

NISTAR NEONATAL CRITICAL CARE TRANSFERS



DURING TRANSFER NOTES:

NISTAR NEONATAL CRITICAL CARE TRANSFERS



MOTHER'S NAME:	MOTHER'S MOBILE NUMBER:
PARTNER'S NAME:	PARTNER'S MOBILE NUMBER:
ADDRESS:	GP NAME : ADDRESS:
POST CODE:	TELEPHONE NUMBER:
PARENTS HAVE PHOTOGRAPH OF BABY: YES/NO	ACCOMODATION AVAILABLE FOR PARENTS: YES/NO
RELIGION:	PHCHR (Red Book): YES/NO UNOCINI : YES/NO

IS THE INFANT INVOLVED IN ANY RESEARCH: Yes/No RELEVANT PAPER WORK TO GO WITH INFANT : Yes/No

CURRENT MEDICATION				
DATE STARTED	NAME	DOSE	TIMES DUE	LAST GIVEN

BLOOD GASES				BLOOD RESULTS	
ON ARRIVAL @.....h cap/art	RESULTS	AT DEPARTURE @h cap/art	RESULTS	DATE AND TIME OF FBP	DATE AND TIME OF U&E
pH		pH			
PCO ₂		PCO ₂		Hb	Na
PO ₂		PO ₂		PCV	K
HCO ₃		HCO ₃		WCC	Urea
BE		BE		PLTS	Creatinine
					SBR

CLOTTING SCREEN:	BLOOD GROUP:	ANTIBIOTIC LEVELS	Glucose	
PT	MATERNAL ANTIBODIES:		VANCOMYCIN	Ca++
APPT			GENTAMICIN	Mg
TCT			AMIKACIN	PO ₄
FIB			Albumin	
			CRP	

IV FLUIDS AND ENTERAL FEEDS

Fluids/feeds: total.....ml/kg
 Full feeds: yes/no ml..... hrly Type: Additives: yes/no Type:
 IV fluids: yes/noml.....hrly Type:
 Under Care of Dietician?: yes/no Diet sheet enclosed: yes/no Feeding Regime:
 Speech and Language Referral: yes/no
 Mother wishes to breast feed: yes/no

ANY RECENT INVESTIGATIONS (X-rays, Echo, Ultrasound, CT or MRI): Copies of Results.

NEWBORN BLOOD SPOT SCREENING

