

SOUTHAMPTON OXFORD NEONATAL TRANSPORT

SONeT PLANNED TRANSFERS – CLINICAL INFORMATION

CLINICAL DETAILS

MAIN CLINICAL PROBLEMS

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AIRWAY AND BREATHING

Respiratory Support	None <input type="checkbox"/>	Low flow O2 <input type="checkbox"/>	HFT <input type="checkbox"/>	CPAP <input type="checkbox"/>	Ventilation <input type="checkbox"/>
Settings:			Latest Blood Gas		
			Sats:		

CURRENT MEDICATION

FLUIDS & FEEDS

ALLERGIES	Total Fluids (mls/kg/hr):	
	IV Fluids:	
	Feed type:	
	Feed frequency :	
	Last Fed:	
	NG Aspirate (ml):	

SCREENING

PARENTS

Guthrie	Updated <input type="checkbox"/>
Imms:	Aware of transfer Y <input type="checkbox"/> N <input type="checkbox"/>
ROP screen:	Maternal Transfer Required Y <input type="checkbox"/> N <input type="checkbox"/>
	Parent wishes to travel Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>

ADDITIONAL CLINICAL DETAILS

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LINES & TUBES

Lines Tube	Location	Date Insertion	Inserted by: (ref unit or SONeT)	VIP Score	Fixation secure?