CORE CPeTS Acute Inter-facility- Neonatal Transport Form - 2011

Referral

Special Situations: ☐ None ☐ Delivery Attendance ☐ Transport by Referring Facility ☐ Transport from ER ☐ Safe Surrender

C.1 Transport type ☐ Requested Delivery Attendance ☐ Emergent ☐ Urgent ☐ Scheduled ☐ Other

C.2 Indication ☐ Medical Services ☐ Surgery ☐ Insurance ☐ Bed Availability

Patient Identification/History:

C.3 Birth weight ___ ___ ___ ___ grams C.4 Gestational Age ___ ___weeks____ days C.5 ☐ Male ☐Female ☐Unknown

C.6 Prenatally Diagnosed Congenital Anomalies ☐ Yes ☐ No ☐ Unknown Describe:

C.7 Maternal Gravida | C. 8 Steroids ☐Yes ☐No ☐ Unknown

C.9 Surfactant Given ☐Yes ☐No ☐Unknown ☐ Delivery Room ☐ Nursery

Time Sequence	Date	Time
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		

Infant Condition

Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at referring hospital and admit to NICU.

	Referral	Initial Transport	NICU Admit
Time (24 hour)	C.14	C.18	C.19
C.20 Responsiveness✪			
C.21 Temperature C°			
Was the infant cooled?	☐Y ☐N	☐Y☐N	☐Y ☐N
Method of cooling✦			
C.22 Heart Rate			
C.23 Respiratory Rate			
C.24 Oxygen Saturation			
C.25 Respiratory Status ✷			
C.26 FiO_2			
C.27 Respiratory Support ⊘			
C.28 Blood Pressure Systolic/ Diastolic, Mean			
C.29 Pressors	☐Y ☐N	☐Y☐N	☐Y ☐N

Referral Process

C.30 Referring Hospital Name

C.31 Previously Transported? ☐Yes ☐No From:

C.32 Birth Hospital Name

C.33Transport Team On-Site Leader ☐Sub-specialist Physician ☐Pediatrician ☐Other MD/Resident ☐Neonatal Nurse Practitioner ☐Transport Specialist ☐Nurse

C.34Team From ☐Receiving Hospital ☐Referring Hospital ☐Contract Service

C.35 Mode ☐Ground ☐Helicopter ☐Fixed Wing

Death ☐No ☐Yes ☐Prior to Team Arrival ☐ Prior to Departure from Referring Hospital ☐ Prior to Arrival at Receiving NICU

For all deaths prior to Receiving NICU admission fax form to the Data Center at (650) 721-5751.

Comments

RN Signature

✪Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry

✦Method of cooling: Passive, Selective Head, Selective Body, Other, Unknown

✷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

Patient Identification Stamp