

YORKSHIRE NEONATAL TRANSPORT TEAM

INFORMATION & AUDIT SHEET - RECEIVING UNIT

3 November 2003

DATE	TIME OF CALL	AMB CALLED	BOOKING REF	AMB ARRIVED	LEFT LGI	ARR AT REF HOSP	LEFT REF HOSP	ARR BACK AT LGI

Doctor receiving call:..... Referring hospital:.....

Consultant on-call (rec. end):..... ☎ Referring hospital:.....

PATIENT DETAILS

Patient Name: **Gestation:** weeks **DOB:**/...../200...
Sex: M / F **Birth Weight:** grams **Current weight:**..... grams
Surgical ? **Medical ?** **Cardiac ?**
Diagnosis/Current problem(s):.....
Apgar Score: @ 1 min@ 5 min@ 10 min
Cong Abnormality.....

CURRENT MANAGEMENT/STATUS PRIOR TO TRANSFER

PLEASE REFER TO THE YORKSHIRE REGION GUIDELINES FOR NEONATAL STABILISATION PRIOR TO TRANSFER

AIRWAY		Ventilation	ADVICE	BLOOD GAS	ADVICE	ADVICE	
BREATHING		Mode =		Art ? Cap ?		Chest X-Ray	
		Press. =/....		pH =		ETT Position	
		Rate = /min		CO ₂ = kPa		Length	
		T _{insp} =		O ₂ = kPa		Diameter	
		FI _{O2} = %		BXS = mmol/L		Ng Tube	
CIRCULATION	BP	Type	Arterial or Non-Invasive		DRUGS	Opiate sed.	
		Mean	..... mm Hg			Muscle relax.	
	SaO ₂					Surfactant	
	IA Access		UAC / Peripheral - Tip ?			Inotropes	
	IV access		Central / Peripheral - Tip ?			Antibiotics	
	Fluid	Type	.....			Prostin	
		Rate	.....mls/kg/day			Anti-Convuls.	
	Bolus	.....total mls/kg - Type ?		Other			
ENVIRONMENT	Core Temperat.		.....			
	Blood Sugar		.....			

CONDITION OF INFANT

	ON ARRIVAL AT REFERRING UNIT	IMMEDIATELY PRIOR TO TRANSFER	WITHIN 1 HR OF ARRIVAL AT RECEIVING UNIT
Time			
Core Temperature			
Mean BP			
Blood Sugar			
Ventilator Pressures			
FiO ₂			
Blood gases pH			
PaCO ₂			
PaO ₂			
HCO ₃			
BE			

Other comments/information relating to stabilisation

PROBLEMS

	YES	NO
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>

DELAY

	YES	NO
Infant	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION IF YES TO ANY OF THE ABOVE
