

CORE CPETS ACUTE INTER-FACILITY NEONATAL TRANSPORT FORM – 2026

PATIENT DIAGNOSIS				Special Situations: <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			
CRITICAL BACKGROUND INFORMATION							
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			
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: <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							
C.9/13 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							
INFANT CONDITION				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	Initial Transport	NICU Admit	Sending Hospital Nursing Contact Information Name/Telephone			
C.20 Responsiveness☼				C.31a Previously Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No C.31b From:			
C.21 Temperature C°				C.32 Birth Hospital Name			
C.21.a. Too low to register	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	C.33 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			
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.21.c. Method of cooling✦							
C.22 Heart Rate				C.34a Team From <input type="checkbox"/> Receiving Hospital <input type="checkbox"/> Sending Hospital <input type="checkbox"/> Contract Service			
C.23 Respiratory Rate				C.34b Describe (name of Contract Service):			
C.24 Oxygen Saturation							
C.25 Respiratory Status *				C.35 Mode <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed Wing			
C.26 Inspired Oxygen Concentration				Transport Team Informant Names/Telephone Numbers			
C.27 Respiratory Support ☒							
C.28 Blood Pressure Sys/Dia Mean				Comments			
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				
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				
Additional Information for CPQCC Admit and Discharge Form Only							
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							
Death <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							