



Initial Consultation:			
Date:		Time:	
Details	Referring Hospital details:		Receiving Hospital informed:
Hospital and unit:			
Doctor:			
Contact number:			
Nurse:			
Contact number:			

Maternal Details:				Tel. no:	
Name:		IP No:		Age:	
Fathers name:		Primary care giver:			
Clinic attended:		No of visits:		Rh:	
Obstetric history:	Grav/Para:				
Syphilis Rapid:		RPR:		Titre:	
TB Positive:	Y / N	Date of diagnosis:		Treatment started:	
HIV test result:		Viral load:		ARVs commenced:	Y / N
Treatment:	PMTCT only?		Lifelong?		Feeding choice:
Other risk factors:					
Current condition:					
Social History: Employment, grants, electricity, water etc)					

Baby Details:									
Name:		IP Number		Day of life:		Gender:			
Date of Birth:		Date of admission		Gestational Age:	wks.	Steroids?			
Place of Birth:		Mode:		Liquor:		Apgars:			
Birth weight:	g	Birth Length:	cm	Birth COH:	cm	AGA / LGA / SGA			
ID bands:	Y / N	Konakion given?	Y / N	Chloromycetin to eyes ?	Y / N	Put to breast?	Y / N		
Current: Weight:	g	Length:	cm	COH:	cm	Gestation:			
Problems during & after birth & Resuscitation details:	Apgar <7 at 5mins? Cord PH (if available):								

Condition at time of initial consultation:										
Current Condition & observations:	Temp:	°C	Pulse:	bpm	BP:		Colour:		Gluc:	mmol/l
	Resp:	bpm	SPO2:	%	FIO ₂ :	%	Support:			
Blood gas (if available)										
Relevant blood results:										

Problem List and reason for consultation / transfer:	
Current problems and management:	
Resolved problems and management:	

Initial management Plan:					
Does the baby require transfer:	YES		NO		If NO-Reason:
Is the baby stable for transfer:	YES		NO		If NO-Reason:
Bed available at:				No bed available in KZN?	
NB. If bed is available and baby to be transferred -complete transfer details from Page 3 onwards.					
Sign:		Print:		Practice No.	

Further Consultation:					
Date:	Time:	Hosp. contacted:	Name of Doctor:	Contact no:	
Current problem:					
Management plan given by receiving hospital:					
Does the baby require transfer:	YES		NO		If NO-Reason:
Is the baby stable for transfer:	YES		NO		If NO-Reason:
Bed available at:				No bed available in KZN	
NB. If bed is available and baby to be transferred -complete transfer details from Page 3 onwards.					
Sign:		Print:		Practice No.	

Further Consultation:					
Date:	Time:	Hosp. contacted:	Name of Doctor:	Contact no:	
Current problem:					
Management plan given by receiving hospital:					
Does the baby require transfer:	YES		NO		If NO-Reason:
Is the baby stable for transfer:	YES		NO		If NO-Reason:
Bed available at:				No bed available in KZN	
NB. If bed is available and baby to be transferred -complete transfer details from Page 3 onwards.					
Sign:		Print:		Practice No.	

Further Consultation:									
Date:	Time:	Hosp. contacted:			Name of Doctor:			Contact no:	
Current problem:									
Management plan given by receiving hospital:									
								Done ✓	Initials
Does the baby require transfer:		YES		NO		If NO-Reason:			
Is the baby stable for transfer:		YES		NO		If NO-Reason:			
Bed available at:							No bed available in KZN		
NB. If bed is available and baby to be transferred -complete transfer details below.									
Sign:		Print:			Practice No.				

Transfer		NB Record in transfer register							
Baby accepted for transfer:		Date:			Time:				
Reason for transfer:									

S.T.A.B.L.E. Stabilise baby for transfer. Continue monitoring baby on Daily assessment chart.										
NB. Immediately prior to departure complete table below										
S-Sugar: Monitor dextrostix and provide IV dextrose and/or feeds. Ensure IVT is patent through infusion pump.										
HGT:	mmol/l		IV Rate:		ml/hr		Site:			
Well strapped:	Y	N	IVT Patent:		Y	N	Infusion Pump:		Y	N
Feeds:	NPO		NGT		Feed volume:		Last fed: Date & Time			
Urine output:			Last stool: Date & Time				Description:			
T-Temperature: Keep temperature between 36 ⁵ -37°C. Ensure baby is dry and then swaddle / KMC / Incubator. Cover head.										
Temp:	°C.		Method of warmth:							
A- Airway: Maintain patent airway. Ensure ETT is secure and chest moving. Provide adequate oxygen: Sats 90-94%										
Respiratory support	Nil	NP	Vent.		Amt. of O ₂		%		Saturations:	%
Chest moving bilaterally	Y	N	ETT securely strapped:		Y	N	Vent. settings		PIP	PEEP
Oxygen cylinder full	Y	N	Spare O ₂ cylinder:		Y	N				
B-Blood pressure: Ensure good circulating volume. BP mean > gest. age. Cap. refill time < 3secs.										
BP:			Capillary refill time:		Colour:		Pule rate:		bpm	
L-Laboratory results: Send applicable results with baby.										
Results sent?	Y	N	X-rays sent?		Y	N	Current blood gas:			
E- Emotional support: Mother/caregiver must preferably accompany baby or be transferred as soon as possible.										
Mother informed of transfer?	Y	N	Condition:							
Bed booked at receiving hosp?	Y	N	Lodger:		Y	N	Post Natal:		Y	N
Other:										
Immunizations-birth?	Y	N	Birth Registered?		Y	N	Advice given if no?		Y	N
Road to health book?	Y	N	Consent- If required & mother not with baby		Y	N	NA			
Current medications:	Medication:		Dose:		Frequency:		Last given:			
Sign:				Print:						
Time:				MP No.						

Patient Transport information					NB Record in Transfer register					
Time EMRS called		Name of Operator		Equipment requested			Sign			
Time of EMRS arrival		Name of Paramedic		Equipment provided			Sign			
Receiving hospital notified		Name of Doctor		Name of Nurse		Time of departure		Sign		
Condition on departure:										
NB. Receiving hospital notified if baby demised or transfer cancelled			Name of receiving Doctor			Name of receiving Nurse			Time:	

Outcome							Photocopy and file this form in transfer file. Check and record all outcomes monthly.								
Alive & not transferred	Died & not transferred	Died awaiting EMRS	Died in transit	Died within 24 hours of transfer	Died beyond 24 hours of transfer	Alive & transferred back to referring hospital									