CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2019 PLEASE PRINT CLEARLY

PATIENT DIAGNOSIS | **Special Situations:** ☐ None ☐ Delivery Attendance ☐ Transport by Sending Facility ☐ Transport from ER ☐ Safe Surr.

C.1 Transport type ☐ Req Del Attend. ☐ Emergent ☐ Urgent ☐ Sched | **C.2.** Indication ☐ Medical Serv ☐ Surgery

CRITICAL BACKGROUND INFORMATION

C.3 Birth weight grams **C.4** Gestational Age weeks days **C.5** ☐ Male ☐ Female ☐ Unk

C.6 Prenatally Diagnosed Congenital Anomalies ☐ Yes ☐ No ☐ Unk Describe: **C.7** Maternal Date of Birth ☐ Unk

C.8a. Antenatal Steroids ☐ Yes ☐ No ☐ Unk ☐ N/A | **C.8b**. Antenatal Magnesium Sulfate ☐ Yes ☐ No ☐ Unk

TIME SEQUENCE	Date	Time
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery		
C.12 Infant Birth		
C.9/13 Surfactant (first dose) ☐ Delivery Room ☐ Nursery ☐ N/A ☐ Unknown		
C.14 Referral		
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		

INFANT CONDITION

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

	Referral	Initial Transport	NICU Admit
C.20 Responsiveness✪			
C.21 Temperature C°			
C. 21.a. Too low to register	☐Yes	☐Yes	☐Yes
C.21.b. Was the infant cooled?	☐Y ☐N	☐Y ☐N	☐Y ☐N
C.21.c. Method of cooling✦			
C.22 Heart Rate			
C.23 Respiratory Rate			
C.24 Oxygen Saturation			
C.25 Respiratory Status ✷			
C.26 Inspired Oxygen Concentration			
C.27 Respiratory Support			
C.28 Blood Pressure Systolic / Diastolic Mean			
C.28.a. Too low to register	☐Yes	☐Yes	☐Yes
C.29 Pressors	☐Y ☐N	☐Y ☐N	☐Y ☐N

REFERRAL PROCESS

C.30 Sending Hospital Name

Previous CPQCC ID#

Sending Hospital Nursing Contact Information Name/Telephone

C.31a Previously Transported? ☐Yes ☐No

C.31b From:

C.32 Birth Hospital Name

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

C.34a Team From ☐Receiving Hospital ☐Sending Hospital ☐Contract Service

C.34b Describe (name of Contract Service):

C.35 Mode ☐Ground ☐Helicopter ☐Fixed Wing

Transport Team Informant Names/Telephone Numbers

Comments

Additional Information for CPQCC Admit and Discharge Form Only

Birth Head Circumference cm Labor Type ☐ Spontaneous ☐ Induced ☐ Unk Rupture of Membranes > 18 hours ☐ Yes ☐ No ☐ Unk

Delivery Mode ☐ Spontaneous Vaginal ☐ Operative Vaginal ☐ Cesarean ☐ Unk

Delayed Cord Clamping ☐Yes ☐No ☐ Unk Time Delayed ☐ 30-60 sec ☐ >60 sec ☐ Unk

Breathing before Clamped ☐Yes ☐No ☐ Unk Cord milking performed ☐Yes ☐No ☐ Unk

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

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

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

✷Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator) 3=Other Respiratory Rate: HFOV = 400

Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube 9= Unk **Note C11. Intentionally Omitted**

This data is mandatory for all infants transported in the State of California per California Perinatal Transport System. Rev 01/2019