

Mercy Connect (877)-886-3729

NICU FAX 515-358-4099 NICU Charge 515-240-4768

A service of Mercy Medical Center—Des Moines

Please complete the following information and give completed form to the transport team at their arrival.

Hospital Call back number ()- - Hospital Fax number ()- -

Referring Physician: (name) _____ (contact number) ()- -

Patient Information: Last name _____ Baby Girl/Boy First name _____

EGA _____ **Birth wt (grams)** _____

Mother's Name: (last) _____ First _____ MI _____

Phone #:(home) ()- - (cell) ()- -

Father's Name: (last) _____ First _____ MI _____

Phone #:(home) ()- - (cell) ()- -

Maternal History:

Age _____ Ethnicity _____

Blood type _____ Gravida _____ Para _____ Abortions _____

VRDL/RPR _____ HIV _____ Rubella _____ GBS _____ Hep B _____

EDC/EDD _____ Prenatal care: (circle) yes/no/late

Pregnancy/Labor complications:

Medications during preg/labor:

Steroid: Dates/times _____

Additional info: HSV...

Birth History:

Birth Date _____ Time _____ ROM Date _____ Time _____

Amniotic Fluid: (circle) clear/meconium If meconium and intubated: (circle) mec. below/not below the cords

Presentation: (circle) vertex/breech/other If other describe _____

Anesthesia type: (circle) general/epidural/spinal

Delivery: (circle all that apply) NSVD/C-Section/forceps assisted/vacuum assisted

APGARS: 1 _____ 5 _____ 10 _____ 15 _____

Blood gas: Type: (circle) Cord/baby Source: (circle) arterial/venous/capillary

pH _____ pCO2 _____ paO2 _____ Base excess _____

Birth Complications:

Resuscitation at delivery: