. Forgot Password – Click here to request your password

SENDSS - Disclaimer

Sendss Privacy Statement

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

1 I agree with this statement

I disagree with this statement

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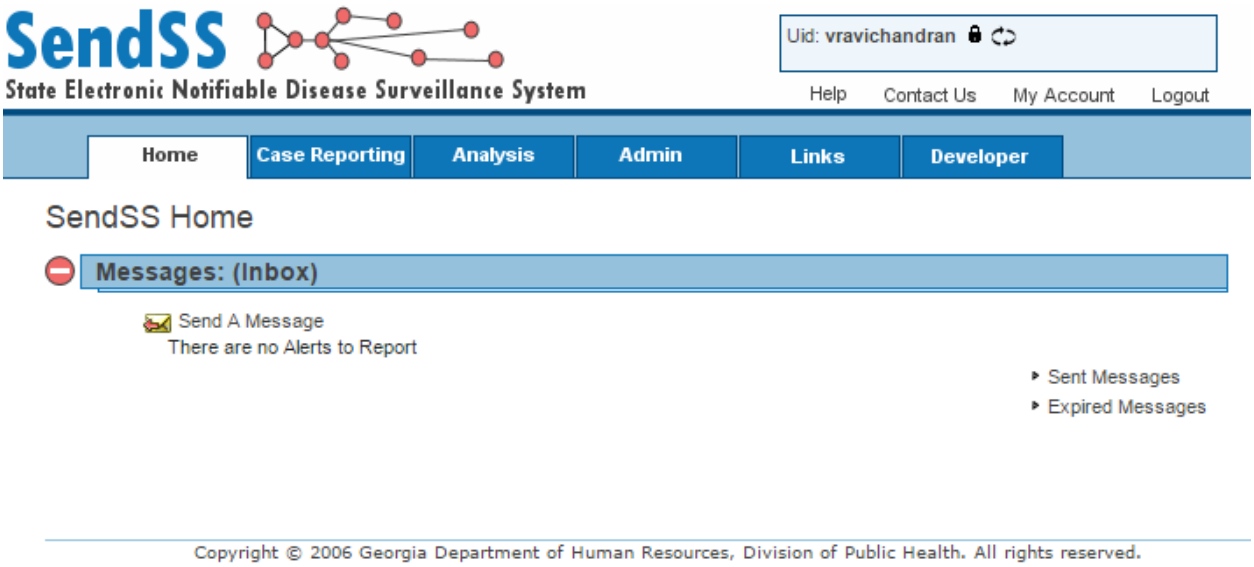
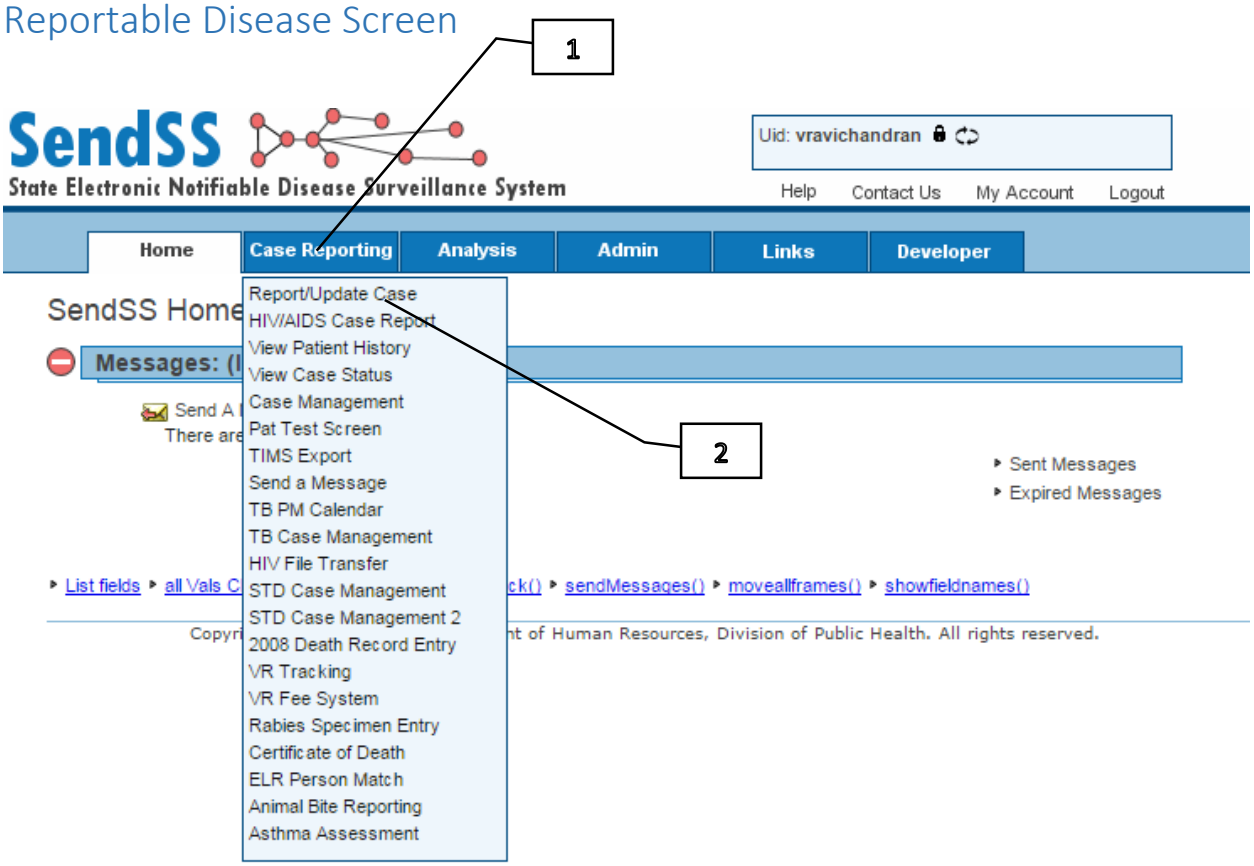
Before you can enter the system, you must accept the Privacy Statement **[1]**.

