

NTS Referral Form

Date of Referral:	Time of Referral:	Ref No: 3014 _____
Contacted via EBS: Yes No	EBS Operator:	Conference Call: Yes No

Please tick one of the options below:

Emergency <input type="checkbox"/>	Elective Referral <input type="checkbox"/>	File sheet in diary <input type="checkbox"/>	Enquiry <input type="checkbox"/>	Once dealt with file in Red Tray
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Referring Hospital:	Ward:
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Contact Name:	Consultant:
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Telephone Number:	Ex or Bleep:
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Baby Details

Name:	D.O.B:	Birth Weight:
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Gestation:	Time of Birth:	Current Weight:
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NHS No:	Day:	Sex:
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Date of Transfer:	Team used: <input type="checkbox"/> BT01 <input type="checkbox"/> BT02
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Team location at time of call: At base <input type="checkbox"/> On another call <input type="checkbox"/> Pre-booked <input type="checkbox"/> Other <input type="checkbox"/>

Clinical Details

Details of referral:

Antenatal History & Delivery (brief history)
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Respiratory State: <input type="checkbox"/> Ventilated <input type="checkbox"/> Cpap <input type="checkbox"/> N.Cannula <input type="checkbox"/> Oxygen <input type="checkbox"/> SV <input type="checkbox"/>	The following info is need for the mint score:
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Vent mode:	Pressures:	ETT Size:	ETT Length:	Apgars: /1min /5min /10min
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I Time:	Rate:	Latest Gases: (A)rterial (V)enous (C)ap	Congenital Abnormalities:
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Fio2:	Sats:	Time				Lines:
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BM:	Mean BP:	Site	A V C	A V C	A V C	Lines:
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Fluids:	PH				1.	3.
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	PCo2				2.	4.
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Feeding:	Po2				Temperature:	
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Sedation & Paralysis:	HC03				Antibiotics:	
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	BE				Inotropes:	
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Relevant Blood Results:	Infection Issue: Yes No
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PTO:	You MUST answer this question! <h2 style="margin: 0;">IS THIS TRANSFER TIME CRITICAL?</h2> <p style="font-size: small; margin: 5px 0;">(See overleaf for definitions)</p> <div style="display: flex; justify-content: space-around; font-size: large; font-weight: bold;"> YES NO </div>
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Advice given to referring unit:	Advice followed: Yes / *No	* If No provide reason
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Chargeable Journey: Yes / No (charging sheet sent to LAS) Total Time:	Form completed by:
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Accepting Hospital:	Ward:	Transfer Cancelled: Yes No (Reason)
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	Contact Name:	
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Consultant:	Telephone Number:	Consultant on-call for NTS:
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Personnel on board: Doctor/ANNP:	Nurse:	Paramedic:
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Consultant:	Observer:
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