

CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2012 FINAL

REFERRAL				
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				
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				
C.11 Last Antenatal Steroid Administration (last dose)			<input type="checkbox"/> N/A <input type="checkbox"/> Unknown	
C.12 Infant Birth				
C.13 Surfactant (first dose)			<input type="checkbox"/> N/A <input type="checkbox"/> Unknown	
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				
C.18 Initial Transport Team Evaluation				
C.19 Arrival at Receiving NICU				
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.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.33 Transport Team On-Site Leader (check only one)	
C.20 Responsiveness ⊕			<input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident	
C.21 Temperature C°			<input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse	
Too low to register			C.34 Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Referring Hospital	
Was the infant cooled?			<input type="checkbox"/> Contract Service	
Method of cooling †			Describe:	
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 *			RN Signature	
C.26 Inspired Oxygen Concentration			Referring Transport Coordinator Contact Information	
C.27 Respiratory Support ⊗			Name: _____ Telephone _____	
C.28 Blood Pressure Systolic/ Diastolic, Mean			Comments	
Too low to register				
C.29 Pressors				
⊕ 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 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	