



Name

D.O.B

Ref No

Transfer Date

**Nasal CPAP Observations**

<b>Time</b>										
<b>NCPAP Pressure</b>										
<b>O<sub>2</sub> Flow</b>										
<b>O<sub>2</sub> %</b>										
<b>Circuit Checked</b>										
<b>Activity</b>										
<b>Tone</b>										
<b>Circulation</b>										
<b>Colour</b>										

**Intravenous Fluids**

<b>Time</b>	<b>Fluid infusing</b>					<b>Fluid infusing</b>				
	<b>Equipment No</b>					<b>Equipment No</b>				
	<b>Site</b>					<b>Site</b>				
	<b>Rate</b>	<b>Level</b>	<b>Vol</b>	<b>Total</b>	<b>Site</b>	<b>Rate</b>	<b>Level</b>	<b>Vol</b>	<b>Total</b>	<b>Site</b>

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Time									
<b>HeartRate</b>									
210									
200									
190									
180									
170									
160									
150									
140									
130									
120									
110									
100									
90									
80									
70									
60									
<b>SaO2</b>									
100									
98									
96									
94									
92									
90									
88									
86									
84									
82									
80									
78									
76									
74									
72									
70									
<b>Resps</b>									
120									
110									
100									
90									
80									
70									
60									
50									
40									
30									
20									

Time									
<b>Skin temp</b>									
38.0									
37.8									
37.6									
37.4									
37.2									
37.0									
36.8									
36.6									
36.4									
36.2									
36.0									
35.8									
35.6									
<b>Incubator</b>									
39.0									
38.5									
38.0									
37.5									
37.0									
36.5									
36.0									
35.5									
35.0									
34.5									
34.0									
33.5									
33.0									
32.5									
<b>Mean BP</b>									
70									
65									
60									
55									
50									
45									
40									
35									
30									
25									
20									
15									
<b>Syst/Dia</b>									
<b>Cuff/Art</b>									

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Action	Time	Comments/reasons for delay
GMAS Notified		Job No;
Ambulance Arrives		
Team Departs SMH		
Arrives Referring Unit		
Departs Referring Unit		
Arrives Accepting Unit		
Departs Accepting Unit		
Arrives SMH		

Care taken over from.....Time.....

Baby safely transferred into transport incubator at:

**Prior to Departure**

Name Band Check	
Parents Informed	
Unit Booklet Given	
EBM into Cool Bag	
Transfer Notes Obtained (Medical & Nursing)	
Xrays	
Gathered Personal Belonging	
Contacted Accepting Unit	
Blood Gas if Required	
Capillary	
PH	
PCO2	
PO2	
BE	
Bicarb	