Selecting "I disagree with this statement" will terminate your login and return you to the login page.

SENDSS Home Screen



Reportable Disease Screen



Hover on the Menu dropdown for Case Reporting [**1**] and then **clicking** on "Report/Update Case" [**2**] will take you to the Patient/Disease Search screen.

Patient (Mother)/ Disease Search Screen

SendSS
State Electronic Notifiable Disease Surveillance System

Uid: vravichandran

Help Contact Us My Account Logout

Home | Case Reporting | Analysis | Admin | Links | Developer

Enter Patient Information

Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

1

Last Name ● First Name Middle Name

Nickname (AKA) Search on nickname only

Date of Birth (mm/dd/yyyy) Sex Choose One SSN

Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

For information on clinical and surveillance case definitions, as well as laboratory specimens required for diagnosis click here

Disease/Diagnosis ● Choose One Date of Onset (mm/dd/yyyy) ●

Search

Please fill in the Mother's information in the "Patient Search Criteria" [1] eg. Last Name / Date of Birth etc.

Fill in all the text boxes with all relevant/known Mother's information, then select the Disease/Diagnosis under the Disease Information Section (see next page). All fields marked with a red circle [●] are required before the Patient (Mother) Search request can be submitted. Failure to do so will result in the SENDSS error message popup.

SendSS System Message:

Form Is Invalid - Cannot Continue

- Last Name is a required field and must be entered.
- The date (Date of Onset) is a required field.
- Disease is a required field and a selection must be made.

Close

Selecting NAS as the Disease to be Reported

Patient Search

Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

Last Name: Martin
First Name: Kelly
Middle Name:
Nickname (AKA):
Search on nickname only
Date of Birth (mm/dd/yyyy): 04 / 04 / 1985
Sex: Female
SSN: 111 - 11 - 1111

Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

For information on clinical and surveillance case definitions, as well as,laboratory specimens required for diagnosis click here

Disease/Diagnosis ● Choose One

Date of Onset (mm/dd/yyyy): 01 / 01 / 2015

1

Legionellosis
Leprosy
Leptospirosis
Listeriosis
Lyme Disease
Malaria
Measles (Rubeola)
Melioidosis
Meningitis
Mrsa (Community Associated)
Mumps
Neisseria Meningitidis (Invasive)
Neonatal Abstinence Syndrome (NAS)
Newly Identified Hbsag Positive Carriers
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever, Acute
Q Fever, Chronic

2

Under Disease/Diagnosis dropdown list [**1**], select Neonatal Abstinence Syndrome (NAS) [**2**]. Enter the Date of Onset and click on the Search button. This will take you to the Patient Search Results screen.

