Exception Report: Repatriation delays beyond 48 hours of meeting criteria*

Unit submitting exception report	**NICU: ☐** **LNU: ☐** **SCU: ☐**
Unit Contact Email & Phone	**Email:** **Contact no:**
Patient Badger ID	
GA (birth) / Corrected GA	**_____ WEEKS / _____ WEEKS**
Birth Weight / Current weight	**_____ GRAMS / _____ GRAMS**
Respiratory support	
Feeding status	
Other relevant information	
Patient meets agreed repatriation criteria?	**YES ☐ NO ☐**
48 hours since criteria met	**YES ☐ NO ☐**
Reason for repatriation delay?	
Discussion with network	
Information sharing/communication with parents	
Action(s):	
Completed by: **Designation:**	

*Network agreed repatriation acceptance criteria for unit