

**CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM - 2009**

<b>REFERRAL</b>			
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			
<b>PATIENT IDENTIFICATION/HISTORY:</b>			
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			
<b>TIME SEQUENCE</b>			<b>Date</b>
<b>Time</b>			
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery			
C.11 Last Antenatal Steroid Administration (last dose)			
C.12 Infant Birth			
C.13 Surfactant (first dose)			
C.14 Referral (and Referring Hospital Evaluation)			
C.15 Acceptance			
C.16 Transport Team Departure from Transport Team Office/NICU for Referring Hospital			
C.17 Arrival of Team at Referring Hospital/Patient Bedside and Initial Transport Evaluation			
C.18 Initial Transport Team Evaluation			
C.19 Arrival at Receiving NICU and Initial Evaluation			
<b>INFANT CONDITION</b>		<b>REFERRAL PROCESS</b>	
Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at referring hospital and admit to NICU.		C.30 Referring Hospital Name	
		C.31 Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		From:	
		C.32 Birth Hospital Name	
Time (24 hour)		C.14	C.18
C.20 Responsiveness			
C.21 Temperature C°			
C.22 Heart Rate			
C.23 Respiratory Rate			
C.24 Oxygen Saturation			
C.25 Respiratory Status			
C.26 FiO <sub>2</sub>			
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	<input type="checkbox"/> Y <input type="checkbox"/> N
		C.33 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.34 Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Referring Hospital	
		<input type="checkbox"/> Contract Service	
		C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing	
		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	
		<b>For all deaths prior to Receiving NICU admission fax form to the Data Center at (650) 721-5751.</b>	
		Comments	
		RN Signature	
		Patient Identification Stamp	
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			