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

PATIENT DIAGNOSIS	Special Situations: ☐ None ☐ Delivery Attendance ☐ Transport by Sending Hosp. ☐ Transport from ER ☐ Safe Surrender			
C.1 Transport type ☐ Delivery Attendance ☐ Emergent ☐ Urgent ☐ Scheduled	C.2. Indication ☐ Medical ☐ Surgical ☐ Insurance ☐ Bed Availability			
CRITICAL BACKGROUND INFORMATION				
C.3 Birth weight grams	C.4 Gestational Age weeks days	C.5 Infant Sex ☐ Male ☐ Female ☐ Unk		
C.6 Prenatally Diagnosed Congenital Anomalies ☐ Yes ☐ No ☐ Unknown Describe:				
C.7 Maternal Date of Birth ☐ Unknown	C.8a. Antenatal Steroids ☐ Yes ☐ No ☐ Unknown ☐ N/A			
C.8b. Antenatal Magnesium Sulfate ☐ Yes ☐ No ☐ 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) ☐ Delivery Room ☐ Nursery ☐ N/A ☐ 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	Initial Transport	NICU Admit	REFERRAL PROCESS
Modified TRIPS Score: data should be collected within 15 minutes of:				C.30 Sending Hospital Name
C.20 Responsiveness✪				Previous CPQCC Infant Record ID#
C.21 Temperature C°				Sending Hospital Nursing Contact Information Name/Telephone
C. 21.a. Too low to register	☐Yes	☐Yes	☐Yes	C.31a Previously Transported? ☐Yes ☐No C.31b From:
C.21.b. Infant cooled for HIE?	☐Y ☐N	☐Y ☐N	☐Y ☐N	C.32 Birth Hospital Name
C.21.c. Method of cooling✦				C.33Transport Team On-Site Leader (check only one) ☐Sub-specialist Physician ☐Pediatrician ☐Other MD/Resident ☐Neonatal Nurse Practitioner ☐Transport Specialist ☐Nurse
C.22 Heart Rate				
C.23 Respiratory Rate				C.34a Team Base ☐Receiving Hospital ☐Sending Hospital ☐Contract Service (Name)_____
C.24 Oxygen Saturation				
C.25 Respiratory Status ✸				C.35 Mode ☐Ground ☐Helicopter ☐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	☐Yes	☐Yes	☐Yes	Comments
C.29 Pressors	☐Y ☐N	☐Y ☐N	☐Y ☐N	

Additional Information for CPQCC Admit and Discharge Form Only	
Birth Head Circumference cm	Labor Type ☐ Spontaneous ☐ Induced ☐ Unknown
Delivery Mode ☐ Spont. Vaginal ☐ Op. Vaginal ☐ Cesarean ☐ Unknown	Rupture of Membranes > 18 hours ☐ Yes ☐ No ☐ Unknown
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, 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

This data is mandatory for all infants transported in the State of California per California Perinatal Transport System. Rev 4/2017