

NNTP TELEPHONE REFERRAL TEMPLATE



Where possible, please have the following information to hand when telephoning the NNTP to request a transport.

Date of Transp	ort Req	uest:	/	/20				Time o	f Tra	ansport R	equest: :		hrs				
Time Ref Unit I	Decideo	d to Transf	fer Infant:	:	hrs												
Referring Hosp	Uni	Unit: 5			₃ Ref Hosp/Contact:			Ref. Coi									
Receiving Hosp) :				Uni	Unit: ☎ Ref Hosp/Contact:						R	ec. Cons	ultant:			
															_		
											D BY PHONE						
Patient Name											M/F Time of	Rirth	•	hrs	Δαe·		
Gestation:wks. Birth Wt.: Surgical? Medical? Card													•				
Surgical?	Me	aicai?	Cardia	C?	Cong Ab	normaii	ty:	סוע	igno	osis:							
Infection Risk:		No 🗌	Yes (If Ye	es?											••••)
_											TO TO A NOTED						
AIRWAY			Resp Rate				MANAGEM ETT Taped		ENT/STATUS PRIOR Chest X-Ray		10 IRANSFER			ADVICE			
Ventilation Mode			nesp nate	E113	ize i	•		,						ADVICE			
BREATHING			PEEP/CPAP	Vent I	Rate	cms@lips Tinsp		Sa02 Pre-duct									
Fi02 %						5p				Post-duct							
BLOOD GAS Time		Site	pН	CO ₂	0,	HCO3	BEx	Lacta	te	Bl.Sugar							
CIRCULATIO	1	IBP	5	М	Perfusion	Cap Re	<u>l</u> efill	HgB	PI	lts							
HR		NIBP	D			'											
IA Access	Periph	eral / UAC	V	IV Access	Peri	ipheral / U'	VC / Ce	ent.									
Fluids	Tot. Ra	ite	mls/kg/da	y Bolus(s))			Dose(s)									
Type? 1.				Type? 1.													
2.					2.												
3.					3.												
4.					4.												
5. DRUGS DOSAGE A					5.						Cana Tanan				CatTanan		
DRUGS Morphine	DO:	SAGE		ADVICE				ENVIRO	NM	ENT	Core Temp.		Consent?		Set Temp es No	7	
Muscle relaxants											FURTHER		Seen by I		es No No	=	
Surfactant											INFORMATION	ı	Religious		es 🗌 No 🗀	j	
Inotropes																	
Antibiotics											-						
Prostin Anti-Convulsants											-						
Nitric Oxide											-						
Other											NNTP Dr's	s Sigr	natur	e			
					ADDI"	ΓΙΟΝΑL	/OTH	IER RELE	VA	NT INFO	RMATION						
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