CLEAR

APPLICATION FOR INTENSIVE CARE NEWBORN NURSERY SERVICE

Reply to:

HOSPITAL NAME

1. Name and board eligibility or certification status and additional neonatology training or experience of the physician responsible for the service:

2. Name and board eligibility or certification status of anesthesiologist(s) available to the service:

3. Name and qualifications of the surgeon(s) performing neonatal surgery:

4. Name and qualifications of pediatric cardiologist(s) available to the service:

5. Name, training and newborn intensive care experience of the nurse responsible for the nursing care:

6. Is a registered nurse with training and experience on duty each shift? YES NO

7. Is a registered nurse trained in infant resuscitation on duty each shift? YES NO

8. Registered nurse to infant ratio/ shift: AM PM NIGHT

APPLICATION FOR INTENSIVE CARE
NEWBORN NURSERY SERVICE

9. Does the service have a designated transportation team? ☐ YES ☐ NO

10. Name of the physician on the transportation team:

11. Name and qualifications of the registered nurse assigned to the transportation team:

12. Name of the respiratory therapist(s) on the transportation team, if provided:

13. List the referring perinatal units by hospital and address:

14. Number of beds, cribs and bassinets: Beds: Cribs: Bassinets:

15. Does the service provide continuing education for staff of referring perinatal units? ☐ YES ☐ NO