

Cardiff PIC EMERGENCY TRANSPORT SERVICE CONSULTATION FORM

Patient's First Name	Patient's Surname	Dob/Age	Weight (kg)

Date of call:	/ /	Contact Tel Number:	
Time of call	: hrs	Referring Hospital & department	
Reason for call	Retrieval /advice only	Dr making call	
		Referring Consultant:	
		Dr/ANP taking call	

History from initial call	Blood gas ART/ CAP /VEN	
	pH PCO2 PO2 HCO3 Base Excess Lactate*	
	Haematology	
	Hb Wbc Neut Plat	PT APTT Fib D-dimer
	Biochemistry	
	NA K UREA CREAT Glucose CA PO4 Mg	

A	AIR		B	RESP RATE		C	HEART RATE		D	A V P U	
	NASAL CANNULAE			Work of Breathing			Capillary REFILL			GCS-E	
	FACE MASK			O ₂ SATS			BP			GCS-V	
	HEAD BOX			Air Entry			Urine Output			GCS-M	
	CPAP			Ventilator settings*			Liver palpable			GCS total	
INTUBATED	Y/N	FiO ₂ PIP PEEP Rate Tidal Volume*		Volume of fluid boluses		Pupils reacting	Y/N				
				INOTROPES		C SPINE immobilised*	Y/N				

Vascular Access	Peripheral IV / Central IV / Arterial / Intraosseous
Antibiotics*	were these given in 1 st hour ?
Sedation	
Maintenance fluid	
Blood Cultures Taken*	
Respiratory samples taken*	

Continued referral notes and communication updates

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Referral Outcome:		Consultant making decision
1 Remains at referring hospital		Advice given & Comments:
2 Referring hospital transfers		
3 Retrieval by PIC		
4 Retrieval Refused-no bed		
5 Retrieval Refused-inappropriate		

For Retrieval:	
Time of departure from UHW:	Doctor:
	Nurse:
	Trainees
	Blue lights

Please complete for care bundle audits: ON ARRIVAL		COMMENTS
Did this child have a secured airway?	YES/NO	
Did they have an NG/OG tube in?	YES/NO	
Did they have a chest x ray to check ET tube position?	YES/NO	
Did they have EtCO ₂ monitoring?	YES/NO	
What was the child's tidal volume when you arrived?	YES/NO	
What was the PEEP set at?	YES/NO	
What was the latest CO ₂ on blood gases?	YES/NO	
Was the child hypotensive on your arrival?	YES/NO	

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:		If Intubated:			ABG
Intubated?	Y/N	Route (circle one)	Oral/Nasal		
O ₂	Y/N	ETT size	mm	ETT on CXR Y/N	Glc
Route (circle one)	Mask/cannula	Length	cm	BS equal Y/N	Urine ml/kg/hr
O ₂ flow	Ltpm	IPPV	Yes/No		NG tube
RR (spont)	/min	PIP		PEEP	
Noise/retraction		Rate		FiO ₂	
		Tidal Volume			
Sp O ₂ EtCO ₂ Other resp	%	Relaxant Last dose time			

PIM Score	
BE	
Systolic BP	
FiO ₂	
PaO ₂	

Interventions
Time depart ref hospital: : hrs Mode of transport:

CRITICAL INCIDENTS (since referring phone call) - Sev = (severity):
0 = no action required, 1 = remedied, no harm to patient,
2 = remedied but potential harm to patient, 3 = not remedied, patient harmed

Respiratory	Time	Sev	CVS/CNS/Other	Time	Sev	Equipment/Drugs	Time	Sev
Respiratory arrest			Cardiac arrest			Advice not followed		
Airway obstruction			Bradycardia			Equipment user error		
Cx spine not secured			Tachyarrhythmia			Unfamiliarity		
Aspiration			Haemorrhage			Unavailability		
Bronchospasm			Hypertension			Monitoring problem		
Intubation probe			Hypotension			Supply failure		
ETT blocked			Infusion problem			Drug problem		
Acc extubation			Metabolic problem			Ventilator/circuit prob		
Hypercapnia			Hypothermia <35			Drug/fluid delivery prob		
Hypoxia <85%			Convulsions			Inadequate assistance		
High airway press			Awareness			Patient injury		
Pneumothorax			Pupillary abnormality			Communication problem		
Pulmonary oedema			No NGT/NGT not vent			Transport problem		
Ventilation problem			IV dislodged			Pressure to proceed		
Other resp			Other			Other		

Specify details:

Time arrive PICU: : hrs Transfer to PICU/NICU/Adult ICU/A & E/non ICU ward (specify)												
1 st Obs at PICU arrival. Please fill in for all transfers inc those brought in by Referring Hospital												
HR	BP	Cap refill	Pupils fixed	Sat %	FiO ₂	PIP/PEEP	Rate	pH	CO ₂	O ₂	HCO ₂	BE
Outcome: Alive/died in transport/died in hospital (circle). In retrospect, did child need PETS? Y/N												

PLEASE PHOTOCOPY FOR REFERRAL/RETRIEVAL FOLDER