



HBS COLLABORATION TASK FORCE- NEWBORN TRANSFER FORM

Patient's Full Name: JusticeTemplate Male Female Date/ Time: / :
Mother's Full Name: AnnaTemplate Phone # () EDD:
Referring Provider: Community Midwife Phone # () Gestation: 38w3d
Referred to: Collaborating Hospital
Does receiving hospital have maternal/ prenatal records? YES NO UNKNOWN
Medical records included: # Pages:

SITUATION and Reason for Transport
Neonatal respiratory distress at 2 hours of life on CPAP with inadequate GBS prophylaxis
Status at Time of Transport: Stable Unstable

Mode of Transport: Private Vehicle EMS
EMS Staff:
Called: Arrived Departed:
Time arrival at hospital: :
Time Hospital Provider Received :
Time verbal report: :

Labor History:
Latent Onset: (date/time): / :
Active Onset: (date/time): / :
2nd Stage Onset: (date/time): / :
AROM/ SROM: (date/time): / :
Birth: (date/time): / :
Placenta: (date/time): / :
EBL:
Fluid: CLEAR MECONIUM BLOODY
Complications: NO YES, Details

NEWBORN TRANSITION: RESUS SUCTION O2 PPV CHEST COMPRESSIONS

NEWBORN EXAM: Birth Weight: 3250g APGAR: 1MIN: 7 5 MIN: 9 10 MIN:
Significant Findings: nasal flaring, retractions, low pulse oximetry

Last VS: Time: Heart Rate: 136 Resp. Rate: 90 Temp: 99.1 SpO2: 93%
Feeding Concerns: Blood Glucose: Last Feed (time): :
Eye Tx Vitamin K (IM / Oral) CCHD Screening Metabolic Screening

MATERNAL BACKGROUND
Current Pregnancy Complications: uncomplicated pregnancy
Significant Medical History: non-contributory
Prior Pregnancy Outcomes: term SVD x 2
NKDA, Allergies: Height / Weight: /
Current Medications /Supplements: prenatal vitamin
Blood Type: Bpos BP Baseline: / GDM Testing: YES NO Hct: (date:)
ALERTS: Rh- HSV+ Rubella Non-Immune HEP B+ HIV+
GBS Unknown GBS+ GBS- (date:)

ASSESSMENT: persistent neonatal tachypnea and signs of respiratory distress. on CPAP

RECOMMENDATION: transfer to hospital for sepsis workup