

CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM

REFERRAL					
C.1 Transport type <input type="checkbox"/> Requested Delivery Attendance <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Scheduled <input type="checkbox"/> Other					
C.2 Indication <input type="checkbox"/> Medical Services <input type="checkbox"/> Surgery <input type="checkbox"/> Insurance <input type="checkbox"/> Bed Availability					
PATIENT IDENTIFICATION/HISTORY:					
C.3 Birth weight ___ ___ ___ grams C.4 Gestational Age ___ weeks ___ days C.5 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown					
C.6 Prenatally Diagnosed Congenital Anomalies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Describe:					
C.7 Maternal Gravida C. 8 Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
C.9 Surfactant Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery					
TIME SEQUENCE				Date	Time
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery				at	
C.11 Last Antenatal Steroid Administration (last dose)				at	
C.12 Infant Birth				at	
C.13 Surfactant (first dose)				at	
C.14 Referral (and Referring Hospital Evaluation)				at	
C.15 Acceptance				at	
C.16 Transport Team Departure from Transport Team Office/NICU for Referring Hospital				at	
C.17 Arrival of Team at Referring Hospital/Patient Bedside and Initial Transport Evaluation				at	
C.18 Initial Transport Team Evaluation				at	
C.19 Arrival at Receiving NICU and Initial Evaluation				at	
INFANT CONDITION			REFERRAL PROCESS		
Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at referring hospital and admit to NICU.			C.31 Referring Hospital Name		
			C.32 Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Referral	Initial Transport	NICU Admit	From:	
Time (24 hour)	C.14	C.18	C.19	C.33 Birth Hospital Name	
C.20 Responsiveness☉				C.34 Transport Team On-Site Leader <input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other Physician/Resident <input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse	
C.21 Temperature C°				C.35 Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Referring Hospital <input type="checkbox"/> Contract Service	
C.22 Heart Rate				C.36 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing	
C.23 Respiratory Rate				Death <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prior to Team Arrival <input type="checkbox"/> Prior to Departure from Referring Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU	
C.24 Oxygen Saturation				For all deaths prior to Receiving NICU admission fax form to the Data Center at (510) 620-3144.	
C.25 Respiratory Status*				Comments	
C.26 Oxygen Index*	MAP				
	FiO ₂				
	PaO ₂				
C.27 Respiratory Support ☒					
C.28 Blood Pressure Systolic/ Diastolic, Mean					
C.29 Pressors	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	RN Signature	
C.30 Blood Glucose	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		
☉ Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry * Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated but not on respirator) 3=Other ☒ Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube * Oxygen Index completed if patient is on ventilator			Patient Identification Stamp		