

## TRANSFER/DISCHARGE SUMMARY (Template)

**Patient:** Baby (B / G) (1st Name) Admitting last name: \_\_\_\_\_ last name after discharge to be: \_\_\_\_\_.

**MRN:** \_\_\_\_\_ **PATCOM:** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Admission:** \_\_\_\_\_ **Date of Discharge** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_

**Delivering Obstetrician** \_\_\_\_\_

**Delivery Hospital** \_\_\_\_\_ **Transferring Hospital** \_\_\_\_\_

**Follow-up Physician** \_\_\_\_\_

**Service:** Neonatology **Discharging Neonatology Attending:** \_\_\_\_\_

**Admitting Diagnoses:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

### HISTORY OF PRESENT ILLNESS:

**Pregnancy & Labor:** Infant was born by \_\_\_\_\_ at \_\_\_\_\_ weeks to a \_\_\_\_\_ y.o. G\_P\_A\_ mother: prenatal labs: Blood Type \_\_, RPR \_\_, GC \_\_, Chlamydia \_\_, HIV \_\_, HBsAg \_\_, GBS \_\_, (Others) \_\_\_\_.

EDD was \_\_/\_\_/\_\_. The pregnancy was complicated by: \_\_\_\_\_ (uncomplicated). Rupture of membranes occurred \_\_\_\_\_ hours prior to delivery. Presentation was: (breech, cephalic, transverse, other). Labor was uncomplicated /complicated by: \_\_\_\_\_.

**Delivery/Resuscitation:** Apgar scores were \_\_/\_\_/\_\_ at 1, 5, and 10 minutes. Resuscitation included: \_\_\_\_\_.

**Admission PE:** Birth weight \_\_ grams(\_\_\_\_ percentile), OFC \_\_ cm (\_\_\_\_ percentile). Examination consistent with EGA of \_\_\_\_\_ weeks and was remarkable for \_\_\_\_\_. (Unremarkable)

### HOSPITAL COURSE BY SYSTEMS

**Respiratory:** (#surfactant doses, days on vent & oxygen, when off O2, steroids, vit A, CPR, event recordings, Room Air challenge, apnea of prematurity, how long off methylxanthines)

**Cardiovascular:** (PDA, Echo, pressors, etc)

**Fluids/Electrolytes/Nutrition:** (Days on parenteral nutrition, day of full feeds, all nipple feeds by day)

**Infectious Disease:** (All positive cultures, organisms and treatment)

**Hematology:** (transfusions (types), bilirubin peak, etc)

**Endocrine / Metabolic:** State metabolic screen was \_\_\_\_\_.

**Gastrointestinal:**

**Renal / Genitourinary:**

**Neurological:** (IVH prophylaxis, HUS results, etc.)

**Ophthalmology:** Last ROP exam on \_\_/\_\_/\_\_ revealed \_\_\_\_\_.

**Orthopedic:** (If baby was female and breech, will need hip ultrasound at six weeks of age; if breech and male, hip ultrasound should be considered)

**Social:** The mother is single / married and lives \_\_\_\_\_.

**Discharge Exam:** Weight \_\_\_ gms. OFC \_\_\_Length\_\_\_ Pertinent physical findings at discharge:\_\_\_\_\_

**Procedures:** (include dates)

**Consulting Services:**

**Discharge Preparations:**

CPR training:

Hearing Screens:

Upright Position Testing:

Home Apnea Monitor training:

Immunizations:

DTaP

IPV

Pneumococcus (Prevnar)

Hepatitis B

Haemophilus Influenzae B

RSV immunoprophylaxis (Synagis):

State Metabolic Screen: normal

Last hematocrit:\_\_\_% (date:\_\_\_/\_\_\_/\_\_\_).

Follow Up physicians / clinics / services and dates: (ROP, High Risk, Primary Care MD, others)

?Need for stress - dose steroids for next year during periods of sepsis, surgery, etc.

**Diet:**

**Discharge Medications: (name, dose, dose per kg.)**

**Discharge Diagnoses:**1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_, etc.

Please fax a copy of the summary to all follow-up physicians and clinics and to all referring physicians and referring obstetrician.