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 REFERRALTO 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? **Yes / No**	Anaesthetic used?	Laryngoscopy grade:	ETT size/length Oral / Nasal Cuffed / Uncuffed
	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** **SpO_2:** **CXR?**
Long term ventil^{n}?	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** **Rate** **TV** **FiO_2** **Ti** **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**		**pCO_2**			
PT / INR		**Creat**		**pO_2**			
APTT / Ratio		**ALT**		**BE**			
Fibrinogen		**AST**		**Bicarb (HCO_3)**			
D-dimers		**CRP**		**Lactate**			
Toxicology?		**Ammonia**		**Glucose**			
Other?				**iCa**			

NWTS
North West & North Wales Paediatric Transport Service