### Special Situations:  
- None  
- Delivery Attendance  
- Transport by Sending Facility  
- Transport from ER  
- Safe Surrender  

#### C.2.1 Transport type  
- Requested Delivery Attendance  
- Emergent  
- Urgent  
- Scheduled  

#### Maternal Date of Birth  
- Unknown  

### Patient Identification/History:  

#### C.3 Birth weight  

#### C.4 Gestational Age  

#### C.5 Gender  
- Male  
- Female  
- Unknown  

#### C.6 Prenatally Diagnosed Congenital Anomalies  
- Yes  
- No  
- Unknown  

#### C.7a. Maternal Gravida  

#### C.8a. Steroids  
- Yes  
- No  
- Unknown  

#### C.8b. Antenatal Magnesium Sulfate  
- Yes  
- No  
- Unknown  

#### C.9 Surfactant Given  
- Yes  
- No  
- Unknown  

#### C.10 Maternal Admission to Perinatal Unit or Labor & Delivery  

#### C.11 Last Antenatal Steroid Administration (last dose)  
- N/A  
- Unknown  

#### C.12 Infant Birth  

#### C.13 Surfactant (first dose)  
- 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  

#### C.20 Responsiveness  

#### C.21 Temperature °C  
- Too low to register:  
  - Yes  
  - Yes  
  - Yes  

#### Was the infant cooled?  
- Y  
- N  
- M  
- N  

#### Method of cooling  
- Passive  
- Selective Head  
- Selective Body  
- Other  
- Unknown  

#### 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  
- No  
- Yes  

#### C.28 Blood Pressure  
- Systolic/ Diastolic, Mean  

#### Too low to register:  
- Yes  
- No  
- Yes  

#### C.29 Pressors  
- Yes  
- No  
- Yes  

### Referral Process:  

#### C.30 Sending Hospital Name  

#### C.31 Previously Transported?  
- Yes  
- No  

#### 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.34 Team From  
- Receiving Hospital  
- Sending Hospital  

#### Transport Specialist  
- Contract Service  

#### Describe:  

#### C.35 Mode  
- Ground  
- Helicopter  
- Fixed Wing  

#### Death  
- No  
- Yes  

#### Prior to Team Arrival  
- Prior to Arrival at Receiving NICU  

#### C.36 Transport Team RN Signature  

#### Sending Hospital Nursing Contact Information  
- Name:  
- Telephone:  

#### Comments  

### This data is mandatory for all infants transported in the State of California per California Perinatal Transport System.  

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