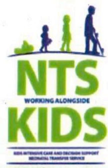

NTS/KIDS REFERRING DOCUMENT

REFERRAL DATE									RECEIVING HOSPITAL	

REFERRAL DETAILS

HOSPITAL		**LOW DEPENDENCY TRANSFERS** Please call between: 09:00-16:00 Referrals will be taken as per usual and the transfer will be arranged for the following 24 hours
WARD/DEPT		

PATIENT DETAILS

FIRST NAME		FAMILY NAME			
DATE OF BIRTH		TIME		BIRTH WEIGHT	kg
GENDER	M F NOT KNOWN	GA		CGA	
				WEIGHT	kg
NHS NUMBER		INFECTION RISK			

SAFEGUARDING

ANY SAFEGUARDING CONCERNS?	☐ YES ☐ NO
NAME OF SOCIAL WORKER	
SOCIAL WORKER TEL NO:	
PHOTOCOPIES OF SAFEGUARDING DOCUMENTATION	☐ YES ☐ N/A
SAFEGUARDING PLAN IN PLACE	☐ YES ☐ N/A
SPECIFY:	
DO BOTH PARENTS HOLD FULL PARENTAL RIGHTS?	☐ YES ☐ NO
SPECIFY:	
DO PARENTS HAVE FULL ACCESS?	☐ YES ☐ NO
SPECIFY:	
SOCIAL WORKER **AWARE** OF TRANSFER	☐ YES ☐ NO

PARENTS DETAILS

PARENTS NAME CONTACT NUMBER	
PARENTS NAME CONTACT NUMBER	
PARENTS PRIMARY LANGUAGE	

NEWBORN SCREENING

AUDIOLOGY	☐	DATE		DUE	
FINDINGS:					
ROP	☐	DATE		DUE	
FINDINGS:					
BLOOD SPOT	1 SPOT NO:		4 SPOT NO:		

PERSON COMPLETING FORM

NAME		SIGNATURE	
DESIGNATION		DATE	

PLEASE COMPLETE PRE TRANSFER CHECKLIST OVER PAGE :

PRE TRANSFER CHECKLIST		
DATE & SIGN ALL ENTRIES		
	□ REFERRING BED CONFIRMED	COMMENTS:
	□ PARENTS AWARE OF TRANSFER TIME INFORMED:	COMMENTS:
	□ BADGER COMPLETED	COMMENTS:
	□ COPIES OF TREATMENT CHARTS/MEDICATIONS	COMMENTS:
	□ COPIES BLOOD RESULTS	COMMENTS:
	□ MATERNAL BLOOD (IF RELEVANT)	COMMENTS:
	□ X-RAYS/SCANS (PACS/ CD) □ ETT POSTION CHECKED □ OTHER PLASTIC POSITION CHECKED	COMMENTS:
	□ 1st BLOOD SPOTS	COMMENTS:
	□ D5 BLOOD SPOT	COMMENTS:
	□RED BOOK - WITH NEONATAL JOURNEY BOOKLET - NIPE	COMMENTS:
	□BREAST MILK	COMMENTS:
	□ IMMUNISATIONS UP-TO-DATE	COMMENTS:
	□ NAME BANDS CHECKED X 2	COMMENTS:
	□ FLUIDS IN 50ML SYRINGES	COMMENTS:
	COOLING BABIES: □ NETWORK COOLING FORMS STARTED RECTAL TEMP :	COMMENTS:

PLEASE CONTACT NTS/KIDS ONCE CHECKLIST HAS BEEN COMPLETED, **UNLESS A CRITICAL TRANSFER**

03002001100