

CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2017 **EDUCATIONAL ONLY** **SENDING** **RECEIVING** **BOTH**

PATIENT DIAGNOSIS		Special Situations: <input type="checkbox"/> None <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Transport by Sending Hosp. <input type="checkbox"/> Transport from ER <input type="checkbox"/> Safe Surrender					
C.1 Transport type <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Scheduled			C.2. Indication <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Insurance <input type="checkbox"/> Bed Availability				
CRITICAL BACKGROUND INFORMATION							
C.3 Birth weight		grams		C.4 Gestational Age		weeks days	
C.5 Infant Sex		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk					
C.6 Prenatally Diagnosed Congenital Anomalies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Describe:							
C.7 Maternal Date of Birth <input type="checkbox"/> Unknown				C.8a. Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A			
C.8b. Antenatal Magnesium Sulfate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				C.9. See C.13			
TIME SEQUENCE				Date		Time	
C.10 Maternal Admission to (Perinatal Unit or) Labor & Delivery							
C.12 Infant Birth							
C.9/13 Surfactant (first dose) <input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery <input type="checkbox"/> N/A <input type="checkbox"/> Unknown							
C.14 Referral (and Sending Hospital Evaluation Time)							
C.15 Acceptance							
C.16 Transport Team Departure from Transport Team Office/NICU for Sending Hospital							
C.17 Arrival of Team at Sending Hospital/Patient Bedside							
C.18 Initial Transport Team Evaluation							
C.19 Arrival at Receiving NICU (and Receiving NICU Admission Evaluation)							
INFANT CONDITION				REFERRAL PROCESS			
Modified TRIPS Score: data should be collected within 15 minutes of:		Referral	Initial Transport	NICU Admit	C.30 Sending Hospital Name		
C.20 Responsiveness⊕					Previous CPOCC Infant Record ID#		
C.21 Temperature C°					Sending Hospital Nursing Contact Information Name/Telephone		
C.21.a. Too low to register		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	C.31a Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C.21.b. Infant cooled for HIE?		<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.31b From:		
C.21.c. Method of cooling⊕					C.32 Birth Hospital Name		
C.22 Heart Rate					C.33 Transport Team On-Site Leader (check only one) <input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident <input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse		
C.23 Respiratory Rate					C.34a Team Base <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital		
C.24 Oxygen Saturation					<input type="checkbox"/> Contract Service (Name) _____		
C.25 Respiratory Status *					C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing		
C.26 Inspired Oxygen Concentration					Transport Team Informant Names/Telephone Numbers		
C.27 Respiratory Support ⊗							
C.28 Blood Pressure					Comments		
C.28.a. Systolic /							
C.28.b. Diastolic							
C.28.c. Mean							
Too low to register		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes			
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			
Additional Information for CPOCC Admit and Discharge Form Only							
Birth Head Circumference cm				Labor Type <input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Unknown			
Delivery Mode <input type="checkbox"/> Spont. Vaginal <input type="checkbox"/> Op. Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown				Rupture of Membranes > 18 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Death <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prior to Team Arrival <input type="checkbox"/> Prior to Departure from Sending Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU							
⊕ Responsiveness: 0=Death, 1=None, Seizure, Muscle Relaxant, 2=Lethargic, no cry 3=Vigorously withdraws, cry, 9= Unknown ⊕ Method of cooling: Passive, Selective Head, Whole Body, Other, Unknown * Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator), 3=Other, 9= Unknown Respiratory Rate: HFOV = 400 ⊗ Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube , 9= Unknown NOTE: C11. Omitted intentionally							