

SINGLE POINT OF CONTACT FOR ALL
REFERRALS
028 9504 0167



NISTAR

Northern Ireland Specialist Transport & Retrieval



DATE | TIME

TRANSFER DATE

Time Critical YES / NO

SERVICE

Adults | Paeds | Neonatal | Nurse Led

CONTACT NAME | NUMBER

REFERRING HOSPITAL

REFERRING CONSULTANT

RECEIVING HOSPITAL

RECEIVING CONSULTANT

BED CONFIRMATION BY:

MALE | FEMALE

WEIGHT

PATIENT NAME

GESTATION

DOB

FEEDS (HOW MANY MLS PER KILO PER DAY)

H&C

TIME OF LAST FEED

REASON FOR TRANSFER

CLINICAL

BED ISSUES

REPATRIATION

MRI

ROP

INVESTIGATION

TREATMENT

SURGERY

OUTPATIENTS APPOINTMENT

OTHER

PATIENT DIAGNOSIS

INTUBATED AND VENTILATED?

CURRENT TREATMENT/ MEDICATION

HEART RATE

BLOOD PRESSURE

GCS

OXYGEN SATURATIONS

TEMPERATURE

RESPIRATORY RATE

Eco2 (Adults/Paeds)

BLOOD GLUCOSE

IV ACCESS

BLOOD GAS RESULTS

PH

PO2

PCO2

B-CARB

BASE EXCESS

LACTATE

Relevant Medical History

TEAM PICK UP

RVH RICU
RJMh NISTAR office | NNU
RBHSC PICU

ADDITIONAL INFORMATION

TIME OF COLLECTION

PARENTS TRAVELLING

YES

NO

ALLERGIES

COVID 19 CONTACT OR INFECTIONS

BOOKING REF:

TIME:

CALL TAKEN BY