

ScotSTAR Neonatal / Paediatric Team

ScotSTAR Emergency Number : 03333 990 222

Emergency Referrals

Date of Initial SSD Call:	Time of Initial Call
Time Conference started	Time conference ended
Name of SSD Operator/Referrer	Location of Team : Base / Out on Transfer
Referring Hospital:	Unit NICU / SCBU / PICU / Paeds Ward / Ward -
Contact Name:	
Telephone Number:	Ext or Bleep:

Baby Details

Name:	D.O.B:	Birth Weight:
Gestation:	Time of Birth:	Current Weight:
CHI No	Sex : M / F / U	

Clinical Details

Antenatal History & Delivery (brief history)			
Ventilation mode	ETT Size	Apgars: /1min /5min /10min	
Pressures	ETT Length	Congenital Abnormalities	
I:E Time	Latest Gases: (A) rterial (V) enous (C) ap		Lines:-
Rate / ΔP	Date		1) 3)
FiO ²	Time		2) 4)
SaO ²	PH / H		
Fluids	pCO ²		Temperature
	pO ²		
Blood Sugar	HCO ³		Antibiotics
Mean BP	BE		Surfactant <input type="checkbox"/>
	Lactate		Vitamin K <input type="checkbox"/>
Sedation & Paralysis			Inotropes

Further Info	

Advice given to Referring unit: (con't overleaf)	*Form completed by
	* please write full name - clearly
SSD Contacting EMDC for driver YES / NO	This referral form to be filed with transport copy of paperwork
Accepting Hospital:	
Accepting Clinician:	