Patient (Mother) Search Results

Patient Search Results: Following patients located

Patient Search Criteria

Last Searched For:
Last Name: **Martin** First Name: **Kelly** Middle Name: Nick Name:
Gender: **Female** Date of Birth: **04-04-1985** SSN: **111-11-1111**

Disease Information

Disease Information for this Report:
Disease: **Neonatal Abstinence Syndrome (Nas)** Date of Onset: **01-01-2015**

Patient Search Results

Your search returned the following (191) patients based on your search criteria. If one of these individuals is your patient, select their name to proceed. If you wish to create a new patient, click the "Create New Patient" link below.

Page: **1** 2 3 4 5 6 7 8

Create New Patient **1**

2

Name	Date of Birth	Sex	Street Address	City	Updated	Rank
Martin, Kelly	04-04-1985	Female	2 Peachtree St	Atlanta	12-30-2015	
Martino, Kaley	02-11-2001	Female	Ave Apt	Macon	06-19-2003	
Martino, Celexus	07-25-1944	Female		Atlanta	03-13-1993	
Martino, Celexus	07-31-1929	Female	Retundo Rd	Decatur	09-16-1999	
Martino, Kenya	09-04-1998	Female	867 Rd	Villa Rica	04-03-2002	
Martino, Kenya	08-14-1998	Female	Headband Lane	Rex	12-02-1999	
Martino, Keshae	08-05-1962	Female	Hornstein Ct	Acworth	10-21-1993	
Martino, Kevon		Female		Douglas	05-25-1991	
Martino, Kevon		Female		Stone Mountain	07-18-1992	
Martino, William Eric		Female		Atlanta	03-17-1990	
Martino, Carliss	03-10-1969	Female	Lane	Atlanta	03-14-2002	
Martina, Kadiata		Female	Oryza Ct	Powder Springs	12-14-1995	
Martino, Ashleve		Female		Hazlehurst	11-03-1997	
Martino, Beserat	05-21-1919	Female	7795 588 Ave	Augusta	05-05-1995	
Martino, Carline	06-06-1984	Female		Atlanta	05-19-1994	
Martino, Curl		Female		Douglas	04-16-1994	
Martino, Dalis	01-26-1921	Female	512 St	Atlanta	03-12-2003	
Martino, Decrepitus	04-24-1998	Female		Unknown	05-02-2000	
Martino, Denice	10-31-1965	Female	6633 Scourge Rd	Tifton	11-05-1993	
Martino, Dequoia		Female		Montezuma	06-26-1987	
Martino, Dewberry	03-19-1924	Female	317	Smyrna	01-04-2001	
Martino, Earl		Female		Midway	05-08-1993	
Martino, Gena C.		Female		Warner Robins	01-16-1988	
Martino, Genevra	06-19-1998	Unknown	28 Dr	Statesboro	01-03-2001	
Martino, Geraldean		Female		Richmond Hill	06-30-1990	

next ▸

Search

Creating New Patient (Mother)/ New Incident

If the patient you want to report is not listed in the Patient Search Results section, please click on the "Create New Patient" [**1**] link.

Existing Patient (Mother)

If the patient you want to report is listed in the Patient Search Results section, please click on the patient name [**2**] link.

NAS Report Form

SendSS
State Electronic Notifiable Disease Surveillance System

Uid: vravichandran

Help | Contact Us | My Account | Logout

Home | Case Reporting | Analysis | Admin | Links | Developer

General Notifiable Disease Report Form

Send A Message | Progress Notes (0)

Mother Demographics

Last Name: Martin
First Name:
Middle Name:
Maiden Name:
Street Address:
City: Choose One
Zip:
County: Choose One
Phone:
Date of Birth: / /
Medrec:

Father Demographics

Last Name:
First Name:
Middle Name:
Street Address:
City: Choose One
Zip:
County: Choose One
Phone:
Date of Birth: / /

NAS Reporting

Add New Child Birth

Save

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Mother Demographics Section

Mother Demographics

Last Name: Martin	First Name: Kelly	Middle Name:	Maiden Name: Drew
Street Address: 2 Peachtree St	City: Atlanta	Zip: 30303	County: Fulton
Phone: 4044631200	Date of Birth: 04 / 04 / 1985	Medrec: A123456789	

Enter all patient (mother) demographic information shown above. All fields marked with a red circle [●] are mandatory fields. Move on to the next section.

