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) ☐ Delivery Room ☐ Nursery ☐ N/A ☐ 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		

Infant Condition

Modified TRIPS Score: to be recorded on referral, within 15 minutes of arrival at sending hospital and admit to NICU.

	Referral	Initial Transport	NICU Admit
C.20 Responsiveness✪			
C.21 Temperature C°			
C. 21.a. Too low to register	☐Yes	☐Yes	☐Yes
C.21.b. Was the infant cooled?	☐Y ☐N	☐Y ☐N	☐Y ☐N
C.21.c. Method of cooling✦			
C.22 Heart Rate			
C.23 Respiratory Rate			
C.24 Oxygen Saturation			
C.25 Respiratory Status ✷			
C.26 Inspired Oxygen Concentration			
C.27 Respiratory Support ⊱			
C.28 Blood Pressure Sys/Dia Mean U = Unknown N=Not Done, T=Too low to register	☐U☐N☐T	☐U☐N☐T	☐U☐N☐T
C.29 Pressors	☐Y ☐N	☐Y ☐N	☐Y ☐N

Referral Process

C.30 Sending Hospital Name

Previous CPQCC ID#

Sending Hospital Nursing Contact Information Name/Telephone

C.31a Previously Transported? ☐Yes ☐No
C.31b From:

C.32 Birth Hospital Name

C.33 Transport Team On-Site Leader (check only one)
☐Sub-specialist Physician ☐Pediatrician ☐Other MD/Resident
☐Neonatal Nurse Practitioner ☐Transport Specialist ☐Nurse

C.34a Team From ☐Receiving Hospital ☐Sending Hospital ☐Contract Service
C.34b Describe (name of Contract Service):

C.35 Mode ☐Ground ☐Helicopter ☐Fixed Wing

Transport Team Informant Names/Telephone Numbers

Comments

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

✪ 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

This data is mandatory for all infants transported in the State of California per California Perinatal Transport System. Rev 11/2024