

CORE CPETS ACUTE INTER-FACILITY NEONATAL TRANSPORT FORM – 2021

PATIENT DIAGNOSIS		Special Situations: <input type="checkbox"/> None <input type="checkbox"/> Delivery Attendance <input type="checkbox"/> Transport by Sending Facility <input type="checkbox"/> Transport from ER <input type="checkbox"/> Safe Surr.					
C.1 Transport type <input type="checkbox"/> Delivery <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"/> Bed Availability/Insurance				
CRITICAL BACKGROUND INFORMATION							
C.3 Birth weight		grams	C.4 Gestational Age		weeks	days	
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				
TIME SEQUENCE			Date		Time		
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery							
C.11 Infant Birth							
C.12 Maternal/fetal transport not done due to:			<input type="checkbox"/> Advanced Labor <input type="checkbox"/> Bleeding <input type="checkbox"/> Mother Medically Unstable <input type="checkbox"/> Non-Reassuring Fetal Status <input type="checkbox"/> Not Considered <input type="checkbox"/> Unknown				
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							
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				REFERRAL PROCESS			
Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at sending hospital and admit to NICU.				C.30 Sending Hospital Name			
				Previous CPQCC ID#			
				Sending Hospital Nursing Contact Information Name/Telephone			
C.20 Responsiveness				C.31a Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C.21 Temperature C°				C.31b From:			
C.21.a. Too low to register				C.32 Birth Hospital Name			
C.21.b. Was the infant cooled?				C.33 Transport Team On-Site Leader (check only one)			
C.21.c. Method of cooling				<input type="checkbox"/> Sub-specialist Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other MD/Resident			
C.22 Heart Rate				<input type="checkbox"/> Neonatal Nurse Practitioner <input type="checkbox"/> Transport Specialist <input type="checkbox"/> Nurse			
C.23 Respiratory Rate				C.34a Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital			
C.24 Oxygen Saturation				<input type="checkbox"/> Contract Service			
C.25 Respiratory Status *				C.34b Describe (name of Contract Service):			
C.26 Inspired Oxygen Concentration				C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing			
C.27 Respiratory Support				Transport Team Informant Names/Telephone Numbers			
C.28 Blood Pressure Systolic / Diastolic Mean							
N=Not Done, T=Too low to register				Comments			
C.29 Pressors							
Additional Information for CPQCC Admit and Discharge Form Only							
Birth Head Circumference		cm	Labor Type		<input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Unknown Rupture of Membranes >18 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Delivery Mode		<input type="checkbox"/> Spontaneous Vaginal <input type="checkbox"/> Operative Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown					
Delayed Cord Clamping		<input type="checkbox"/> Yes <input type="checkbox"/> 30-60 sec <input type="checkbox"/> 61-120 sec <input type="checkbox"/> >120 sec <input type="checkbox"/> No			<input type="checkbox"/> Maternal Bleeding <input type="checkbox"/> Neonatal Causes <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Breathing before Clamped		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Cord milking performed <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 Method of cooling: Passive, Whole Body, Other, Unknown Respiratory Status: 1=Ventilator 2= Severe (apnea, gasping) 3=Other 9= Unknown Respiratory Rate: High Frequency Ventilation = 400 Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure, 3 = Nasal Ventilation(NIPPV / NIMV) 4 = Oral/Nasal Endotracheal Tube 9= Unknown							