Father Demographics Section

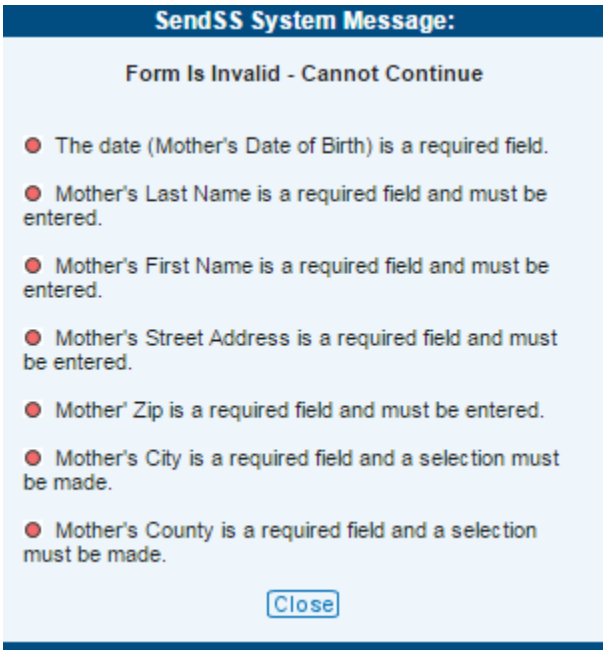
Father Demographics

Last Name: Martin	First Name: Ricky	Middle Name: John	
Street Address: 2 Peachtree St	City: Atlanta	Zip: 30303	County: Fulton
Phone: 4044631212	Date of Birth: 01 / 01 / 1985		

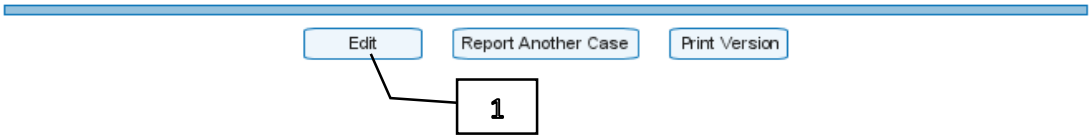
Enter all father demographic information shown above. Move on to the next section.

Saving the Report Form

Once all information has been entered, click the "Save" button. If any of the validations fail you will be notified by a pop-up box what needs to be corrected. Make the corrections and click "Save" again. Refer Missing NAS Record Information if you receive a SendSS System Message box asking to save the NAS Record Properly.

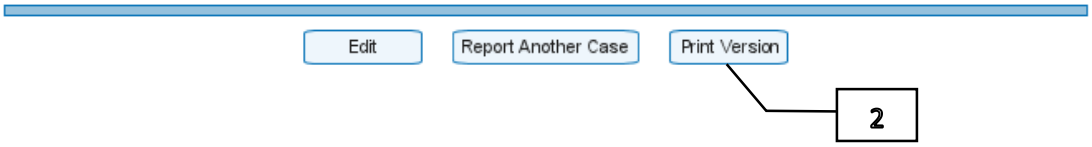


Editing the Report Form



To edit any of the information after you saved the form, please click on the Edit [**1**] button.

Printing the Report Form



To print the form, please click on the Print Version [**2**] button.

NAS Reporting Section Screen

To add Childbirth information, please click on "Add New Child Birth" [**1**] link.
This will open up the NAS Childbirth Record Screen.

