

**CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM - 2010**

<b>REFERRAL</b>				
Special Situations: <input type="checkbox"/> None <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Transport by Referring Facility <input type="checkbox"/> Transport from ER <input type="checkbox"/> Safe Surrender				
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.19
C.20 Responsiveness $\odot$				C.33 Transport Team On-Site Leader
C.21 Temperature C°				<input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident
Was the infant cooled?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse
Method of cooling $\blackstar$				C.34 Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Referring Hospital
If no cooling, temperature				<input type="checkbox"/> Contract Service
C.22 Heart Rate				C.35 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
C.24 Oxygen Saturation				from Referring Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU
C.25 Respiratory Status $\ast$				<b>For all deaths prior to Receiving NICU admission fax form to the Data Center at (650) 721-5751.</b>
C.26 FiO <sub>2</sub>				Comments
C.27 Respiratory Support $\boxtimes$				
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
$\odot$ Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry $\blackstar$ Method of cooling: Passive, Selective Head, Selective Body, Other, Unknown $\ast$ Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated but not on respirator) 3=Other $\boxtimes$ Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula. 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube				Patient Identification Stamp