

NEONATAL TRANSFER TO HOSPITAL Provider-to-Provider Report

Place patient Medical Record Sticker here

Date: ____ / ____ / ____ Time: ____ : ____ Neonate: <i>Male / Female</i> Name: _____ DOB: ____ / ____ / ____ TOB: ____ : ____ Mother's Name: _____ DOB: ____ / ____ / ____ Father's Name: _____ Transfer to: _____ Contact Name: _____ Contact Number: (____) ____ - ____	Transfer from: <i>Birth Center/ Home Birth</i> Provider: _____ Contact Number: (____) ____ - ____ Facility Name: _____ Contact Number: (____) ____ - ____ Fax: (____) ____ - ____
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Hospital: Please send communication and discharge summary to the above "Transfer from" provider.

LAST NEONATAL VS

Time: ____ : ____
 HR: ____ RR: ____ T: ____
 SpO2: ____ Resp. Status: ____
 APGARs:
 1 min: ____ 5 min: ____ 10 min: ____
 Feeding: *Y/N* Urine: *Y/N* BM: *Y/N*

NEONATAL MEDICATIONS

Eye Prophylaxis: *Y/N*
 Vit K: *IM / Oral / None*

RISK FACTORS FOR INFECTION

Prolonged Labor / PROM / Maternal Fever / Fetal Tachycardia
 GBS: *Pos/ Neg/ UNK* Date: ____ / ____ / ____
 ABX: *PCN/ None/ Other:* _____
 > 4 hours: *Y/N*

MATERNAL LABS AND MEDICATIONS

ABO/Rh: *A B AB O UNK Pos / Neg/ UNK*
 HIV: *Pos/ Neg/ UNK* HepB sAg: *Pos/ Neg/ UNK*
 Other Intrapartum Meds: _____

SITUATION: _____

BACKGROUND: ____ y/o G__ P__ @ ____ weeks

EDD: ____ by LMP ____ or U/S @ ____ weeks

Membranes: ROM Prior to Labor? *Y/N* Time: ____ : ____

Total ROM Time: ____ hrs ____ min

Meconium: *Y/N Lt/ Mod / Thick*

Resuscitation: *Deep Suction / Blow-by O2 / PPV/ Cardiac Compressions for ____ min*

/Other: _____

Labor History: _____

Current Pregnancy History: _____

Pertinent Maternal History (Medical/ Surgical/ OB): _____

ASSESSMENT: _____

RECOMMENDATION: _____

Method of Transport: *Private Car / Ambulance* ETA: ____ : ____

Place of Arrival: *ER/ NICU/ Transition Nursery/ Peds Floor*

Parental Desires: _____

Person(s) Accompanying Neonate: _____

Hospital: please scan or otherwise include this form in the patient medical record



Midwives: Please email this form to: birthregistration@utah.gov

To submit feedback on this form or to comment on the transfer process,

please visit: mihp.utah.gov/UWNQC or call 801-273-2856. V12/2018

