

\*CAN A BABY BE MOVED TO A LOCAL NICU TO REDUCE IUT DISTANCE?  
(CHECK WITH NNeTS TL / CONS IF UNSURE)

REFERRAL DETAILS		DATE REVIEWED	
REFERRAL TAKEN BY:	DATE:	TIME:	
REFERRING CENTRE & TEL NO.	REFERRER & GRADE:		
REFERRING OBSTETRIC CONSULTANT & TEL NO.			
NNeTS CONSULTANT ON DUTY (OR RED CONSULTANT IF OUT OF HOURS) INFORMED OF REQUEST: YES / NO			
MATERNAL DETAILS			
SURNAME:	FORENAME:	DOB:	
ADDRESS & POSTCODE:	NHS NUMBER:		
	SINGLETON / MULTIPLE PREGNANCY *(IF MULTIPLE HOW MANY)		
	GESTATION: / 40	GRAVIDA:	PARITY:
BACKGROUND INFORMATION			
STATED REASON FOR IUT REQUEST:			
PROM: YES / NO	LABOURING: YES / NO	APH: YES / NO	MgSO <sub>4</sub> : YES / NO
CERVIX DILATING: YES / NO	cm	VAGINAL EXAMINATION: YES / NO	
STEROIDS GIVEN: YES / NO	1ST DOSE DATE:	TIME:	
	2ND DOSE DATE:	TIME:	
PIH: YES / NO	TREATMENT:		
FIBRONECTIN TEST FOR PRETERM LABOUR: POSTIVE / NEGATIVE			ESTIMATED WEIGHT:
ANY OTHER INFORMATION eg. ANTENATALLY DIAGNOSED COMPLICATONS, MEDICATIONS ETC?			

**ACCEPTED BY**

HOSPITAL	NICU: YES / NO	TIME	DELIVERY SUITE: YES / NO	TIME

**MOTHER & BABY ACCEPTED BY:**

**ACCEPTING NICU CONSULTANT & TEL NO.**

**ACCEPTING OBSTETRIC CONSULTANT & TEL NO.**

**REFERRING OBSTETRIC CONSULTANT GIVEN ACCEPTING OBSTETRIC CONSULTANT DETAILS: YES / NO**

**ACCEPTING NICU INFORMED: YES / NO**

**ACCEPTING DELIVERY SUITE INFORMED: YES / NO**

**NOTES**

**(DATE, TIME & SIGN ENTRY)**

**OUTCOME (MUM MOVED, DELIVERED, INPATIENT etc.)**

**(DATE, TIME & SIGN ENTRY)**