

Preparing for NTS Transfer:

- Use NTS referral form as guide for telephone referrals (Attached)
- Prompt verbal handover on NTS arrival
- Infusions in 50 ml syringes
- Time saver: NTS infusion formulae used—see attached
- 2 copies of neonatal discharge summary
- Copy of nursing & drug charts
- Copy of blood results
- Guthrie
- 2 name bands

Prescriptions

Ref No 3 0 _ _ _ _ _

Patient	DOB	___ / ___ / 20___	Working Weight
NHS No			Allergies

Date	Time	Drug (approved name) and dose form	Dose	Dose per kg	Route	Route/Site given	Prescriber Signature	Given by	Checked by	Print initial & surname	Dose Discarded
		FENTANYL (to be preferably used for intubation)		5mcg/kg	iv						
		MORPHINE (effective as intubation drug only after 20-30 minutes)		100 mcg/kg	iv						
Morphine bolus 10mg/ml must be diluted to 1mg/ml for bolus dose. Take 0.1ml morphine and add to 0.9ml Nacl to make 1000mcg/ml											
		SUXAMETHONIUM (may cause bradycardia requiring atropine)		2 to 4mg/kg	iv						
		ATROPINE		10 to 20 mcg/kg	iv						
		VECURONIUM (for short duration of action)		100 mcg/kg	iv						
		PANCURONIUM (for longer duration of action)		100 mcg/kg	iv						
		CUROSURF (1st dose 200mg/Kg) (2nd dose 100mg/Kg)			tracheal						
		0.9% Sodium chloride bolus (over 20-30 min)		10 ml/kg	iv						
		PHENOBARBITONE (loading in slow iv push)		20 mg/kg	iv						
		PHENYTOIN (loading over 30 min, ECG monitoring)		18 mg/kg	iv						
		CLONAZEPAM		50 mcg/kg	iv						
		DIAZEPAM (iv injection over 5 min)		300 mcg/Kg	iv						

Resuscitation Drug Doses				Prescriber Signature	Given by	Checked by
Adrenaline 1:10 000	0.1 ml/ kg = _____ ml	iv	For emergency resuscitation			
Adrenaline 1:10 000	0.3 ml/ kg = _____ ml	iv	In case no response to first dose			
Sodium bicarbonate 4.2% (or dilute 8.4% with equal volume of water for injection)	2 ml/kg = _____ ml	iv	For emergency resuscitation			
Dextrose 10%	2.5ml/kg = _____ ml	iv	For hypoglycaemia / resuscitation			

NTS Referral Form

Date of Referral: <input type="text"/>		Time of Referral: <input type="text"/> 24hr clock		Ref: <input type="text"/>	
Contacted via EBS: Yes <input type="checkbox"/> No <input type="checkbox"/>		EBS Operator: <input type="text"/>		Conference Call: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Please tick one of the options below:</i>					
Emergency <input type="checkbox"/>		Elective Referral <input type="checkbox"/>		Enquiry <input type="checkbox"/>	
<small>File sheet in diary</small>		<small>Once dealt with file in red tray</small>			
Referring Hospital: <input type="text"/>			Ward: <input type="text"/>		
Contact Name: <input type="text"/>			Consultant: <input type="text"/>		
Telephone Number: <input type="text"/>				Ex or Bleep: <input type="text"/>	
Baby Details					
Surname: <input type="text"/>		D.O.B: <input type="text"/>		Birth Weight: <input type="text"/>	
First Name: <input type="text"/>		Time of Birth: <input type="text"/>	Day: <input type="text"/>	Current Weight: <input type="text"/>	
NHS <input type="text"/>		Gestation: <input type="text"/>		Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/>	
Date of Transfer: <input type="text"/>		Team used: BT02 <input type="checkbox"/> BT01 <input type="checkbox"/> Day team <input type="checkbox"/> Night team <input type="checkbox"/>			
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					
Reason for referral: <input type="text"/>			Safeguarding issues: <input type="text"/>		
Antenatal History & Delivery (brief history) <input type="text"/>					
Respiratory State: Ventilated <input type="checkbox"/> Cpap <input type="checkbox"/> N.Cannula <input type="checkbox"/> Oxygen <input type="checkbox"/> SV <input type="checkbox"/>					
				<small>The following info is need for the mint score:</small>	
Vent mode: <input type="text"/>	Pressures: <input type="text"/>	ETT Size: <input type="text"/>	ETT Length: <input type="text"/>	Apgars: /1min /5min /10min	
I Time: <input type="text"/>	Rate: <input type="text"/>	Latest Gases: (A)rterial (V)enous (C)ap			Congenital Abnormalities: <input type="text"/>
Fio2: <input type="text"/>	Sats: <input type="text"/>	Time <input type="text"/>			
BM: <input type="text"/>	Mean BP: <input type="text"/>	Site <input type="text"/>	A V C <input type="text"/>	A V C <input type="text"/>	A V C <input type="text"/>
HR: <input type="text"/>	Glucose: <input type="text"/>	PH <input type="text"/>			Lines: <input type="text"/>
Fluids: <input type="text"/>	PCo2 <input type="text"/>				1. <input type="text"/> 3. <input type="text"/>
Feeding: <input type="text"/>	Po2 <input type="text"/>				2. <input type="text"/> 4. <input type="text"/>
Sedation & Paralysis: <input type="text"/>	BE <input type="text"/>				Temperature: <input type="text"/> Inotropes: <input type="text"/>
Relevant Blood Results: <input type="text"/>	HC03 bi-carb <input type="text"/>				Antibiotics: <input type="text"/>
	Lactate <input type="text"/>				Infection Issue: No <input type="checkbox"/> Yes <input type="checkbox"/>
					Infection: <input type="text"/>
					You MUST answer this question! IS THIS TRANSFER TIME CRITICAL? (See overleaf for definitions) PTO: YES <input type="checkbox"/> NO <input type="checkbox"/>
Advice given to referring unit: <input type="text"/>			Advice followed: Yes / *No <input type="checkbox"/>		
Chargeable Journey: Yes / No (Elective charging details sent to LAS <input type="checkbox"/>) Total Time: <input type="text"/>				Form completed by: <input type="text"/>	
Accepting Hospital: <input type="text"/>		Consultant: <input type="text"/>		Transfer Cancelled: Yes <input type="checkbox"/> No <input type="checkbox"/> (Reason)	
		Contact Name: <input type="text"/>			
Ward: <input type="text"/>		Telephone Number: <input type="text"/>		Consultant on-call for NTS: <input type="text"/>	
Personnel: Doctor/ANNP: <input type="text"/>		Nurse: <input type="text"/>		Paramedic/ETA: <input type="text"/>	
Consultant: <input type="text"/>		Observer: <input type="text"/>			

