	REFERRAL T	OOL		Referrer:	
Name		Age		Location:	
DOB		Sex M / F	WORKING ALONGSIDE	WORKING DIAGNOSIS OR C	LINICAL EMERGENCY
Allergie	25	WT kg	ROS INTERVITY CARL AND DISCION SUPPORT MICRAFAL TRAVIFIE SERVICE		
Date:		Time:			
Current	t History		INFEC	TION/ISOLATION CONCERNS-	
Signific	ant past history, Ad	vanced Care Plan			
Jighine					
Therap	y given-				
HR	RR	SAT	BP	Temp	CRT
Α	Patent/SV	ETT s	ize	C-SPINE PROTECTION	
A					
	Airway adjunct	Dept	h	Grade	
B	Airway adjunct Support	Dept FiO2	h -		
	Airway adjunct	Dept FiO2	h	Grade	
В	Airway adjunct Support Exam/ Secretions - Ventilator settings	Dept FiO2 Chest	h - t X-ray	Grade WOB	
	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats-	Dept FiO2 - Chest	h -	Grade WOB Murmurs	
В	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo	Dept FiO2 Chest	h - t X-ray	Grade WOB	
В	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP	Dept FiO2 Chest	h - t X-ray Femorals-	Grade WOB Murmurs	
В	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo	Dept FiO2 Chest	h - t X-ray	Grade WOB Murmurs	
B C	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U	h - t X-ray Femorals- Inotropes	Grade WOB Murmurs	
B C D E	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anala Rash	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia	h - t X-ray Femorals- Inotropes Pupils	Grade WOB Murmurs Perfusion	
B C D E F	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine	h - t X-ray Femorals- <u>Inotropes</u> Pupils NBM	Grade WOB Murmurs Perfusion Abdo	
B C D E F I	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance Abx	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine Culture	h - t X-ray Femorals- <u>Inotropes</u> Pupils NBM	Grade WOB Murmurs Perfusion Abdo Virology	
B C D E F I Access	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance Abx PIV	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine Culture Art	h - t X-ray Femorals- <u>Inotropes</u> Pupils NBM	Grade WOB Murmurs Perfusion Abdo Virology CVL	
B C D E F I	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance Abx	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine Culture	h - t X-ray Femorals- <u>Inotropes</u> Pupils NBM	Grade WOB Murmurs Perfusion Abdo Virology	
B C D E F I Access Inv	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance Abx PIV	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine Culture Art CT	h - t X-ray Femorals- <u>Inotropes</u> Pupils <u>NBM</u> s	Grade WOB Murmurs Perfusion Abdo Virology CVL	
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B C D E F I Access Inv Safegua	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance Abx PIV CXR	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine Culture Art CT	h - t X-ray Femorals- <u>Inotropes</u> Pupils <u>NBM</u> s	Grade WOB Murmurs Perfusion Abdo Virology CVL MRI been done (MARF) \Box	
B C D E F I Access Inv	Airway adjunct Support Exam/ Secretions - Ventilator settings Pre ductal Sats- Echo Lower limb BP PROSTIN GCS E V M Sedation and Anal Rash Maintenance Abx PIV CXR	Dept FiO2 Chest Post ductal- Volume ml/kg A V P U gesia Urine Culture Art CT r N If yes, has so	h - t X-ray Femorals- <u>Inotropes</u> Pupils <u>NBM</u> s	Grade WOB Murmurs Perfusion Perfusion Virology CVL MRI	

рН		
pCO2		
pO2		
HCO3		
BE		
Lac		
Glu		

Consultant review

Anesthetist / ITU

Hb	
WBC	
PLT	
CRP	
UREA	
Creat	
Na / K	
LFT	
PT	
APTT	
Ammonia	

(Questions:	

IMPRESSION:			
PRIMARY TIME CRITICAL TRAN	SFER (USE checklist)	GUIDELINE ADVISED	-
KIDS ADVICE:			
 • 			
· •			
-			
KIDS drug calculator printed	•		
Images on PACS			
Discharge summary			
Notes photocopied			
Parents updated			
			/

FOR NEUROSURGICAL EMERGENCIES

During call

- Say "THIS IS A PRIMARY TIME CRITICAL TRANSFER" to referrer
- Direct referrer to KIDS NEUROSURGICAL EMERGENCY GUIDELINE
- Conference in BCH NEUROSURGEON to refer the patient and confirm theatre

After call

- Contact PICU admitting consultant to confirm bed for the child
 - Contact the Regional Trauma desk (even if not trauma patient) on 01384215696 -
 - The critical care paramedic may be able to offer a doctor/paramedic team to facilitate hyper-acute transfer (see <u>MCCTN TU/LEH to MTC hyper-acute transfer policy</u>)
 - They will also ensure an emergency ambulance is allocated to the task regardless of which team carries out the medical escort

Early call back to referring hospital

- Reinforce "Time critical transfer"
- Offer logistic assistance
- Confirm cause for local delay