CATS REFERRAL INFORMATION SHEET

1. **Patient Details:**

2. **Referrer Details:**

3. **Reason For Referral:**
4. **PICU preference – Is child known to a tertiary centre?**

5. **Clinical Details**
   i) *Structured handover of current problem & past medical history (SBAR format recommended):*

   ii) *Child Protection Issues (if any):*

   iii) *If Trauma referral, details of injury, Inc. timings:*

6. **Status at referral**

AIRWAY & C-SPINE

		DETAILS
CLEAR		
COMPROMISED		
INTUBATED		
BEING INTUBATED		
TRACHEOSTOMY		

COLLAR [ ] BLOCKS & TAPES [ ]

BREATHING

VENTILATED		PIP/△P		SPO2	
CPAP		PEEP		INSP TIME	
BIPAP		FiO2		EXP TIME	
HFOV		MAP		NITRIC ppm	
SV (AIR/O2..........)		RR/HZ		OXYGENATION INDEX	

RESP RATE [ ] RESP. EFFORT **MILD** | **MODERATE** | **SEVERE**

CIRCULATION

OBSERVATIONS

HR	
BP	
MEAN BP	
CAP REFILL	
U/OUTPUT	

INOTROPES

FLUIDS

COLLOID	
CRYSTALLOID	
BLOOD PRODUCTS	

MAINTENANCE

ACCESS

PERIPHERAL	
CENTRAL	
ARTERIAL	

BLOOD GASES

TIME		
SAMPLE	ART/VEN/CAP	ART/VEN/CAP
pH		
pCO2		
pO2		
BE		
LACTATE		
GLUCOSE		
NA		
K		
HB		

NEUROLOGY

GCS		E	V	M
	A	V	P	U
SEDATED				
PARALYSED				

PUPILS	R	L
REACTION	R	L

3% SALINE	
MANNITOL	
NG TUBE	
OG TUBE	

INFECTION

TEMP	*CORE:*
ANTIBIOTICS & CULTURE RESULTS	

IMAGING

DATE & TIME:

HEAD	
CHEST	
SPINE	
ABDOMEN	
PELVIS & LIMBS	

DOES RADIOLOGY NEED TO BE TRANSMITTED TO CATS/GOSH VIA IEP? [ ]

BLOOD RESULTS

DATE & TIME:

HB	WCC(NEUT)	PLATELETS	NA	K	UREA	CREATININE	INR/PT	APTT	FIBRINOGEN	AST/ALT	BILIRUBIN	ALK PHOS	CRP	OTHER

7. **Your Planned Interventions:**