

<b>PATIENT DIAGNOSIS</b>				
<b>Special Situations:</b> <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 Surrender				
C.1 Transport type <input type="checkbox"/> Requested Delivery Attendance <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Scheduled			C.7 Maternal Date of Birth	
C.2. Indication <input type="checkbox"/> Medical Services <input type="checkbox"/> Surgery <input type="checkbox"/> Insurance <input type="checkbox"/> Bed Availability			<input type="checkbox"/> Unk	
<b>CRITICAL BACKGROUND INFORMATION</b>				
C.3 Birth weight	grams	C.3a. Birth Head Circumference	cm	C.4 Gestational Age
				weeks days
C.5 <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"/> Unk Describe:				
C.7.a. Rupture of Membranes > 18 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			C.7b. Labor Type <input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Unknown	
C.7c. Delivery Mode <input type="checkbox"/> Spontaneous Vaginal <input type="checkbox"/> Operative Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unk				
C.7d. Delayed Cord Clamping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Time Delayed <input type="checkbox"/> <30 sec <input type="checkbox"/> 30-60 sec <input type="checkbox"/> >60 sec <input type="checkbox"/> Unk				
Breathing before Clamped <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Cord milking performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
C.8a. Antenatal Steroids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A			C.8b. Antenatal Magnesium Sulfate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
<b>TIME SEQUENCE</b>				
			<b>Date</b>	<b>Time</b>
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery				
C.12 Infant Birth				
C.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				
<b>INFANT CONDITION</b>			<b>REFERRAL PROCESS</b>	
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#	
	Referral	Initial Transport	NICU Admit	<b>Sending Hospital Nursing Contact Information Name/Telephone</b>
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	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	C.32 Birth Hospital Name
C.21.b. Was the infant cooled?	<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.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				Death <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prior to Team Arrival <input type="checkbox"/> Prior to Departure
C.28 Blood Pressure				from Sending Hospital <input type="checkbox"/> Prior to Arrival at Receiving NICU
Systolic /				<b>Transport Team Informant Names/Telephone Numbers</b>
Diastolic				
Mean				
C.28.a. Too low to register	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<b>Comments</b>
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	

Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry  
 Method of cooling: Passive, Selective Head, Whole Body, Other, Unknown  
 Respiratory Status: 1=Respirator 2= Severe (apnea, gasping, intubated not on respirator) 3=Other  
 Respiratory Rate: HFOV = 400  
 Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure, 3 = Endotracheal Tube