# CORE CPETS ACUTE INTER-FACILITY NEONATAL TRANSPORT FORM – 2021

**PATIENT DIAGNOSIS** | **Special Situations:** | **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 Gender: | Male | Female | Undetermined | Unknown  
C.6 Prenatally Diagnosed Congenital Anomalies | Yes | No | Unknown  
C.7 Maternal Date of Birth |  
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  
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 | REFERRAL PROCESS |  
|---|---|---  
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 | 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 | Systolic / Diastolic | Mean |  
N=Not Done, T=Too low to register | N | T | N | T |  
C.29 Pressors | Y | N | Y | N | Y | N  

| 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  

*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 = Nasal Ventilation(NIPPV / NIMV)  
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.  
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