THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK
Repatriation Communication Record

To be completed by the referring and receiving unit, copies to kept in the Unit's Repatriation Folder.
The referring unit should keep a copy in the medical record once discharged and send the completed record with the patient.

PATIENT INFORMATION

Infant's name:		D.O.B:	Gestation:
Birth weight:		NHS Number:	
Booking hospital:		Telephone number:	
Birth hospital/ Referring hospital		Telephone number:	
Consultant:		GP	
Home Address:		Postcode	
Parents / carers name:		Contact number:	
Parents / carers name:		Contact number:	
Siblings:			
Immediate medical concerns:			
Any social/safeguarding concerns or other agencies involved:			
Parents informed of Network pathways/ transfer to local hospital when appropriate	Y/N	Badgernet Record Sharing (Breakglass function for neonates born in referral hospital)	Y/N Date:
Parents provided with Repatriation PIL and receiving Unit specific PIL	Y/N Date:	Parents offered Local unit visit / meet the team i.e. virtual unit tour, met Unit coordinator	Y/N Date:

REPATRIATION TO LOCAL UNIT

Date Baby accepted to Local Unit:		Local Unit :	
Name of accepting Consultant:			
Name of accepting Nurse in charge:			
HANDOVER If cross site MDT discharge meeting occurred this may not be applicable/update only		Date:	
Medical handover Date:	Y/N	Referring clinician	
		Receiving clinician	
Nursing handover Date:	Y/N	Referring clinician	
		Receiving clinician	
Specialist team /AHP handover Date:	Y/N	Referring clinician	
		Receiving clinician	
Reason for refusal / deferral (if applicable)			
Name of Consultant / Nurse in charge responsible for decision to refuse/defer transfer			
Follow up call log / expected date of acceptance Further information/ plan			

<table>
<tr><th colspan="5">COMMUNICATION LOG</th></tr>
<tr><td>Date:</td><td>Time:</td><td colspan="2">CGA:</td><td>Current weight:</td></tr>
<tr><td colspan="3">Name of caller:</td><td colspan="2">Name of call taker:</td></tr>
<tr><td colspan="3">Current hospital:</td><td colspan="2">Level of care: ITU HDU SC Circle as appropriate</td></tr>
<tr><td rowspan="3">Ongoing medical condition:</td><td colspan="2">Respiratory: including FIO2 requirement
Ventilation
HFNC/CPAP
Low flow oxygen
Other</td><td colspan="2">CVS:
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<tr><td colspan="2">Fluids / feeding:
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Feeds / volume
Feed type/ BMF
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CrUSS
Hearing
MRI</td></tr>
<tr><td></td><td colspan="2">Sepsis:
Include colonisations
Barrier nursing Y/N</td><td colspan="2">Specialist input:
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e.g., are they…
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Taking temperatures
Kangaroo cares
Visiting
Resident
Present on ward rounds</td><td colspan="2">Additional comments:</td></tr>
<tr><td colspan="2">Expected date discharge/repatriation:</td></tr>
<tr><td colspan="2">MDT Teams discharge meeting Y/N
Date
Circle as appropriate
For complex cases</td></tr>
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