NECTAR NORTH EAST CHILDREN'S TRANSPORT AND RETRIEVAL

THE great north CHILDREN'S HOSPITAL

# ACUTE TRANSPORT REFERRAL FORM

| REFERRER DETAILS | | | |
|---|---|---|---|
| NAME | | | |
| DESIGNATION | CONSULTANT ST4-8 ST1-3 F1/F2 NURSE PRACTITIONER NURSE MIDWIFE | | |
| REFERRAL SPECIALITY | | PREFERRED DESTINATION | |
| PATIENT HOSPITAL | | PATIENT CARE AREA | |
| NAMED CONSULTANT | | CONTACT NUMBER | |

| PATIENT DETAILS | | | | | |
|---|---|---|---|---|---|
| FIRST NAME | | LAST NAME | | | |
| DATE OF BIRTH | | AGE | | WEIGHT | |
| HOME ADDRESS | | GP ADDRESS | | | |
| | NHS NUMBER<br>NON-NHS PATIENT ☐ | | | | |
| GENDER | MALE ☐ FEMALE ☐<br>AMBIGUOUS ☐ UNKNOWN ☐ | GESTATION AT BIRTH(<2YEAR) | + | CORRECTED GESTATION | + |

**REFERRAL TYPE:** ☐ ADVICE ☐ RETRIEVAL ☐ NURSE TRANSFER ☐ AMBULANCE ONLY ☐ BED REQUEST ☐ COURTESY CALL

**PROVISIONAL DIAGNOSIS:**

**REASON FOR TRANSPORT REQUEST:**

**PATIENT VENTILATION STATUS:** INTUBATED YES ☐ NO ☐ BEING INTUBATED ☐

**INFECTION CONTROL CONCERNS:** YES ☐ NO ☐ SPECIFY:

**SAFEGUARDING CONCERNS:** YES ☐ NO ☐ DETAILS:

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**HISTORY & BACKGROUND:**

**CURRENT MANAGEMENT:**

| **AIRWAY** | | | |
|---|---|---|---|
| CLEAR: YES □ NO □ | | | |
| INTUBATED: YES □ NO □ | BEING INTUBATED: □ | | |
| ETT SIZE/TYPE: | GRADE: 1 □ 2 □ 3 □ 4 □ | | |
| TRACHEOSTOMY | SIZE: | TYPE: | |
| ETT POSITION ON CXR: | | | |
| GASTRIC TUBE | ORAL □ | NASAL □ | |
| **C-SPINE** | | | |
| COLLAR □ | | | |
| BLOCKS AND TAPES □ | | | |

| **BREATHING** | | |
|---|---|---|
| SPONTANEOUS □<br>HIGH FLOW □<br>CPAP □<br>VENTILATED □<br>VENTILATOR:<br>MODE: ……………………. | PIP | |
| | PEEP | |
| | RATE/FREQ | |
| | Ti | |
| | FiO2 | |
| | SP02 | |
| | ETCO2 | |
| CXR: | NITRIC PPM | |
| | OTHER: | |

| **CIRCULATION** | | | | | |
|---|---|---|---|---|---|
| HR: | BP: | CRT: | **VASOACTIVE DRUGS** | **ROUTE** | **DOSE** |
| FEMORAL PULSES/MURMURS: | | | | | |
| ACCESS: | | | | | |
| FLUID BOLUS: | | | | | |
| BLOOD PRODUCTS: | | | | | |

| **BLOOD GAS** | | | | | | | |
|---|---|---|---|---|---|---|---|
| SAMPLE | | | | Hb /Met Hb | | | |
| PH | | | | Na | | | |
| PCO2 | | | | K | | | |
| PO2 | | | | CALCIUM | | | |
| BASE | | | | GLUCOSE | | | |
| HCO3 | | | | LACTATE | | | |
| | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| NAME | | | DOB | | | | | | | | |

| NEURO | GCS = | E | M | V | | A | V | P | U | PUPIL SIZE | L | R | PUPIL REACTION | L | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SEDATED: | | | | | | | | MUSCLE RELAXED: | | | | | | | |
| NEURO EXAMINATION: | | | | | | | | | | | | | | | |

| INFECTION | | | |
|---|---|---|---|
| TEMPERATURE: | PERIPHERAL | CORE | |
| ANTIBIOTICS: | | | |
| CULTURE RESULTS: | | VIROLOGY RESULTS: | |

**MAINTENANCE FLUIDS/NUTRITION:**

**REGULAR MEDICATIONS**: ALLERGIES:

IMAGING:

| BLOOD RESULTS | | | | | | | |
|---|---|---|---|---|---|---|---|
| Hb | | | | SODIUM | | | |
| WCC | | | | POTASSIUM | | | |
| NEUTROPHILS | | | | UREA | | | |
| LYMPHOCYTES | | | | CREATININE | | | |
| PLATELETS | | | | ALT | | | |
| PT/INR | | | | ALP | | | |
| APTT | | | | ALBUMIN | | | |
| FIBRINOGEN | | | | AMMONIA | | | |
| CRP | | | | CALCIUM | | | |

**SAFEGUARDING**

CURRENT SAFEGUARDING CONCERNS: YES ☐ NO ☐ DETAILS:

SOCIAL WORKER: YES ☐ NO ☐ CONTACT DETAILS:

SUBJECT TO PLAN/ORDER: YES ☐ NO ☐ DETAILS:

ANY RESTRICTIONS: YES ☐ NO ☐ DETAILS:

**ANY FURTHER DETAILS COMPLETE SAFEGUARDING TRANSFER DOCUMENT**

| ADVICE | GIVEN BY: | DATE | | | | | | | TIME | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

1.

2.

3.

4.

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