This section behaves differently from the Mother and Father Demographics sections as it has to be saved separately. Please click on "**Save NAS Record**" button (at the bottom of this section) to save the NAS Record. The system will NOT allow you to proceed unless you save the NAS Record properly or Close without Saving (Refer Saving the NAS Childbirth Record)

NAS Childbirth Record Screen

NAS Reporting

Add New Child Birth (4)

NAS Reporting Record - 2 (3)

*Reported By : **vravichandran*** *Last Updated By : **NA** on **NA***

Name of Reporting Facility:

Name of Facility of Infant's Birth:

Infant with clinical signs consistent with NAS: ○ Yes ○ No

Infant's Age (in hours) at onset of symptoms:

Age Unknown: ☐

Type of Setting for this report:
☐ Birthing Hospital Report
☐ Reporting Hospital received patient as transfer
☐ Outpatient Diagnosis of NAS
☐ Readmission after newborn discharge

Supporting Information ● (select all symptoms that apply):
☐ Infant Tested
☐ Infant Symptomatic
☐ Positive History of Substance Abuse
☐ Tremors
☐ Hyperirritability
☐ Excessive Crying
☐ Diarrhea
☐ Vomiting
☐ Blotchy Skin Coloring
☐ Excessive Sucking
☐ Sweating
☐ Hyperactive Reflexes
☐ Seizures
☐ Poor ability or Inability to feed
☐ Other

Substances

None Entered

Add New Substance (1)

Infants

None Entered

Add Infant (2)

Additonal Information

☐ Maternal: Supervised replacement therapy (prescription drug obtained **WITH** prescription)
☐ Maternal: Supervised pain therapy (prescription drug obtained **WITH** prescription)
☐ Maternal: Tx for psychiatric or neurological condition (medication obtained **WITH** prescription)
☐ No known exposure but clinical signs consistent with NAS
☐ Was infant breastfed before diagnosis
☐ Was infant breastfed after diagnosis

Medications (Mark any medications used to treat infant)

☐ None:

Yes	No		Yes	No	
○	○	Clonidine	○	○	Methadone
○	○	Phenobarbital			

(List all drugs not in the above list)
Other:

Date first med started (mm/dd/yyyy) / /

Time first med started (hh:mm) 00 : 00

Disclaimer

Have you reported this child to the Division of Family and Children Services as required by Georgia's mandatory reporting statute § O.C.G.A 19-7-5? ● ○ Yes ○ No

Submitted by: vravichandran **Ref:** 941968 / 2

Close without Saving | Save NAS Record #2

NAS Childbirth Record Screen (contd.)

The title of the record "NAS Reporting Record -2" [**3**] signifies that this is the Childbirth#2 for the mother. You can add more childbirth records by clicking on Add New Childbirth [**4**] again.

To add new Substance please click on Add New Substance [**1**] link. This will open up the NAS Substance Record Screen.
To add new Infant please click on Add New Infant [**2**] link. This will open up the NAS Infant Record Screen.

All the information entered in the NAS Childbirth Record are relevant to this specific childbirth only.

Additional Information

Additonal Information

- [ ] Maternal: Supervised replacement therapy (prescription drug obtained **WITH** prescription)
- [ ] Maternal: Supervised pain therapy (prescription drug obtained **WITH** prescription)
- [ ] Maternal: Tx for psychiatric or neurological condition (medication obtained **WITH** prescription)
- [ ] No known exposure but clinical signs consistent with NAS
- [ ] Was infant breastfed before diagnosis
- [ ] Was infant breastfed after diagnosis

Please check the box accordingly.

Medications

Medications (Mark any medications used to treat infant)

[ ] None:

Yes	No		Yes	No	
◉	○	Clonidine	◉	○	Methadone
○	◉	Phenobarbital			

(List all drugs not in the above list)
Other: Buprenorphine

Date first med started (mm/dd/yyyy) 01 / 02 / 2015

Time first med started (hh:mm) 15 : 30

Medications (Mark any medications used to treat infant)

[x] None:

1

You have selected 'None'

2

Yes	No		Yes	No	
○	○	Clonidine	○	○	Methadone
○	○	Phenobarbital			

(List all drugs not in the above list)
Other:

Date first med started (mm/dd/yyyy) / /

Time first med started (hh:mm) 00 : 00

If “None” [**1**] is selected, then you will see the message “You have selected ‘None’ “[**2**]. All the subsequent fields under the Medications heading will be disabled. Unchecking “None” will re-enable these fields.

Report Disclaimer

Disclaimer

Have you reported this child to the Division of Family and Children Services as required by Georgia's mandatory reporting statute § O.C.G.A 19-7-5? ● ○ Yes ○ No

Submitted by: vravichandran **Ref:** 941968 / 2

This is a mandatory question as suggested by the red circle. The NAS Record will not be saved unless this is answered. **Please answer this question only after you verify all the data entered.**

If you select ‘No’ to the Disclaimer and save the form (Refer to Saving the Report Form), you will see a SendSS pop-up message after the report completion. Please read the contents and take action accordingly.

