

Situation	Date: _____ Time: _____ Nurse receiving report _____ Referring Physician _____ Referring Hospital _____ Reporting nurse _____ Phone : _____ Baby Boy / Girl : _____ D.O.B. _____ Time of Birth _____ GA _____ BW _____ gms SGA _____ AGA _____ LGA _____ Twin Other: _____ Diagnosis / Reason for transport _____ Band Number _____
Mother	Mothers Name _____ Age _____ G _____ P _____ Maternal Hx or Complications _____ Blood Type _____ Rh _____ RPR: _____ Rubella: _____ HIV: _____ GBS: _____ HBSAG: _____ GC: _____ Medications prior to delivery : Magnesium Sulfate Date _____ Time _____ Steroids: Date _____ Time _____ Other: _____ Known Substance Use: _____
Delivery	Delivery : NSVD _____ Forceps _____ Vacuum _____ Breech _____ C/Section _____ Date _____ Time _____ APGAR : 1min _____ 5 min _____ 10min _____ 15min _____ 20min Resuscitative measures _____
Assessment	Vitals: Temp. _____, Pulse _____, R _____, B/P _____, SaO2 _____ FiO2 _____ Resp. Status _____ Resp. Support _____ Settings _____ IV sites _____ Fluids _____ Rate: _____ Last Void _____ Last Bowel Movement _____ Labs: CBC _____ Culture _____ Glucose _____ ABG / CBG pH _____, pCO2 _____, pO2 _____, HCO3 _____, BE _____ Ampicillin Dose: _____ Date / Time _____ Gentamicin Dose: _____ Date / Time _____ Other Medications _____ Erythromycin Date/ Time _____ AquaMephyton Dose: _____ Time _____ Hep B Vaccine Dose: _____ Time: _____ HBIG Dose: _____ Time: _____