

# Neonatal Transfer SBAR

<h2 style="font-size: 2em; margin: 0;">S</h2> <p style="margin-top: 10px;">Situation</p>	NAME: _____ SEX: F M I
	BIRTH DATE: _____ BIRTH TIME: _____ GESTATION: _____
	DELIVERY: SVD C/S VAC Other _____
	APGAR SCORES: 1 _____ 5 _____ 10 _____ 15 _____ 20 _____
<h2 style="font-size: 2em; margin: 0;">B</h2> <p style="margin-top: 10px;">Background</p>	VITAL SIGNS: HR _____ RR _____ Temp _____
	NUTRITION: Breast Formula BBM Other _____
	MEDICATIONS: Vit K IM _____ Erythromycin OU _____
	Ampicillin _____ Gentamicin _____ Other _____ Dextrose gel _____
	IV fluid: D <sub>10</sub> W _____
	LABS: Blood glucose _____ CBC _____ Blood culture _____ other _____
	OTHER: _____
<h2 style="font-size: 2em; margin: 0;">A</h2> <p style="margin-top: 10px;">Assessment</p>	CARDIAC: _____
	RESPIRATORY: _____
	GI: _____
	GU: _____
	NEURO: _____ cooling started _____
	SKIN: _____ umbilical cord clamped UV line(s)
	EXTREMITIES: _____
<h2 style="font-size: 2em; margin: 0;">R</h2> <p style="margin-top: 10px;">Recommendation</p>	Requires transfer for increased monitoring and level of care
	Mode of transport: _____
	Accepting facility: _____
	Receiving staff: _____

Signature/Date \_\_\_\_\_