

**NEWBORN REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL**

\*PATIENT NAME: \_\_\_\_\_

\*DOB: \_\_\_\_\_ \*TIME of Birth: \_\_\_\_\_

SEX: M / F    WEIGHT: \_\_\_\_\_ Gest.Age \_\_\_\_\_

Midwife: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORT DETAILS**

\*REASON FOR TRANSPORT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Status at the time of transport:

\*HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_ Oxygen saturation \_\_\_\_\_ Glucose, time \_\_\_\_\_

Feeding method \_\_\_\_\_ Last feeding time: \_\_\_\_\_ Output: \_\_\_\_\_

**NEWBORN INFORMATION**

\*APGAR: 1" \_\_\_ 5" \_\_\_ 10" \_\_\_ Duration of ROM to delivery: \_\_\_\_\_

\*Meconium: in labor?  Yes  No    at delivery?  Yes  No

\*RESUSCITATION: Bulb / Delee / PPV for \_\_\_\_\_ minutes / Other \_\_\_\_\_

Oxygen given?  Yes  No    Intubation:  Yes  No

Vitamin K:  IM  Oral  None    Eye prophylaxis: \_\_\_\_\_

Cord blood:  Yes  No    Hepatitis B vaccine not given

Mother received intrapartum antibiotics:  No  Yes

**MATERNAL HISTORY**

\*NAME \_\_\_\_\_ DOB \_\_\_\_\_ G \_\_\_ P \_\_\_

EDD \_\_\_\_\_ Blood type \_\_\_\_\_

\*ALERTS:  Rh -  GBS+  GBS unknown  Hx of HSV  GDM (last BS \_\_\_\_\_)  
 Hep B unknown  HIV unknown  Syphilis unknown

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

\*MEDICATIONS given (circle those given): Antibiotics    Anti-hemorrhagics    Local anesthetic  
Oxygen

**Details/Other meds:**

Med: \_\_\_\_\_ dosage \_\_\_\_\_ route \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Med: \_\_\_\_\_ dosage \_\_\_\_\_ route \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Med: \_\_\_\_\_ dosage \_\_\_\_\_ route \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

\*Priority areas—please complete these at a minimum