



NICU Telephone Advice Sheet

SURNAME: _____ NHI: _____

FIRST NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ SEX: _____

Please attach patient label here



N I C U T E L E P H O N E A D V I C E S H E E T

Date: _____

Staff Members Name: _____

Designation: _____

Parent / Caregiver Name: _____

Phone No: _____

Date of Discharge: _____

Problem: _____

Advice Given: _____

Follow Up Advice: H/C Informed: Yes No Message left:

Medical Staff Informed: Yes No

Call Commenced: _____ Call Finished: _____

Checking Advice Name: _____

Staff Members

Signature: _____ Signature: _____