



# NETS Return Transfer Booking Form

[Not for use for transfers using NETS Hunter or NETS ACT teams]

Name  MRN   
 Address  DOB   
 Town  Postcode

Date  Age  Days/Weeks Weight  Kg  
 Birthweight  g Gestation  weeks Gender

Diagnosis and history (without duplicating discharge summary)

## CLINICAL INFORMATION

Temp.  HR  RR  BP  BSL

O<sub>2</sub>  O<sub>2</sub> sat  FiO<sub>2</sub>  Flow  lpm

Incubator Temp.

Apnoea  Comments   
 Bradycardia   
 Desaturation

Current condition

IV fluids  Type  Rate  mL/h

Enteral fluids  Type  Freq.   
 Route  Amount  mL

Total Fluid Intake  mL/kg/d Human milk to transport?

Infectious?  Specify

Medications

MRSA  VRE

## Referring Hospital

Name   
 Consultant   
 Contact nurse   
 Patient location  Telephone   
 Parent accompanying?  Parent's weight  kg

## Receiving Hospital

Name   
 Consultant   
 Contact nurse   
 Patient destination  Telephone   
 Mother's name  Father's name

Parents aware?

## TRANSPORT PLAN

Suitable for / Requesting   
 Priority   
 Preferred day (or not before)  Time of day   
 Contact via  Contact details   
 Status

## CHECK LIST

Discharge summary  Formula for trip (1)  Incubator; singlet/nappy   
 Nursing summary  Stored milk; labelled  Capsule; jumpsuit/beany   
 X-Rays, US etc.  Belongings packed  Personal Health Record

## Day of Travel

Medical review  Current vitals  Current charts (copies)

Email to [ccc@nets.health.nsw.gov.au](mailto:ccc@nets.health.nsw.gov.au)  
 For any queries, please call NETS on 1300 36 2730

## Booking details

*Clinical Coordination Centre use only*

CCL  Scheduled; date/time  Estimated journey time  Air booking reference   
 Accepted; date/time  Booking completed  by