

# SOUTHAMPTON OXFORD NEONATAL TRANSPORT

## SONeT UNPLANNED TRANSFERS - CLINICAL INFORMATION REQUIRED AT REFERRAL

### CLINICAL HISTORY AT REFERRAL

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Any significant Maternal /Antenatal History

RESUSCITATION AT BIRTH						MEDICATION			
Inflation breaths		Ven Cord pH		Art Cord pH		Vit K <input type="checkbox"/> Antenatal Steroids <input type="checkbox"/> Antenatal MgSO4 <input type="checkbox"/>			
Ventilation		Details:							
Cardiac Massage									
Drugs									
Apgars	1 min								
ALLERGIES									

### 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"/>	ET Size						
							Cm lips					
Ventilation Settings: Mode PIP/PEEP Rate/Flow FiO2 IT  Curosurf			Blood Gases (Date/Time)	pH	pCO2	pO2	BE	HCO3	Lac	BSL		
			Saturation (Preductal Postductal )									

### CARDIOVASCULAR/VITALS

VITAL SIGNS	HR		BP		Temp.		Inotropes/ Vasodilators/ Prostin/ Echo	
Fluid Bolus:								

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## NEUROLOGY

HIE: Mild/Moderate/Severe  
Cooling: Passive / Active

## PAIN/SEDATION

## GASTROENTEROLOGY/ SURGICAL

## INFECTION

Barrier Nursing Y  N

## FLUIDS

## FEEDS

Total Fluids (mls/kg/hr):  
Urine Output (mls/kg/hr):

Blood sugar:  
Last Fed:  
NG Aspirate (ml):

## ADDITIONAL CLINICAL DETAILS

Safeguarding issues Y  N

## PARENTS

Aware of transfer Y  N   
Maternal Transfer Required Y  N   
Parent wishes to travel Y  N  NA

## LAB RESULTS & IMAGING

## LINES & TUBES

Lines/ Tube	Type/Size	Insertion length	Site/ Tip location