| Date of Transfer: | Incident No: | Referral No: |
|---|---|---|

**C**ymru inter-**H**ospital **A**cute **N**eonatal **T**ransfer **S**ervice

# CHANTS Doctor Led Referral Documentation

**Swansea** – 01792 285278/5403 **Cardiff** – 02920 742680 **Newport** – 01633 234844

| Referring Hospital: | BAPM Level: 1 2 3 | Referring Consultant: | |
|---|---|---|---|
| Referrers Contact telephone Number: | | | |

| Baby Name: | | | | |
|---|---|---|---|---|
| NHS Number: | | Unit Number: | | |
| Date of Birth: | Time of Birth: | Gestation: | Corrected: | Age: |
| Birth Weight: | Current Weight: | | Head Circumference: | |
| Mothers Name: | | Marital Status: | | |
| Address: | | | | |
| | | | | |
| Home Telephone No: | | Mobile Telephone No: | | |

| **Diagnosis:** | | | | |
|---|---|---|---|---|
| | | | | |
| **Reason For Referral:** | | | | |
| Relevant Antenatal / Delivery / Resuscitation Details | | | | |
| APGARS: | 1 min | 5 min | 10 min | 15 min |

**Current Condition**

**Respiratory Support required [Yes No ]** **Surfactant Given [Yes No ] 1 2 3 Doses**

| Ventilation Mode: | PIP | PEEP | Rate | $FiO_2$ | Ti | MAP |
|---|---|---|---|---|---|---|
| ET tube size | Length at Lips | Nitric Oxide (ppm) | Amp | Hz | CXR | |

| Blood Gas Type art ven cap | Time | pH | $pCO_2$ | $pO_2$ | Bic | BE | Lac | Glu |
|---|---|---|---|---|---|---|---|---|

**Cardiac Support required [Yes No ]**

| Fluid Type / Volume: | Inotropes: |
|---|---|
| Boluses Given?: | Urine Output: |
| Access Venous / Arterial: | |

**Other Support required [Yes No ]**

| Sedation: | Paralysis: | Anticonvulsants: |
|---|---|---|
| Prostin: | Other medication/antibiotics: | |
| Any Abnormal Investigations: | | |
| Cranial Ultrasound: Yes No Results: | | |

| Surgical/cardiology team required?: Yes No | Accepted: Yes No | |
|---|---|---|
| If Surgical – Size 8 NG insitu Yes No | Free Drainage Yes No | 2hr Aspiration Yes No |

**Observations**

| HR | BP: ____/____ ( ) | Cap Refill: _____ secs | $SaO_2$ % | RR | Temp °C |
|---|---|---|---|---|---|

| Haematology: | Hb | WBC | Plt | CRP | PT/INR | APTT |
|---|---|---|---|---|---|---|
| Biochemistry: | $Na^+$ | $K^+$ | $Ca^{2+}$ | Urea | Creat | |

| **If transfer required:** | Destination: | BAPM Level: 1 2 3 | Accepting Consultant: |
|---|---|---|---|
| Reason for Transfer: | | | |

| Social Issues ? Y N If YES, are photocopies of social concern pages attached ? Y N |
|---|
| Has parent travelling with baby been considered? Y N If YES, has nursing checklist been completed? Y N |

| Outstanding Investigations: | |
|---|---|
| **Referrers Full Name:** | **Signature:** |

| | |
|---|---|
| Baby Name: | |
| NHS Number: | Unit Number: |

**INFECTION CONTROL REFERRAL INFORMATION**

| **Baby Risk Factors** | **Maternal Risk Factors** |
|---|---|
| Has the baby ever had a positive culture/result for any multi resistant organism or blood borne viruses? Y N UNK If YES, what organism | Is the mother currently infected or colonised with an organism or virus that is multi-resistant or could cause harm to the baby? Y N UNK If YES please give sensitivities of the organism (if applicable) |
| When was it identified and from which site? | Is the mother currently on any antimicrobial treatment? Y N If YES please specify |
| What was the antimicrobial sensitivity (if relevant)? | Has the mother had any infections or positive screening results during her pregnancy? Y N If YES please specify |
| Has any other organisms been identified? Y N If YES, please provide details below | Has the mother received healthcare treatments, including IVF, in other counties outside Wales during the last year? If so in which countries, what treatments and when? |
| Are there any results outstanding? Y N If YES, please provide details below | Results of HVS with dates and sensitivities of isolates if applicable |
| Is the receiving unit aware of these issues? Y N | Are there any outstanding Microbiology results to be checked? |
| Has the infection prevention control team at the receiving unit been notified of this transfer? Y N | |
| Has the Microbiology/Virology team been made aware of this transfer? Y N | |

| **Referrers Full Name:** | **Email:** |
|---|---|
| | |

Send as Email