

Please affix patient label

Patient Name:

Date of birth:

NHS / K Number:



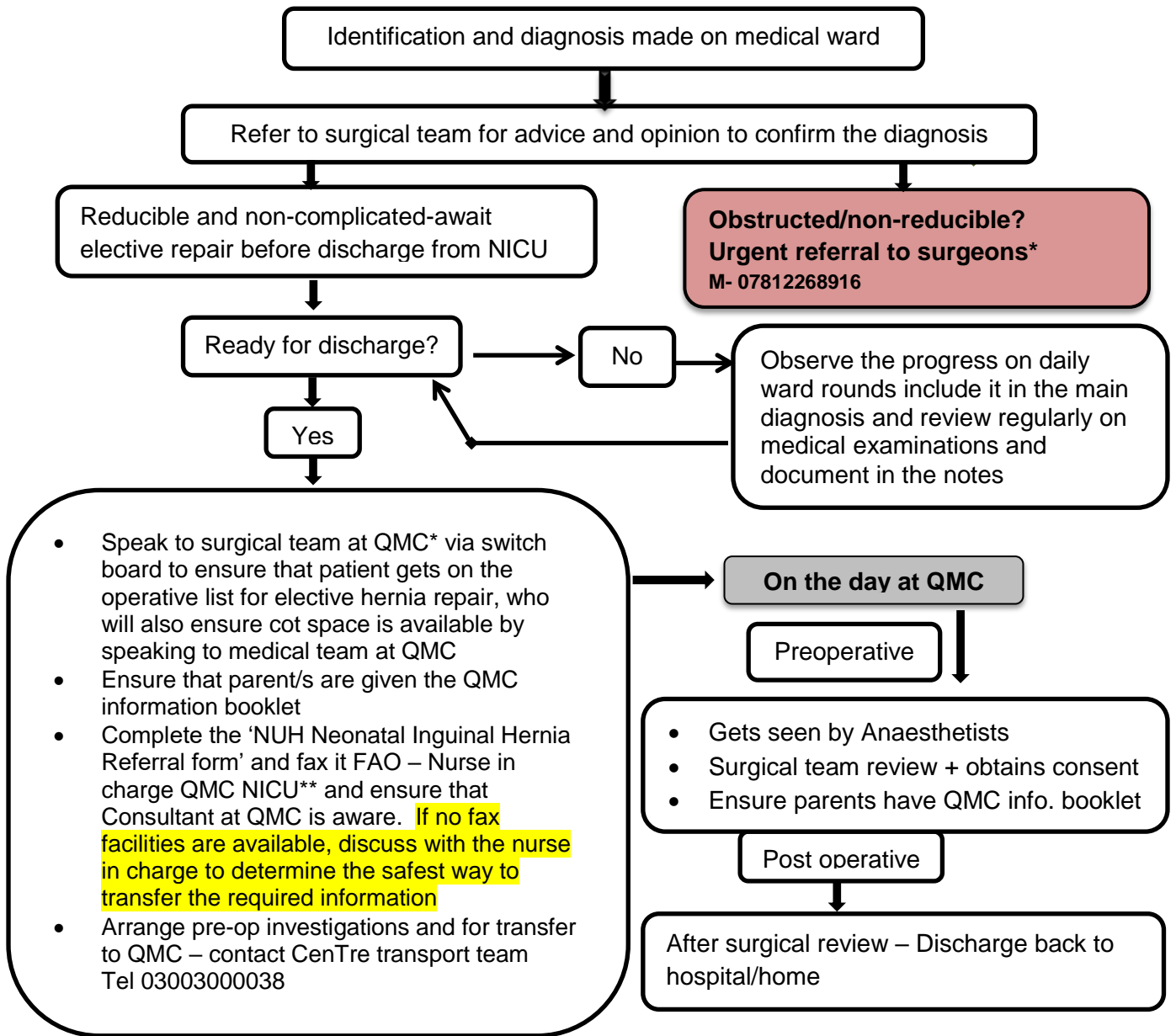
East Midlands Neonatal  
Operational Delivery Network

### NUH NEONATAL INGUINAL HERNIA REFERRAL FORM

*Date of referral	
<b>Diagnosis:</b>	
*Made by	Date
<b>*Reviewed and confirmed by surgeons Yes/No</b>	
If yes, name and designation:	
<b>Details of any previous surgeries/Anaesthesia:</b>	
Birth weight                      kg	Current weight                      kg
Gestation at birth                      weeks	Current corrected gestation                      weeks
Current problems:	Resolved problems:
Oxygen requirement                      Yes/No	Details
*Anticipated date of discharge	

	✓ when complete
Surgical team contacted	<input type="checkbox"/>
Name and designation of surgeon(s):	
Planned date for surgery?	
Are the parents aware?	<input type="checkbox"/>
QMC information booklet given (available on Network website)	<input type="checkbox"/>
Has QMC consultant and Nurse in charge been contacted:	<input type="checkbox"/>
Name and designation of person(s):	
Is the cot space available?	Yes / No
Has transport team been contacted and transport arranged?	<input type="checkbox"/>
Preoperative blood investigations and results available	Yes / No
Please fax this form to QMC NICU on 0115 875 4529 and <u>SPEAK</u> to the team to ensure it has been received and file it in the notes. <b>If no fax facilities speak to the team and determine the safest way to transfer this information</b> * audit points	
To be used in conjunction with NUH Inguinal Hernia Care and Referral Pathway for the newborn (see overleaf)	
** Update on cot availability at QMC + plans as discussed during Friday surgical meeting	

### NUH Inguinal Hernia Care and Referral Pathway



**Continuation of notes:**
