

# Newborn Transfer Form

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Provided By 

## Basic info

PATIENT FULL NAME: \_\_\_\_\_ MALE  FEMALE   
EDD: \_\_\_\_\_ GESTATIONAL AGE: \_\_\_\_\_  
MOTHER'S FULL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
REFERRING PROVIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
HOSPITAL REFERRED: \_\_\_\_\_ CALL RECEIVED BY: \_\_\_\_\_ TIME: \_\_\_\_\_

### Have medical records been sent?

YES  NO  UNKNOWN 

### Records sent by

EMAIL  FAX  HAND DELIVERED  ATTACHED 

## Situation

REASON FOR TRANSPORT: \_\_\_\_\_

### Status at Time of Transport

STABLE  UNSTABLE 

## Mode of transport

PRIVATE VEHICLE  EMS  EMS CALLED: \_\_\_\_\_ ARRIVED: \_\_\_\_\_ DEPARTED: \_\_\_\_\_

EMS STAFF: \_\_\_\_\_

PEOPLE ACCOMPANYING PATIENT: \_\_\_\_\_

TIME OF ARRIVAL AT HOSPITAL: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_ TIME VERBAL REPORT: \_\_\_\_\_

## Labor History

### LATENT ONSET

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### 2ND STAGE

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### BIRTH

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### FLUID

CLEAR 

### ACTIVE ONSET

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### AROM/SROM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### PLACENTA

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MECONIUM BLOODY GBS +  ANTIBIOTICS GIVEN (TIME): \_\_\_\_\_ PLACENTA EXAM: \_\_\_\_\_

### COMPLICATIONS

(If yes)

NO  YES  DESCRIBE: \_\_\_\_\_

### NEWBORN RESUSCITATION

 NONE  TACTILE STIMULATION  SUCTION  PPV  OXYGEN  CPAP  CHEST COMPRESSIONS

## Newborn Exam

BIRTH WEIGHT: \_\_\_\_\_

### APGAR

1 MIN: \_\_\_\_\_ 5 MIN: \_\_\_\_\_ 10 MIN: \_\_\_\_\_

SIGNIFICANT FINDINGS: \_\_\_\_\_

### EYE OINTMENT

(IM) VITAMIN K (ORAL) VITAMIN K CCHD SCREENING 

### Last Vital Signs

TIME: \_\_\_\_\_ HEART RATE: \_\_\_\_\_ RESP. RATE: \_\_\_\_\_ TEMP: \_\_\_\_\_ SPO2: \_\_\_\_\_ BLOOD GLUCOSE: \_\_\_\_\_

FEEDING CONCERNS: \_\_\_\_\_ LAST FEED (TIME): \_\_\_\_\_ LAST FEED (TYPE): \_\_\_\_\_

## Maternal Health Background

MATERNAL AGE: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_

CURRENT PREGNANCY COMPLICATIONS: \_\_\_\_\_

ULTRASOUND FINDINGS: \_\_\_\_\_

SIGNIFICANT MEDICAL HISTORY: \_\_\_\_\_

PRIOR PREGNANCY OUTCOMES &amp; ROUTE OF DELIVERY: \_\_\_\_\_

NKDA  ALLERGIES: \_\_\_\_\_ CURRENT MEDICATIONS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_ BP BASELINE: \_\_\_\_\_ PRE-PREG BMI: \_\_\_\_\_

GBS -  GBS +  GBS TEST DATE: \_\_\_\_\_ HCT/HGB: \_\_\_\_\_ TEST DATE: \_\_\_\_\_ GDM TEST: \_\_\_\_\_RH-  HSV+  RPR+  GC/CT+  RUBELLA NON-IMMUNE  HEP B +  HIV+  HEP C+ 

PERTINENT LAB NOTES: \_\_\_\_\_

**ASSESSMENT:** \_\_\_\_\_**RECOMMENDATIONS:** \_\_\_\_\_