NEONATAL Transfer to Hospital Provider-to-Provider Report

UWNQC
Utah Women & Newborns Quality Collaborative

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

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

***Hospital*: Please send communication and discharge summary to the above "Transfer from" provider.**

SITUATION: _____

_____

_____

_____

_____

BACKGROUND: _____ y/o G__ P __ __ __ __ @ _____ weeks

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

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

Total ROM Time: _____ hrs _____ min

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

Resuscitation: *Deep Suction / Blow-by O2 / PPV/ Cardiac Compressions for* ___ *min /Other:* _____

Labor History: _____

_____

_____

Current Pregnancy History: _____

_____

_____

LAST NEONATAL VS

Time: _____:_____

HR: _____ RR: _____ T: _____

SpO2: _____Resp. Status: _____

APGARs:

1 min: _____ 5 min: ____ 10 min: _____

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Feeding: *Y / N* Urine: *Y / N* BM: *Y / N*

NEONATAL MEDICATIONS

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Eye Prophylaxis: *Y / N*

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Vit K: *IM / Oral / None*

RISK FACTORS FOR INFECTION

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Prolonged Labor / PROM / Maternal Fever /Fetal Tachycardia

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GBS: *Pos/ Neg / UNK Date*: ___/___/____

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ABX: *PCN/ None/ Other*: _____

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> 4 hours: *Y / N*

MATERNAL LABS AND MEDICATIONS

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ABO/Rh: *A B AB O UNK Pos / Neg/ UNK*

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HIV: *Pos/ Neg/ UNK* HepB sAg: *Pos/ Neg/ UNK*

Other Intrapartum Meds: _____

_____

_____

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: _____

To submit feedback on this form or to comment on the transfer process, please visit UWNQC.org or call 801.273-2856.
Go to UWNQC.org for updated versions of the Maternal Transfer to Hospital Provider-to-Provider Report Form. Revised 7/2/2015