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:
Local Unit Informed of birth	Y/N	Repatriation Link Nurse Informed	Y/N
Repatriation Link Nurse contact details	Telephone No:		
	Email:		
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			
Local Unit:		Date accepted to Local Unit:	
Name of accepting Consultant:			
Name of accepting Nurse in charge:			
HANDOVER/MDT discharge meeting Date:		Y/N 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:	
Repatriation Link Nurse informed of repatriation		Y/N	
Name of Consultant / Nurse in charge responsible for decision to refuse/defer transfer			
Reason for refusal / deferral (if applicable)			
Follow up call log / expected date of acceptance Further information/ plan			

WEEKLY UNIT COMMUNICATION LOG			
Date:	Time:	CGA:	Current weight:
Name of caller :		Name of call taker:	
Current hospital:		Level of care: ITU HDU SC Circle as appropriate	
Expected date of discharge/repatriation			

Ongoing medical condition:	Respiratory: including FIO2 requirement Ventilation HFNC/CPAP Low flow oxygen Other	Fluids / feeding: PN Feeds / volume Feed type/ BMF Central line Y/N
	CVS: Inotropes PDA management	Medications:
	CNS:	Investigations: ROP CrUSS
	Sepsis: Include colonisations Barrier nursing Y/N	Specialist input: Subspecialist AHP i.e. Physio/OT/SALT/Dietetics
Family Integrated care Parents / carers interaction What support are they receiving / do they need?	e.g., are they… NGT feeding Taking temperatures Kangaroo cares Visiting Resident Present on ward rounds	

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Expected date of discharge/repatriation			
Details of update/information given (Baby/Family)			
Date:	Time:	CGA:	Current weight:
Name of caller:		Name of call taker:	
Current hospital:		Level of care: ITU HDU SC Circle as appropriate	
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