

NEONATAL TRANSFER TO HOSPITAL Provider-to-Provider Report

Place patient Medical Record Sticker here

Date: ___ / ___ / ___ Time: ___:___:___
 Neonate: *Male / Female* Name: _____
 DOB: ___ / ___ / ___ TOB: ___:___:___
 Mother's Name: _____ DOB: ___ / ___ / ___
 Father's Name: _____
 Transfer to: _____
 Contact Name: _____ Contact Number: (____) ____ - _____

Transfer from: *Birth Center/ Home Birth*
 Provider: _____
 Contact Number: (____) ____ - _____
 Facility Name: _____
 Contact Number: (____) ____ - _____
 Fax: (____) ____ - _____

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: _____

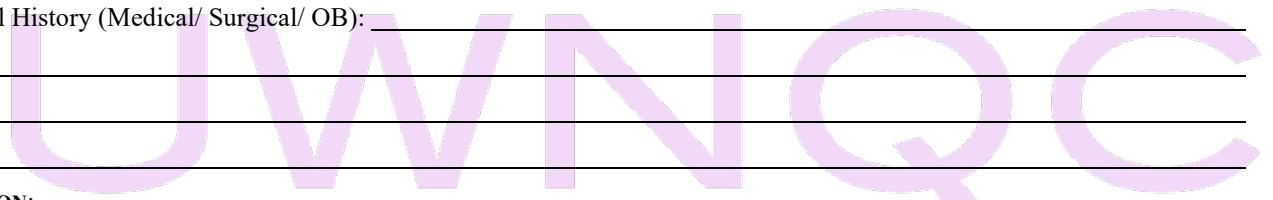
Method of Transport: *Private Car / Ambulance* ETA: ___:___:___

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



Utah Women & Newborns Quality Collaborative

