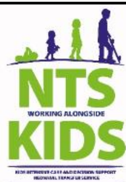

NTS/KIDS REFRERRING DOCUMENT

REFERRAL DATE	D	D	M	M	Y	Y	Y	Y	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	D	D	M	M	Y	Y	Y	Y	TIME	HH	MM	BIRTH WEIGHT	kg
GENDER	M	F	N/K	GA					CGA		WEIGHT	kg
NHS NUMBER									INFECTION RISK			

SAFEGUARDING

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

PARENT DETAILS

PARENTS NAME CONTACT NUMBER	
PARENTS NAME CONTACT NUMBER	
PARENTS PRIMARY LANGUAGE	

NEWBORN SCREENING

AUDIOLOGY	☐	DATE		DUE	
FINDINGS:					
ROP	☐	DATE		DUE	
FINDINGS:					
BLOOD SPOT	D1 SPOT NO:	D5 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:
	☐ **COPY OF PERIPREM PASSPORT**	COMMENTS:
	☐ **COPIES OF TREATMENT CHARTS / MEDICATIONS**	COMMENTS:
	☐ **COPIES OF BLOOD RESULTS**	COMMENTS:
	☐ **MATERNAL BLOOD (IF RELEVANT)**	COMMENTS:
	☐ **X-RAYS/SCANS (PACS/CD)** ☐ **ETT POSITION CHECKED** ☐ **OTHER LINES POSITIONS CHECKED**	COMMENTS:
	☐ **D1 BLOOD SPOTS**	COMMENTS:
	☐ **D5 BLOOD SPOTS**	COMMENTS:
	☐ **RED BOOK** ☐ **WITH NEONATAL JOURNEY BOOKLET** ☐ **NIPE**	COMMENTS:
	☐ **BREAST MILK**	COMMENTS: No. of frozen bottles: No. of fresh bottles:
	☐ **IMMUNISATIONS UP-TO-DATE**	COMMENTS:
	☐ **NAME BANDS CHECKED X2**	COMMENTS:
	☐ **FLUIDS IN 50ML SYRINGES**	COMMENTS:
	☐ **COOLING BABIES** ☐ **NETWORK COOLING FORMS STARTED RECTAL TEMP:**	COMMENTS:

PLEASE CONTACT KIDS/NTS ONCE CHECKLIST HAS BEEN COMPLETED, UNLESS A TIME CRITICAL TRANSFER – 0300 200 1100

Updated in May 2024