

**Paediatric referral to NWTS**  
**Referral number: 08000 848382**

Referring Hospital:		Ward / department:	
Paediatric Consultants name:		Direct contact number:	
<b>Patient Details</b>			
Is the Child in cardiac or peri-arrest Yes / No	Is this a potential time critical transfer Yes / No	Is this a potential trauma referral Yes / No /Maybe	
Name:	DOB:	Weight:	Sex
NHS no:	Gestational age: Corrected age (if < 2 yrs):	Age:	
Address:	Date and time child admitted to hospital:		
Child known to PICU? Yes / No / Unknown	If yes which PICU? RMCH / AHCH / other		
Is the child known to NWTS? Yes / No /Unknown	Any Specialist(s) involved in their care?		
Does the child have an advanced care plan / limitation of treatment in place? Yes / No / Unknown			
<b>Reason for referral to NWTS:</b> Is this an Advice or Transfer request?			
Working Diagnosis:			
Description of problem – including time of injury or ingestion; timeline of history / interventions			
Interventions / treatment given?			
Any Safeguarding / Social Concerns? Who has parental responsibility?			
PMH including previous PICU admissions		Immunisations / allergies:	
		Advanced Care Plan: summary	

SYSTEMS EVALUATION: Current observations required for all referrals							
<b>A</b>	Any airway concerns?				Previous difficult airway?		
<b>Intubated? Yes / No</b>	Laryngoscopy grade:	ETT Size:                      length:		Gastric tube in place? NGT / OGT / PEG / JEG			
		Cuffed / Uncuffed					
	Any problems? No / Yes (please document)						
<b>B</b>	Increased work of breathing: Yes / No		Chest examination:		Respiratory Rate:		
	Apnoea's (frequency / intervention?)		CXR:		SpO <sub>2</sub> :                      FiO <sub>2</sub> :		
<b>Long term ventilated</b>	Usual oxygen and ventilation settings:  24-hour support or night only?				Tracheostomy (size / make)		
<b>Ventilated</b>	<b>Non-invasive support:</b> Yes / No High flow / CPAP / BiPAP			<b>Invasive ventilation:</b> Yes / No Mode:			
	PIP / PEEP		Rate / back up rate		ET CO <sub>2</sub>		
	Ti		TV		Flow (L/min)		
<b>C</b>	Pale / Mottled / Cyanosed?		Femoral pulses present?		CRT		
	Are peripheries warm?		HR		Pre / post ductal SpO <sub>2</sub> needed?		
	Palpable liver?		BP (including mean)		4 limb blood pressure needed?		
	Total Fluid Boluses (ml/kg / type)			Maintenance fluids (type/mL/kg/day)?			
	Inotropes (what/dose?)			Passed urine last 6-12 hrs? No / Yes			
<b>D</b>	Is the child alert / lethargic or encephalopathic?				A V P U		
	Seizures / Posturing?				GCS: _ /15 (E _ /4 V _/5 M _/6)		
	Anticonvulsants given?				Pupils (size/reaction)		
	Hypertonic saline / mannitol given?				Fontanelle/Meningism?		
<b>E</b>	Any history of fever?    Yes / No Current Temp?		Antimicrobials given?		Antivirals given?		
Blood Gas Results				Laboratory Results			
Date & time				Date & time		Date & time	
A / C / V				Hb		Na	
pH				WCC Neu /Lym		K	
pCO <sub>2</sub>				Plts		Urea	
pO <sub>2</sub>				PT /INR		Create	
HCO <sub>3</sub>				Aptt / Aptt ratio		ALT	
BE				Fibrinogen		AST	
Lactate				D-Dimers		CRP	
Glucose				Toxicology (urine)		Ammonia	
iCa				Other		Other	