NEST Newborn Emergency Stabilisation & Transport Team
Southwest Neonatal Network

University Hospitals Bristol NHS
NHS Foundation Trust

Intensive Care & High Dependency Referral Form

NHS Number:											Referral Date/Time	D	D	M	M	Y	Y		H	H	M	M

Name:	DOB:
Birth Weight:	Time of Birth:
Current Weight:	Gender: M ☐ F ☐ Unknown ☐
Gestation:	Current Unit:
Corrected Gestation:	Requested Unit:

Reason for Referral: ☐ Advice Call ☐ Emergency Transfer ☐ Routine Transfer ☐ Repatriation

Referrer Name:	Referrer Number:

Reason for Referral:

Antenatal & Birth

Antenatal Steroids: Yes / No
$MgSO_4$: Yes / No

Delivery Type:
☐ NVD ☐ Emergency CS ☐ Elective CS ☐ Instrumental

- ☐ Inflation Breaths
- ☐ IPPV via mask
- ☐ Intubated
- ☐ Surfactant: Yes / No
- ☐ Cardiac massage
- ☐ Drugs:

APGARS 1 5 10

Spontaneous Breaths @

Cord pH: ART: Ven:

Vit K: Yes / No

Ventilation:

- ☐ SVIA
- ☐ Being Intubated
- ☐ Airway Concern
- ☐ High flow

Litres:

- ☐ CPAP/ BiPAP
- ☐ Ventilated

Mode:

ETT size / length					
PIP		PEEP		MAP	
Ti		Rate/Fre		Nitric ppm	
FiO_2		SpO_2		Flow	

Details:

Signed & Dated: **Designation**:

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Cardiovascular:			
Boluses:	**Inotropes**	**Dose**	
Crystalloid:	a)		
Colloid:	b)		
Blood:	c)		
FFP/cryo:	d)		

Access:

☐ Cannula ☐ UAC ☐UVC ☐ Arterial ☐ Central ☐Intraosseous

Fluids:	**Other Drugs:**
ml/kg/day ☐ % Dextrose ☐ TPN ☐ Other: ☐ Feeds: Type Frequency	

CNS:

☐HIE ☐Cooled ☐Seizures ☐Encephalopathic ☐Sedated ☐Muscle Relaxed ☐Cranial USS

Sepsis:

Haematology & Metabolic:

Observations - Time:		**Blood Gas – Time:**	
Temp:	HR:	pH:	BE:
BP:	Mean:	pCO_2:	Lactate:
RR:	Sats:	pO_2:	Glucose:
Sats (pre):	Sats (post):	HCO_3:	Sodium:

Other:

Signed & Dated: **Designation**:

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Conference call Details **Time of conference call:**	**Professionals included**
	Top Cover:
	Receiving Unit:
	Others:
Signed: **Date/Time:**	

Outcome: ☐ Urgent Dispatch ☐ Planned Transfer ☐ Advice ☐ Review later-When:

Transfer Response Time: ☐ <1hr ☐ <4hr ☐ <24 hours ☐ >24 hours

Time of Decision: **Decision Made By:**

Receiving Unit Informed: **Time of call BAEMS:** **Time of vehicle arrival:**

Specific Equipment Needed
☐ Cooling ☐ Xenon ☐ Glideoscope ☐ Nitric ☐ CFM ☐ Sonosite ☐ Defib

Team
☐ Nurse-Led ☐ ANNP/Fellow & Nurse ☐ Top cover & ANNP/Fellow & Nurse

Signed: **Date/Time:**

Subsequent Information / advice: (each entry should have time/date & signature)

Signed & Dated: **Designation**:

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Pre Transfer-Checklist:

- ☐ IV access x
- ☐ Gastric Tube
- ☐ 2 copies of Badger
- ☐ Copy of Nursing and Medical Notes
- ☐ Nursing Transfer Form
- ☐ Infusions in 50 ml syringes
- ☐ Discontinue TPN- commence 10% Glucose
- ☐ Parents Informed

Infection Control Concerns?

Safeguarding Concerns?

Parental Transport / accommodation?

Signed:

Day Of Transfer Information (if transferred later than day of referral:

Date:

Change in respiratory status:

Today's Obs

HR	*BP:*
RR	*Sats:*
Temp:	*CRT:*

Today's Feed Times:

Cool bag req?: Y N

Other outstanding issues:

Signed:

Signed & Dated: **Designation**: