



Neonatal Transport Checklist

Date/Time	Task
PRIOR TO TRANSPORT	
	Physician assessment completed
	Physician contact with receiving facility
	Name of receiving facility:
	Name of receiving physician:
	Nursing report given
	Name of receiving nurse:
	Physician order for transport signed
	Notification of family
	Consent for transport signed
	Physician certification completed
	Transport history completed
	Maternal chart copied (including prenatal records)
	Neonatal history and physical completed
	Neonatal discharge summary completed
	Neonatal chart copied
	Laboratory results copied
	Radiographic studies copied
	Insurance information or inpatient admission form copied
	Mother has contact with infant
	Pictures, footprints, etc. given to family
	Receiving hospital information given to family
AFTER THE TRANSPORT TEAM LEAVES	
	Family needs addressed
	Schedule team debriefing
	Complete transport log
	Schedule transport follow-up meeting with receiving facility, if not done