



# NETS - Hunter

## Elective Transfer Booking Form

Name:  MRN:   
 Address:  DOB:   
 Sex:    
 Postcode:

Date:  Age:  Weight:  kg  
 Birthweight:  kg Gestation:  weeks

Diagnosis and history (or provide discharge summary):

### CLINICAL INFORMATION

Temp:  HR:  RR:  BP:  BSL:   
 O<sub>2</sub> sat:  FiO<sub>2</sub>:  Flow:  lpm

### O<sub>2</sub> delivery:

Crib O<sub>2</sub>  Head box  Prongs  Nasal catheter  Face mask   
 ETT  (size)  mm NP tube  Other:

### Ventilation:

Mode: CPAP  SIMV  IPPV  CMV   
 Parameters: Rate  PIP  PEEP  IT

Current condition:

Vascular Access: IV  IA  UAC  UVC  IO  CVL

IV fluids:

Drainage: IDC  OG  NG  Size/s

Medications:

Feeds:

### TRANSPORT PLAN

Transfer date:  Time:  Preferred vehicle: Road:  FW:

Transport nurse (NETS Hunter):

Transport doctor (NETS Hunter):

From (hospital):

To (hospital):

Referring doctor:

Accepting doctor:

Patient location (ward):

Patient destination (ward):

Ambulance service pickup point:  ward / airport / other

Ambulance service handover:  airport / hospital

### Equipment:

Incubator:  Portacot:  Capsule:

Ambulance service to supply:

Parent accompanying? Yes:  No:  Parent's weight (air only):  kg

**Fax this form to NETS at [ccc@nets.health.nsw.gov.au](mailto:ccc@nets.health.nsw.gov.au)**  
**Please call CCC (1300 36 2730) on the day of travel if confirmation has not been received**

*Clinical Coordination Centre use only*

CCL:  ASNSW booked:   
 Date:  Time:  Booking reference:

Form returned by Fax to NETS Hunter

(fax: 4923 6120)