

Name
Transfer Date

D.O.B

Ref No

**Greater Manchester, East Cheshire and High Peak
Neonatal Transport Service**

Special Care Transport Document

Age	Birth Weight	Current Weight	Gestation	Male / Female
Referring Hospital	Receiving Hospital	ml/kg	Transport Team Members	

Last Opened Bowels	Last Passed Urine	Feeding Regime	Oxygen Requirements	IV Access Site:
Name bands checked and in place YES/NO		Parents aware of transfer YES/NO		

Alarm Limits

Heart Rate	90-200	Apnoea Time	20 sec
SaO₂	87-94 92-100	Skin Temperature	36.5-37.5

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		