

**Transport Report for Receiving Hospital  
Information to Have Available When Requesting a Neonatal Transport**

Name \_\_\_\_\_

Referring Hospital \_\_\_\_\_

Date \_\_\_\_\_ Time of Call \_\_\_\_\_

**History**

Reason for transport request \_\_\_\_\_

Referring MD \_\_\_\_\_ Accepting MD \_\_\_\_\_

Prenatal/delivery history \_\_\_\_\_

Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_ Gestation \_\_\_\_\_

Apgars: 1 min \_\_\_\_\_ 5 min \_\_\_\_\_ 10 min \_\_\_\_\_ Weight \_\_\_\_\_

Mother's age \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ AB \_\_\_\_\_ Blood type \_\_\_\_\_

Vaginal \_\_\_\_\_ PCS \_\_\_\_\_ RCS \_\_\_\_\_ ROM \_\_\_\_\_ Fluid Type \_\_\_\_\_

GBS status: \_\_\_\_\_ Treated: yes no Treatment given \_\_\_\_\_

Present Vital signs- Temp \_\_\_\_\_ HR \_\_\_\_\_ Resp \_\_\_\_\_ BP \_\_\_\_\_ O2 Sat \_\_\_\_\_

**Respiratory**

O2 mode: RA NC Hood NCPAP Vent Present FiO2 \_\_\_\_\_

Breath sounds: Clear Equal Shallow Stridor Wheezes Grunting Flaring

Retractions: Mild Moderate Severe Apneic \_\_\_\_\_ Gaspings \_\_\_\_\_ Tachypneic \_\_\_\_\_

Vent Support: Rate \_\_\_\_\_ Pressure \_\_\_\_\_ Peep \_\_\_\_\_ IT \_\_\_\_\_ ETT size \_\_\_\_\_

Tube placement \_\_\_\_\_ Surfactant given: yes \_\_\_\_\_ no \_\_\_\_\_ amount \_\_\_\_\_ time \_\_\_\_\_

**Cardiovascular**

Color \_\_\_\_\_ Perfusion/refill \_\_\_\_\_ Murmur: yes \_\_\_\_\_ no \_\_\_\_\_

Rhythm: Regular Irregular Tachycardic Bradycardic

Pulses: Equal Thready Absent

**Neurologic**

Activity: Normal Hypertonic Hypotonic Flaccid NAS Score (if applicable)\_\_\_\_\_  
Seizure activity: yes\_\_\_ no\_\_\_ Fontanels: Soft Flat Bulging Sunken

### Gastrointestinal/Genitourinary

PO/Br NPO PIV Location\_\_\_\_\_ Fluid\_\_\_\_\_ Rate\_\_\_\_\_  
UAC: Placement\_\_\_\_\_ UVC: Placement\_\_\_\_\_  
Bowel sounds\_\_\_\_\_ Abdomen: Soft Distended Abd circ (if applicable)\_\_\_\_\_  
Voiding\_\_\_\_\_ Stooling\_\_\_\_\_

### Labs and X-rays

Cultures: Blood Urine ETT CSF Other:\_\_\_\_\_  
Blood Gas: Arterial Venous Capillary  
Ph\_\_\_\_\_ WBC\_\_\_\_\_ CRP\_\_\_\_\_  
PO2\_\_\_\_\_ RBC\_\_\_\_\_ Other labs:\_\_\_\_\_  
PCO2\_\_\_\_\_ Hgb\_\_\_\_\_  
HCO3\_\_\_\_\_ Hct\_\_\_\_\_  
BE\_\_\_\_\_ Plt\_\_\_\_\_  
SaO2\_\_\_\_\_ Segs\_\_\_\_\_  
Stabs\_\_\_\_\_  
Glucoscan \_\_\_\_\_  
CXR: Clear RDS TTN Pneumo: R\_\_\_ L\_\_\_ Other:\_\_\_\_\_  
KUB\_\_\_\_\_

### Medications and IV's

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Vitamin K \_\_\_\_\_  
Eye Care \_\_\_\_\_  
Hep B \_\_\_\_\_