Date of Transfer:	Ir	ncident No:		Referra	al No:		
CHANTS/NON CHANTS/JOINT CHANTS Nurse Led Referral Documentation							
Swansea – 01792	285278/5403	Cardiff – 029	920 742680	Newport	t - 01633 234844		
Referring Hospital: Consultant:		Accepting Consultar	g Hospital:				
			consulta				
Baby's Name:			Male/Fema	ale Hospital No NHS No:):		
Date of Birth:	Birth: Time of Birth:			Address:			
Gestation:	Corrected:	prrected: Day of			Baby's Address		
Birth Weight: Current Weight:			Address				
Booked Hospital:							
Consultant:							
Mothers Name:			Marital Sta	atus:			
Home Telephone No:			Mobile Te	lephone No:			
🖀 GP:		HV:		Soci	ial Worker:		
Diagnosis:				- 300			
Reason for Transfer: Respiratory status: Airway Stable YES N Cardiac status: Fluids, Feeds & Jaundic Neurological status: Infection issues:	IO :e:						
Temperature Control:							
Parents Spoken to by Team:			Has parent travelling with baby been considered? Y N Mothers Transport Plan:				
Drugs	Dose	Frequency	Route	Date/Time last Given	Newborn Blood Spot Test:		
					ROP Screening Due:		
					Hearing Due:		
					Immunisations Received:		

Baby Name:				
NHS Number:		Unit Nur	nber:	

Social Issues/Parent Involvement/Additional Information:

INFECTION CONTROL REFERRAL INFORMATION	
INFECTION CONTROL REFERRAL INFORMATION Baby Risk Factors	Maternal Risk Factors

	sensitivities of the organism (if applicable)
When was it identified and from which site?	Is the mother currently on any antimicrobial
	treatment? Y N If YES please specify
What was the antimicrobial sensitivity (if relevant)?	Has the mother had any infections or positive
	screening results during her pregnancy? Y N If YES please specify
Has any other organisms been identified? Y N	Has the mother received healthcare treatments,
If YES, please provide details below	including IVF, in other counties outside Wales during
	the last year? If so in which countries, what treatments and when?
Are there any results outstanding? Y N	Results of HVS with dates and sensitivities of isolates if
If YES, please provide details below	applicable
Is the receiving unit aware of these issues? Y N	Are there any outstanding Microbiology results to be
	checked?
Has the infection prevention control team at the	
receiving unit been notified of this transfer? Y N	
Has the Microbiology/Virology team been made aware	
of this transfer? Y N	

Pre CHANTS Arrival Checklist

Prescription Chart/Copy	Transfer Letter (Badger Summary)	Identity Labels x2		EBM	
Red Book	Follow up Appointments	Personal Effects		X Rays	
Social Pages (photocopy)	Time of last feed discussed with CHANTS	IV access & fluids discussed with CHANTS			
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Referrers Full Name:	Email:	Date:
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