SendSS System Message:

IMPORTANT: NAS may be a sign that the baby has been born to a home environment which presents a risk of neglect or other forms of child abuse, especially if the mother has been taking illegal drugs or abusing prescription drugs. This surveillance report is not a substitute for making a mandatory report of child abuse under Code Section 19-7-5. If you have reasonable cause to believe that the baby may be subject to child abuse, then you should make a report to the Division of Family and Childrens Services of the Georgia Department of Human Services. For more information on your obligations as a mandatory reporter, please go to http://dfcs.dhs.georgia.gov/child-abuse-neglect

Close

NAS Substance Record Screen

Add New Substance

Substance Record

Date Tested (mm/dd/yyyy): 01 /04 /2015

Substance Name: Methamphetimines (Meth, Chrystal, Chalk, Ice)

Infant Tested+ Maternal Tested+

Close Save

Enter all the information, to the best of your knowledge and click on Save button.

Editing the NAS Substance Record

Substances

Substance	Maternal History +	Maternal Tested +	Infant Tested +	Date Tested
Methamphetimines (Meth, Chrystal, Chalk, Ice)				01/04/2015

1

Substance Record

Date Tested (mm/dd/yyyy): 01 /04 /2015

Substance Name: Methamphetimines (Meth, Chrystal, Chalk, Ice)

Infant Tested+ Maternal Tested+

Close Save

To Edit the Substance record after you save, click on the **+** sign [**1**]. Make the updates/ corrections and click on save button again.

Adding New Substance Record

Substances

Substance	Maternal History +	Maternal Tested +	Infant Tested +	Date Tested
Methamphetimines (Meth, Chrystal, Chalk, Ice)				01/04/2015
Alcohol				01/05/2015

Add New Substance

You can add new substances by clicking on Add New Substance. If in a previous childbirth, a substance was tested positive on the Mother, then it gets checked in the Maternal History+ [**2**].

Substances

Substance	Maternal History +	Maternal Tested +	Infant Tested +	Date Tested
Alcohol				12/12/2015

2

NAS Infant Record Screen

Add Infant

Infant 0

Last Name: Martin
First Name: Holly
Middle Name:
Gender: Female
Gestational Age at Birth: Weeks: 37 Days: 4
Date of Birth: 01 / 01 / 2015
Infant Control#: B1234567
Medical Rec#: C888888

Close Save

Click on Add Infant to add the infants born in this childbirth. Enter all the information, to the best of your knowledge. All the fields marked with a red circle are mandatory.

Adding New Infant Record

Infants

Last Name	First Name	Gender	Gestational Age	Date of Birth
Martin	Holly	Female	37 Weeks 4 Days	01-Jan-15

Add Infant

Infant 2

Last Name: Martin
First Name: Andrew
Middle Name:
Gender: Male
Gestational Age at Birth: Weeks: **37** Days: **4**
Date of Birth: **01-Jan-15**
Infant Control#: A7654321
Medical Rec#: M2222222

Close Save

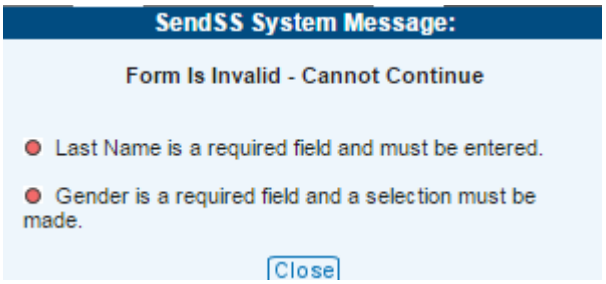
1

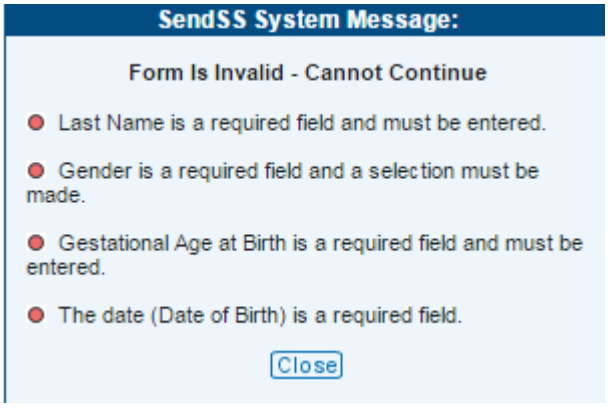
2

You can add more infants if this was a case of multiple births. After entering the information for the first infant, the Gestational Age at Birth [**1**] and Date of Birth [**2**] gets auto-populated for your convenience. Fill in the rest of the information and click on the save button.

