## CORE CPETS ACUTE INTER-FACILITY NEONATAL TRANSPORT FORM - 2025

PATIENT DIAGNOSIS Special Situations: None Delivery Attendance Transport by Sending Facility Transport from ER Safe Surr.						
C.1 Transport type Delivery Emergent Urgent Scheduled C.2. Indication Medical Surgical Bed Availability/Insurance						
CRITICAL BACKGROUND INFORMATION						
C.3 Birth weight grams C.4 Gestational Age weeks days C.5 Male Female Undetermined Unknown						
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						
TIME SEQUENCE Date Time						
C.10 Maternal Admission to Perinatal Unit or Labor & Delivery						
C.11 Infant Birth						
C.12 Maternal/fetal transport not done due to: Advanced Labor Bleeding Mother Medically Unstable Non-Reassuring Fetal Status						
Not Considered Unknown Not Applicable						
C.9/13 Surfactant (first dose)						
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						
	CONDITION	thin 15 minute	of arrival at	REFERRAL PROCESS		
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	Referral Initial		Sending Hospital Nursing Contact Information Name/Telephone		
	Referrar	Transport	NICU Admit	Senting nospital Nul	ising contact morma	ation Marine/Telephone
C.20 Responsiveness				C.31a Previously Trans	sported? □Yes □No	
				C.31b From:		
C.21 Temperature C°				C.32 Birth Hospital Name		
C. 21.a. Too low to register	Yes	TYes	Tes	C.33Transport Team On-Site Leader (check only one)		
C.21.b. Was the infant cooled?				Sub-specialist Physician Pediatrician Other MD/Resident		
C.21.c. Method of cooling +				Neonatal Nurse Practitioner Transport Specialist		
C.22 Heart Rate				C.34a Team From	Receiving Hospital	Sending Hospital
C.23 Respiratory Rate				Contract Service		
C.24 Oxygen Saturation				C.34b Describe (name	of Contract Service):	
C.25 Respiratory Status *						Mine
C.26 Inspired Oxygen Concentration				C.35 Mode Ground Helicopter Fixed Wing Transport Team Informant Names/Telephone Numbers		
C.27 Respiratory Support &				Transport ream mo	mant names/relepin	
C.28 Blood Pressure Sys/Dia						
Mean				Comments		
U = Unknown N=Not Done, T=Too low to register						
C.29 Pressors						
Additional Information for CPQCC Admit and Discharge Form Only						
Birth Head Circumference cm Labor Type Spontaneous Induced Unknown Rupture of Membranes>18 hours Yes No Unknown						
Delivery Mode Spontaneous Vaginal Operative Vaginal Cesarean Unknown						
Delayed Cord Clamping Yes 30-60 sec 61-120 sec >120 sec No Maternal Bleeding Neonatal Causes Other						
Unknown Breathing before Clamped Yes No Unknown Cord milking performed Yes No Unknown						
Death No Yes Prior to Team Arrival Prior to Departure from Sending Hospital Prior to Arrival at Receiving NICU						
<ul> <li>Responsiveness: 0=Death 1=None, Seizure, Muscle Relaxant 2=Lethargic, no cry 3=Vigorously withdraws, cry</li> <li>Method of cooling: Passive, Whole Body, Other, Unknown</li> </ul>						
★Respiratory Status: 1=Ventilator 2= Severe (apnea, gasping) 3=Other 9= Unknown						
Respiratory Rate: High Frequency Ventilation	on = 400	,				
Respiratory Support: 0 = None, 1 = Hood/Nasal Cannula, Blowby 2 = Nasal Continuous Positive Airway Pressure 3 = Non-Invasive Ventilation (NIPPV / NIMV) Note: This includes Nasal prongs and masks						
5 - Non-Invasive ventilation (NIPPV / Nilviv) Note. This includes Nasal prongs and masks 4 = Oral/Nasal Endotracheal Tube 9= Unknown						

4 = Oral/Nasal Endotracheal Tube 9= Unknown This data is mandatory for all infants transported in the State of California per California Perinatal Transport System.