



HBS COLLABORATION TASK FORCE- NEWBORN TRANSFER FORM

Patient's Full Name: Josie Template
Mother's Full Name: Sarah Template
Referring Provider: Community Midwife
Referred to: Collaborating Hospital
Does receiving hospital have maternal/ prenatal records?
Medical records included: # Pages:

SITUATION and Reason for Transport
Neonatal respiratory distress and abnormal motor function after shoulder dystocia
Status at Time of Transport: Stable

Mode of Transport: EMS
Time arrival at hospital:
Time Hospital Provider Received:
Time verbal report:

Labor History:
Latent Onset:
Active Onset: 04:00
2nd Stage Onset: 13:00
AROM/ SROM: 07:15
Birth: 14:40
Placenta: 14:44
EBL: 100cc
Fluid: CLEAR
Complications: NO

NEWBORN TRANSITION: PPV

NEWBORN EXAM: Birth Weight: APGAR: 1MIN: 6 5 MIN: 8 10 MIN:
Significant Findings: flexion in 3/4 of extremities, diminished moro reflex on right arm

Last VS: Time: Heart Rate: 140 Resp. Rate: 58 Temp: 99.2 SpO2: 92%
Feeding Concerns: Blood Glucose: Last Feed (time):
Eye Tx Vitamin K CCHD Screening Metabolic Screening

MATERNAL BACKGROUND
Current Pregnancy Complications: pre-pregnancy BMI 28, elevated 1 hour GTT, normal 3 hour GTT TWG 42lb
Significant Medical History: non-contributory
Prior Pregnancy Outcomes: G1 - current
NKDA, Allergies: Height / Weight: 5ft 2in / 197lb
Current Medications /Supplements: prenatal vitamin
Blood Type: A pos BP Baseline: GDM Testing: YES
ALERTS: Rh- HSV+ Rubella Non-Immune HEP B+ HIV+
GBS Unknown GBS+ GBS- (date: )

ASSESSMENT: suspect brachial plexus injury

RECOMMENDATION: transfer to hospital for further assessment