

**CORE CPETS ACUTE INTER-FACILITY NEONATAL TRANSPORT FORM – 2026**

<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 Surr.			
C.1 Transport type <input type="checkbox"/> Delivery <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"/> Bed Availability/Insurance	
<b>CRITICAL BACKGROUND INFORMATION</b>			
C.3 Birth weight	grams	C.4 Gestational Age	weeks days
C.5 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined <input type="checkbox"/> Unknown		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	
<b>TIME SEQUENCE</b>			
		<b>Date</b>	
<b>C.10</b> Maternal Admission to Perinatal Unit or Labor & Delivery			
<b>C.11</b> Infant Birth			
C.12 Maternal/fetal transport not done due to: <input type="checkbox"/> Advanced Labor <input type="checkbox"/> Bleeding <input type="checkbox"/> Mother Medically Unstable <input type="checkbox"/> Non-Reassuring Fetal Status <input type="checkbox"/> Not Considered <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable			
<b>C.9/13</b> Surfactant (first dose)		<input type="checkbox"/> Delivery Room <input type="checkbox"/> Nursery <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	
<b>C.14</b> Referral			
<b>C.15</b> Acceptance			
<b>C.16</b> Transport Team Departure from Transport Team Office/NICU for Sending Hospital			
<b>C.17</b> Arrival of Team at Sending Hospital/Patient Bedside			
<b>C.18</b> Initial Transport Team Evaluation			
<b>C.19</b> 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.		<b>C.30</b> Sending Hospital Name	
		Previous CPQCC ID#	
	Referral	Initial Transport	NICU Admit
<b>C.20</b> Responsiveness ☺			
<b>C.21</b> Temperature C°			
C.21.a. Too low to register		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
C.21.b. Was the infant cooled?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
C.21.c. Method of cooling †			
<b>C.22</b> Heart Rate			
<b>C.23</b> Respiratory Rate			
<b>C.24</b> Oxygen Saturation			
<b>C.25</b> Respiratory Status *			
<b>C.26</b> Inspired Oxygen Concentration			
<b>C.27</b> Respiratory Support ☒			
<b>C.28</b> Blood Pressure Sys/Dia Mean			
U = Unknown N=Not Done, T=Too low to register	<input type="checkbox"/> U <input type="checkbox"/> N <input type="checkbox"/> T	<input type="checkbox"/> U <input type="checkbox"/> N <input type="checkbox"/> T	<input type="checkbox"/> U <input type="checkbox"/> N <input type="checkbox"/> T
<b>C.29</b> Pressors		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>C.30</b> Sending Hospital Name		<b>Sending Hospital Nursing Contact Information Name/Telephone</b>	
<b>C.31a</b> Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.31b</b> From:	
<b>C.32</b> Birth Hospital Name		<b>C.33</b> 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	
<b>C.34a</b> Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital <input type="checkbox"/> Contract Service		<b>C.34b</b> Describe (name of Contract Service):	
<b>C.35</b> Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing		<b>Transport Team Informant Names/Telephone Numbers</b>	
<b>Comments</b>			
<b>Additional Information for CPQCC Admit and Discharge Form Only</b>			
Birth Head Circumference	cm	Labor Type	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Unknown Rupture of Membranes >18 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Delivery Mode	<input type="checkbox"/> Spontaneous Vaginal <input type="checkbox"/> Operative Vaginal <input type="checkbox"/> Cesarean <input type="checkbox"/> Unknown		
Delayed Cord Clamping	<input type="checkbox"/> Yes <input type="checkbox"/> 30-60 sec <input type="checkbox"/> 61-120 sec <input type="checkbox"/> >120 sec <input type="checkbox"/> No <input type="checkbox"/> Maternal Bleeding <input type="checkbox"/> Neonatal Causes <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Breathing before Clamped	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cord milking performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Death</b>	<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 † Method of cooling: Passive, Whole Body, Other, Unknown * Respiratory Status: 1=Ventilator 2= Severe (apnea, gasping) 3=Other 9= Unknown Respiratory Rate: High Frequency Ventilation = 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 4 = Oral/Nasal Endotracheal Tube 9= Unknown			