

PICU external referral form

Referral number

Contact telephone number: -Switchboard _____ Direct _____.

Patient name				Referring Hospital		
Date of birth				Ward area	Ward/HDU	
Reason for call	<input type="checkbox"/> Request retrieval	<input type="checkbox"/> Advice only			ITU	
Date of call					Theatre	
Time of call					SCBU	
Age				Referring consultant		
Weight				Doctor making call		
				Doctor receiving call		

History from initial call	Blood Gas		Art	Cap	Ven
	pH				
	pCO ₂				
	pO ₂				
	HCO ₃				
	Base excess				
	Lactate*				
	Haematology				
	Hb		PT		
	WBC		APTT		
Neut		Fib			
Plat		D-Dimer			
Biochemistry					
Na		CRP			
K		Prot			
Urea		Alb			
Creat		ALT			
Gluc		AlkP			
Ca		Bil			
PO ₄					
Mg					

A	Air		B	Rate		C	HR		D	A V P U	
	Nasal cannulae			Work of breathing			Cap refill			GCS - E	
	Face mask			Air entry			BP			GCS - V	
	Head box			O ₂ sats			Urine output			GCS - M	
	CPAP			Ventilator settings			Liver palpable?			GCS - total	
	Intubated			F _i O ₂			Volume of fluid boluses			Pupils	
				PIP			Inotropes			C-spine immobilised?	
	EtCO ₂ *			PEEP							
		Rate									
		Tidal Volume*									
Vascular Access		Peripheral IV		Central IV		Arterial		Intraosseous			
Maintenance Fluids											
Sedation											
Antibiotics*											
Blood cultures taken*											

Continued notes

PICU calls referring hospital***
 Referring hospital calls PICU

Referral outcome	Consultant making decision	
Retrieval by PICU		Notes and advice given
Referring hospital transfer		
Advice only		
Retrieval refused - inappropriate referral		
Retrieval refused - no staff or bed available		

Time departing UHW		Doctor			
Time arriving referring hospital		Nurse			
Time departing referring hospital		Trainees			
Delays	Blue light	Most of journey	Only in heavy traffic	Not used	
	Outward				
	Return				

*** delete as appropriate

Assessment on Arrival		Date/Time of Arrival: / / at : hrs			
General CNS		CVS		Lines	
A V P U		CRT			
Pupils (size reaction)		HR			
Fontanelle		Rhythm			
Colour		BP			
Bruise/lac		Inotropes			
Rash		Vasodilators			
Sedation/Anti-convulsants		Other CVS			
Respiratory:					
Intubated?		Y/N		If Intubated:	
		Route (circle one)		Oral/Nasal	
O ₂		Y/N		ETT size	
Route (circle one)		Mask/cannula		mm	
O ₂ flow		Ltr pm		ETT on CXR Y/N	
RR (spont)		/min		Length	
Noise/retraction		Rate		cm	
Sp O ₂		%		BS equal Y/N	
Other resp		Relaxant		Urine ml/kg/hr	
		Last dose time		NG tube	
Any other clinical assessment/comments		IPPV?		Yes/No	
		PIP		PEEP	
		Rate		FiO ₂	
		Relaxant			
		Last dose time			
		Consultant paediatrician present			
		Consultant anaesthetist present			
		Both above should receive discharge summary			

Interventions	
Intubation	<input type="checkbox"/>
Central line	<input type="checkbox"/>
Arterial line	<input type="checkbox"/>
Inotropes started	<input type="checkbox"/>

Please continue overleaf.../

PIM score

1. Booked admission to ICU after elective surgery, or elective admission to ICU for a procedure such as insertion of a central line or monitoring or review of home ventilation (no=0, yes=1):
2. If there is one of these underlying conditions, record the code [number in square brackets]:

[0] none [1] cardiac arrest out of hospital [2] severe combined immune deficiency [3] leukaemia/lymphoma after 1st induction [4] cerebral haemorrhage	[5] cardiomyopathy or myocarditis [6] hypoplastic left heart syndrome [7] HIV infection [8] IQ probably <35, worse than Down's [9] a neurodegenerative disorder
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3. Response of pupils to bright light (both >3 mm and both fixed=1, other=0, unknown=0):
4. Base excess in arterial or capillary blood, mmol/l (unknown=0):
5. PaO₂, mmHg (unknown=0):
6. FIO₂ at time of PaO₂ if oxygen via ETT or headbox (unknown=0):
7. Systolic blood pressure, mmHg (unknown=120):
8. Mechanical ventilation at any time during first hour in ICU (no=0, yes=1):
9. Outcome of ICU admission (discharged alive from ICU=0, died in ICU=1):

Booked admission	
Underlying condition	
Pupils	
Base excess	
PaO ₂	
F _i O ₂	
Systolic BP	
Mechanical ventilation	

Level of Care for retrieval	1	2	3
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INTERVENTIONS CONTINUED...../

Transfer notes/feedback issues

Pre-departure gas

pH	
pCO ₂	
pO ₂	
HCO ₃	
Base Ex	

Signature.....Date.....