**CRITICAL BACKGROUND INFORMATION**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth weight</td>
<td>Gestational Age</td>
<td>Infant Sex</td>
<td>Prenatally Diagnosed Congenital Anomalies</td>
<td>Maternal Date of Birth</td>
<td>Antenatal Magnesium Sulfate</td>
<td>Antenatal Steroids</td>
<td>Maternal Admission to (Perinatal Unit or) Labor &amp; Delivery</td>
<td>Infant Birth</td>
<td>Birth</td>
<td>Surfactant (first dose)</td>
<td>Referral</td>
<td>Time Sequence</td>
</tr>
<tr>
<td>grams</td>
<td>weeks</td>
<td>days</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Date</td>
<td>Delivered</td>
<td>Nursery</td>
<td>Date</td>
</tr>
</tbody>
</table>

**RESPIRATORY RATE**

- HFOV = 400
- Yes
- No
- Unknown
- Other

**METHOD OF COOLING**

- Passive
- Selective Head
- Whole Body
- Other
- Unknown

**RESPONSIVENESS**

- Vigorously withdraws, cry
- Lethargic, no cry

**MODIFIED TRIPS SCORE**

- Data should be collected within 15 minutes of:
- Referral
- Initial Transport
- NICU Admit

**TRANSPORT TEAM PROCESS**

- Sending Hospital Name
- Previous CPQCC Infant Record ID#
- Sending Hospital Nursing Contact Information Name/Telephone
- Transport Team On-Site Leader (check only one)
- Sub-specialist Physician
- Pediatrician
- Other MD/Resident
- Neonatal Nurse Practitioner
- Transport Specialist
- Nurse

**TRANSPORT TEAM INFORMANT NAMES/THELPHONE NUMBERS**

- Transport Team Informant Names/Telephone Numbers
- Neonatal Nurse Practitioner
- Transport Specialist
- Nurse

**INFECTIONAL INFORMATION**

- 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

**RESPIRATORY SUPPORT**

- 0 = None
- 1 = Hood/Nasal Cannula, Blowby
- 2 = Nasal
- Continuous Positive Airway Pressure
- Endotracheal Tube
- 3 = Nasal
- 4 = Hood/Nasal Cannula, Blowby
- 5 = Nasal
- 6 = Hood/Nasal Cannula, Blowby
- 7 = Nasal
- 8 = Hood/Nasal Cannula, Blowby
- 9 = Endotracheal Tube
- 10 = Ventilator
- 11 = nasal
- 12 = Nasal
- 13 = Endotracheal Tube
- 14 = Ventilator

**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

**NOTE:**

- C11. Omitted intentionally
- C21.c. Method of cooling +
- C21.b. Infant cooled for HIE?
- Y
- N
- C21.a. Too low to register
- Y
- N
- C22 Heart Rate
- C23 Respiratory Rate
- C24 Oxygen Saturation
- C25 Respiratory Status
- C26 Inspired Oxygen Concentration
- C27 Respiratory Support
- C28 Blood Pressure
- Systolic / Diastolic
- Mean
- Too low to register
- Y
- N
- C29 Pressures
- Y
- N
- Y
- N
- C30 NICU Admit
- NICU Discharge
- NICU Support
- C31a Previously Transferred?
- Yes
- No
- C31b From:
- C32 Birth Hospital Name
- C33 Transport Team On-Site Leader (check only one)
- C34a Team Base
- Receiving Hospital
- C34b Contract Service (Name)
- C35 Mode
- Ground
- Helicopter
- Fixed Wing
- Transport Team Informant Names/Telephone Numbers
- Comments

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