

CORE CPETS ACUTE INTER-FACILITY- NEONATAL TRANSPORT FORM – 2017

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 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	Comments			
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							