

## To be completed by the Referring Unit

**Date**

### Baby Details

Surname	First name	Age
Date of Birth	Time of Birth	Gestational Age
Address		Corrected Age
Postcode		Birth Weight
NHS Number		Current Weight
Birth order (if multiple)		Hospital number

### Referral Details

Hospital	Consultant
Name of referrer	Phone/ ext/ bleep
Date & Time of referral	

### Main Reason for Referral

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### Telephone Advice given by Receiving Unit/Transport Team

Adviser's name	Base	Phone

### Maternal Details

Surname	GP
First Name	Address
Date of birth	LMP
Location of mother	EDD
Marital Status	Blood Group
Ethnicity/Language	Antibodies
Religion	Hep B Status
Consanguinity	Hep C Status
Smoking	HIV Status
Alcohol/Substance abuse	Previous Group B Strep
Past medical history	
Family history	

### Father's Details

Name	Age
Occupation	Contact details

### Past Obstetric History

Year	Place	Sex	Gestation	Delivery	Birth weight	Outcome

### Current Pregnancy

Problems during current pregnancy

Drugs in pregnancy

Ante natal diagnoses

FH/ Social problems/ child protection issues

Hospital of booking Hospital where delivered

### Labour & Delivery Details

Type of labour

Type of delivery Indication

Rupture of membranes Duration

Maternal Infection Intrapartum antibiotics

Signs of fetal distress

Drugs in labour

Antenatal steroids None Doses given

### Initial condition and resuscitation

Cord gas:

### Observations in the first 12 hours

Admission temp	Largest base deficit
Lowest Blood sugar	FIO2 <span style="margin-left: 20px;">highest</span> <span style="float: right;">lowest</span>

### Current Condition

Current problems		Significant previous problems	
1		1	
2		2	
3		3	
4		4	

### General

Appearance Temperature core

Trauma? toe

Skin Other

## Cardiovascular system

HR	Pulses
BP	Murmurs
CRT	ECG/ECHO
Management so far:	

## Respiratory

Mode of ventilation	Pressures
ET tube size	Inspiratory time
Position at lips (cm)	Respiratory rate
FIO2      maximum                      minimum	Surfactant? 1st dose                      2nd dose
CXR	
Management so far:	

## Abdomen

Appearance	Genitalia
Ng aspirates?	Urine output
Enteral feeding?	Bowels open
AXR	
Management so far:	

## Central nervous system

Fits/abnormal movements	Tone
Irritability	Fontanelle
Cranial ultrasound	
Management so far:	

## Investigations

Blood gases					Chemistry				
Date					Date				
Time					Time				
Site					Na+				
pH					K+				
pCO2					Urea				
pO2					Creatinine				
Bicarb					Ca++				
BE					Mg++				
Lactate					Phosphate				
Glucose					Alb				
Haematology					Bilirubin				
Date					Albumin				
Time					CRP				
Hb									
Wcc									
Platelets									
Clotting									
Blood group									
Microbiology									
Blood culture									
Surface swabs									
LP									
Urine									

**Treatment****Current medications**

Drug	Dose	Frequency and times	Route	Last given

**Fluids**

Total ml/kg/day	Enteral feeds
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**Current infusions**

Line	Fluid	Volume	Additives	Rate	Dose	Signature

**Handover****Transport Team**

Name	Grade	Signature

**Referring doctor and nurse**

Name	Grade	Signature

**Care handed over**

Date	Time
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**Document completed by**

Name	Grade	Signature
Date	Time	Bleep