

NICU Handoff Tool (to use with transports)

Baby Name: _____

Gestation Age: _____ Post-gestational age: _____

Birth weight: _____ Last weight: _____

Birth Length: _____ Last length: _____

Parents names and phone number: _____

Delivery History:

| | |
|-------------------------|----------------------------------|
| Mom's age: | |
| Gravida: | Para: |
| GBS Status | Positive / Negative (circle one) |
| Antibiotics given? | Yes / No |
| Rubella Immune | Yes / No |
| Herpes Infection | Yes / No |
| Delivery Type: | Vaginal / Cesarean Section |

Baby History:

| | |
|-----------------------------------|--|
| APGARS | @ 5 minutes, @ 10 minutes |
| Newborn Medications given? | Vitamin K / Erythromycin / Hepatitis B Vaccine |
| Newborn Screen sent? | Yes / No |
| Cord drug screen sent? | Yes / No |
| Other medications given? | |

Pertinent Social History:

| | |
|--------------------------|----------------------------|
| Siblings? | |
| Drug/alcohol use? | Yes / No |
| Specify: | |
| Language spoken? | English / Spanish / Other: |

Plan of Care Now:

| | |
|---|--|
| Respiratory Status | Room Air / Nasal Cannula / RAM Cannula / CPAP / Intubated / Other: |
| Feeds (Breast/Bottle) | Last feed? |
| IVs? | Fluids? |
| Nasal / oral gastric tube | |
| Circumcision? | Hearing Screen? |
| Car Seat Evaluation? | Last retinopathy of prematurity exam? |
| Crib / Isollette / Warmer Bed / Other: | |
| Last stool: | Last void: |
| Last apnea / brady spell | |
| Current Medications | |
| Last Dose Given? | |

Call back number/nurse: _____