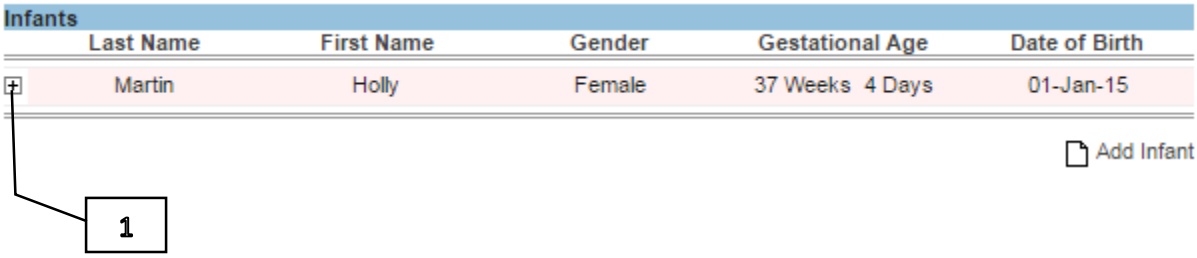
Saving the Infant Record

Once all information has been entered, click the “Save” button. If any of the validations fail you will be notified by a SENDSS pop-up box what needs to be corrected. Make the corrections and click “Save” again.



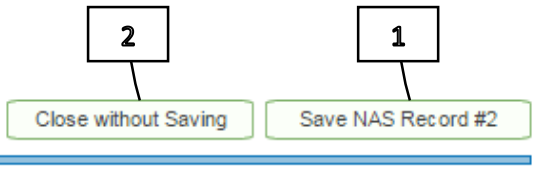


Editing the NAS Infant Record



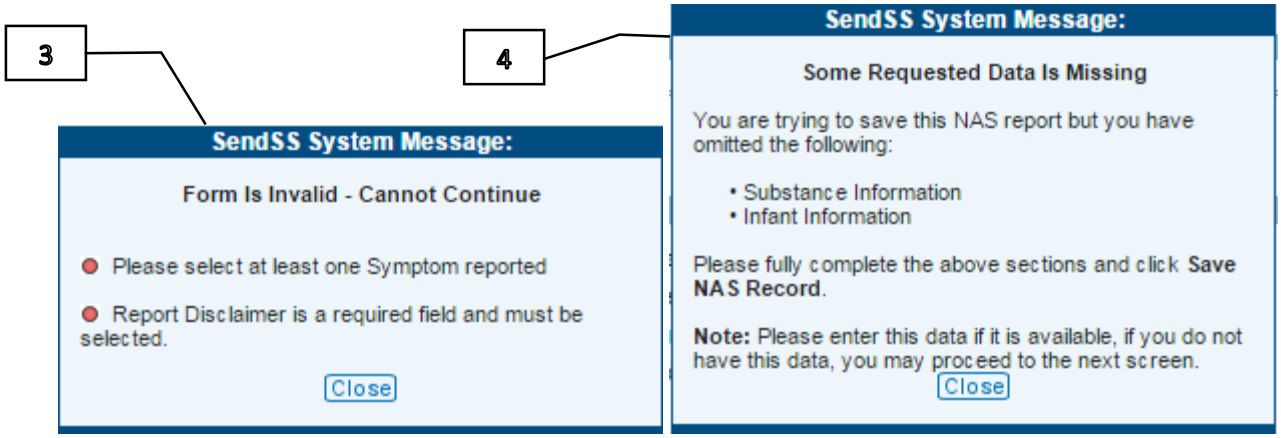
To Edit the NAS Infant Record that you have saved, please click on the **+** sign [**1**]. Make your updates/ corrections and click on save again.

Saving the NAS Reporting Section

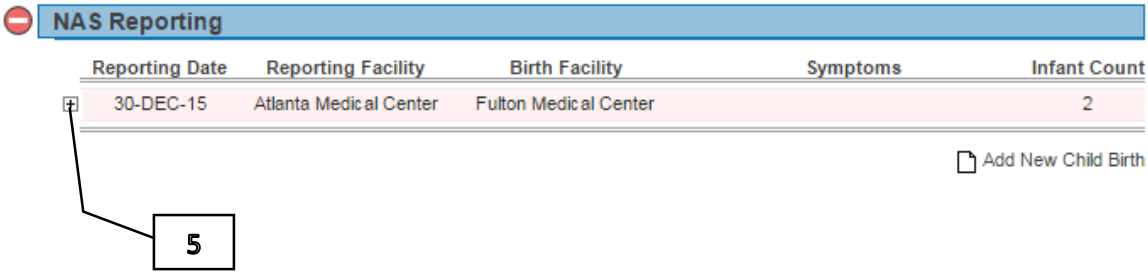


Once all the information has been entered, please click on **Save NAS Record #2** [**1**] button. To Exit without saving the record, click on **Close without Saving [2]** button.

Supporting Information and Report Disclaimer are required fields and you will encounter the below pop-up box [**3**] if the field has not been entered. You will encounter the box [**4**] if you have not entered any Infant or Substance information.

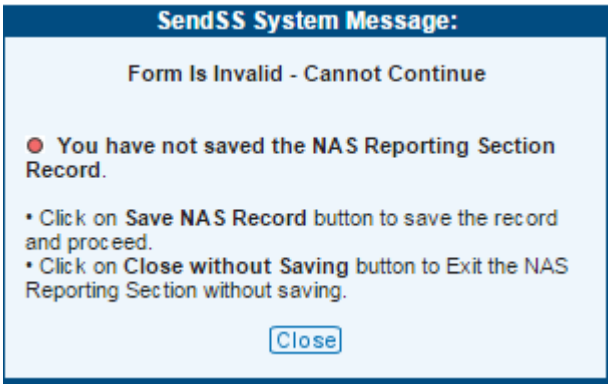


Editing the NAS Childbirth Record



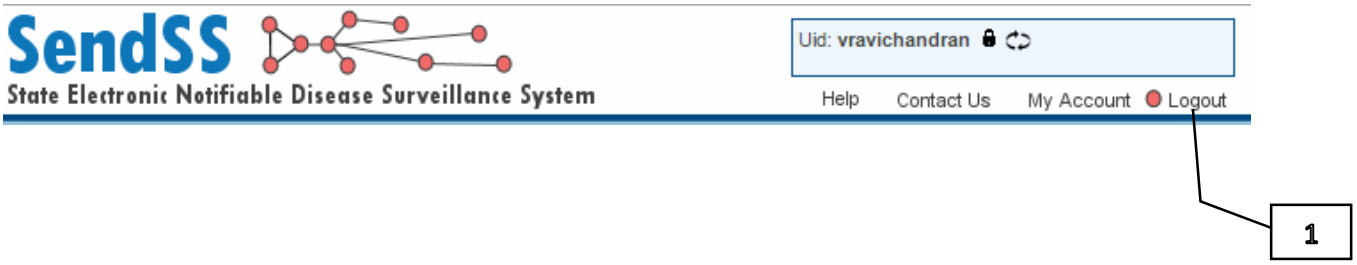
To Edit the NAS Infant Record that you have saved, please click on the **+** sign [**5**]. Make your updates/ corrections and click on Save button again.

Missing NAS Record Information



You might encounter the above SendSS system message, when Substance and/or Infant information has been saved in the NAS Reporting Section but rest of the fields (like the Reporting Facility [**1**], Birth Facility[**2**], Symptoms[**3**], Type of Hospitalization, Infant Age , Additional Information, Medications, Disclaimer etc.) have been left blank by mistake. It is strongly recommended to fill in all the data to the best of your knowledge. The system will **NOT** allow you to proceed unless you save the NAS Record Properly or Close without Saving (Refer Saving the NAS Childbirth Record).

Logging out of the System



Once you have finished using the system, it is important you logout correctly to avoid unauthorized access to the Website. Click on the Logout out link [**1**] to close out the current session. You will be logged out and redirected to the SendSS welcome page.