

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 ^l)									

CARDIOVASCULAR/VITALS

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

SOUTHAMPTON OXFORD NEONATAL TRANSPORT

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