

PAEDIATRIC REFERRAL TO NWTs

Referral number: 08000 848382

Date:	Time of arrival	Form completed by (name/grade/speciality/GMC no.)
Referring Hospital:		Ward/department contact number:
Paediatric Consultant		Anaesthetic Consultant
PATIENT DETAILS		
Name:	DOB:	Gestational age: Corrected age (if < 2yrs)
Weight:	Location: A&E / Theatres / Paediatric Ward / Paediatric HDU	
NHS No:	Patient known to RMCH / AHCH / other tertiary services:	
GP Name	Specialist(s) involved?	
REASON FOR REFERRAL TO NWTs Advice / Transfer request / Clinical Question / Other		
Working diagnosis:		
Description of problem – including time of injury or ingestion		
Interventions/treatment given?		
Any safeguarding / social concerns?		
PMH including previous PICU admissions	Immunisations / Allergies:	

SYSTEMS EVALUATION : Current observations required for all referrals			
A	Any stridor? Any drooling? Any airway concerns? Is the child able to swallow?		Previous difficult airway?
Intubated?	Anaesthetic used?	Laryngoscopy grade:	ETT size/length Oral / Nasal Cuffed / Uncuffed
Yes / No	Any problems?		
B	Increased work of breathing? Recession /tracheal tug / grunting? Use of accessory muscles? Is child able to speak in sentences?	Chest examination	Resp Rate SpO₂: CXR?
Long term ventilⁿ?	Usual oxygen and ventilation settings: 24 hour support or night only?		Tracheostomy (size / make) When it was last changed?
Ventilated	Non-invasive support High flow humidified O ₂ ? Yes / No Flow: FiO ₂ CPAP / BiPAP: Flow / Pressures	Invasive ventilation: PIP / PEEP TV Ti	Rate FiO₂ iNO
C	Pale / Mottled / Cyanosed? Femoral pulses present?	Palpable liver? Are peripheries warm?	HR CRT BP (incl^g mean)
	Total Fluid Boluses (ml/kg) Crystalloids	Colloids Blood products	
	Inotropes (what/dose?)		
D	Is the child alert / lethargic or encephalopathic? Seizures / Posturing? Anticonvulsants given? Mannitol / Hypertonic saline given?		A V P U /GCS /15 E V M Pupils (size/reaction) Fontanelle/Meningism?
E	Any history of fever? Any rashes? Temp.?	Dehydrated? Passed urine in last 6-12 hrs? Maintenance fluids (type/mls/kg/day)?	Antimicrobials given? EWS
LABORATORY RESULTS			
Date/Time			
Hb		Na	Art / Ven / Cap?
WCC Neuts/Lymphs		K	pH
Plts		Urea	pCO₂
PT / INR		Creat	pO₂
APTT / Ratio		ALT	BE
Fibrinogen		AST	Bicarb (HCO₃)
D-dimers		CRP	Lactate
Toxicology?		Ammonia	Glucose
Other?			iCa

