

SOUTHAMPTON OXFORD RETRIEVAL TEAM

PICU REFERRAL/RETRIEVAL FORM

Retrieval request:
 Request for advice:
 Referring Consultant:
 Safeguarding concerns? YES NO

PICU Consultant:
 Call taken by:
 Date:
 Time: :

Surname:
 First name:
 House/number:
 Town:
 Post code:
 GP:
 Hosp No:
 NHS No:
 Date of birth:

Age: YEARS
 MONTHS
 WEEKS
 DAYS
 Weight:
 Sex: Male Female
 Covid-19 Status: Pos Neg
 Unknown

Referring hospital:
 Specific location of child:
 Contact details:
 Referring doctor:
 Specialty:

Grade of referring doctor/nurse:
 Consultant/AS/SG GP
 ST4-8 ANP
 ST1-3 Nurse
 F1/F2 Unknown

Primary diagnosis:

DASHBOARD DATA

Retrieval accepted	Time we left PICU	If delay >30mins state why
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/>	<ul style="list-style-type: none"> <input type="radio"/> Technician availability <input type="radio"/> Nursing availability <input type="radio"/> Doctor's availability <input type="radio"/> Retrieval team out <input type="radio"/> Shift change <input type="radio"/> Ambulance availability <input type="radio"/> Other <input type="text"/>

HISTORY (use obs box below)

ABC AT REFERRAL

A/B		C			D			
Saturations		Heart rate			A	V	P	U
Pre/Post Ductal SpO ₂		BP						
FiO ₂ /Flow		CRT	T ^o C		GCS TOTAL			/15
Resp rate		Access			E/M/V			
WOB		Fluid boluses			Pupils/Focal signs			
IF VENTILATED								
Tube details		Inotropes			Sedation/Muscle relaxants			
Ventilator settings		Antibiotics						
		Urine Output						
		CXR						

Laboratory results

Blood gas analysis						Other results			
Time(C/V/A)	pH	PaO ₂	PaCO ₂	BE/HCO ₃	Lactate	Glucose	Hb	Na ⁺	
:							WC	K ⁺	
:							INR	Ur/Cr	
:							Plat	CRP	

PICU ADVICE:

FOLLOW UP CALL:

DATE:

TIME:

NAME OF CALLER:

Was the patient receiving invasive ventilation (by ET tube LMA or tracheostomy) at the time of the referral call?

- Yes
- No – not indicated
- No – advised to intubate
- Unknown

Transport team

Destination unit

Outcome of this referral event

Transport outcome

- Accepted for transport
- Refused - no transport team available
- Refused - time critical transfer
- Refused - out of scope of care
- Transport not requested

Admission outcome

- Accepted for admission
- Refused - no staffed beds available
- Refused - out of scope of care
- Admission not requested

Date and time accepted for transport

Transport number

Type of transport team

- PICU
- Centralised transport service
- Transport team from neonates
- Other specialist team
- Other non-specialist team

Transport team

Grade of clinical team leader:

- Consultant/AS/SG
- ST4 – 8
- ST1 – 3
- Nurse practitioner

Speciality of clinical team leader

Grade of most senior nurse

- 5
- 6
- 7
- 8
- not present

Collection area

- X-ray/endoscopy/CT
- Recovery only
- HDU
- Other intermediate care area
- Theatre & recovery

Collection unit / location

Most senior member of medical staff at collection unit

- Consultant/AS/SG
- ST4 – 8
- ST1 – 3
- None

Did a medical technician accompany the patient?

- Yes
- No

Did a parent accompany patient on transport?

- Yes
- No - parent not present
- No - parent declined to accompany
- No - parent not permitted to accompany

Outcome of this transport event

- Patient transported
- Not transported-condition improved
- Not transported-condition deteriorated
- Not transported-other reason
- Patient died before team arrived
- Patient died while team present
- Patient died during transport

Destination type

- PICU
- NICU
- ICU
- HDU
- Ward
- Theatre
- Other transport service
- Normal residence
- Hospice

Destination Unit / location

ABC ON ARRIVAL OF SORT TEAM AT COLLECTION AREA

	A/B		C	D			
Saturations		Heart rate		A	V	P	U
Pre/Post Ductal SpO ₂		BP					
FiO ₂ /Flow		CRT	T°C	GCS TOTAL		/15	
Resp rate		Access		E/M/V			
WOB		Fluid boluses		Pupils/Focal signs			
IF VENTILATED							
Tube details		Inotropes		Sedation/Muscle relaxants			
Ventilator settings		Antibiotics					
		Urine Output					
		CXR					

Interventions by local team prior to team's arrival (tick all that apply)

- Primary intubation
- Re-intubation
- Other airway
- Non-invasive ventilation
- Primary central venous access
- Additional central venous access
- Arterial access
- Inotrope or vasopressor infusion
- Prostaglandin infusion
- Primary intraosseus access
- Additional intraosseus access
- Chest drain insertion
- ICP monitoring
- ECMO

Interventions while the transport team in attendance

- Primary intubation
- Re-intubation
- Other airway
- Non-invasive ventilation
- Primary central venous access
- Additional central venous access
- Arterial access
- Inotrope or vasopressor infusion
- Prostaglandin infusion
- Primary intraosseus access
- Additional intraosseus access
- Chest drain insertion
- ICP monitoring
- ECMO

PIM2 / PIM3 applies to observations recorded in the 1st hour after face to face contact with the transport team doctor

Elective admission

- Tick if this is an elective admission

Main reason for admission

- Asthma
- Bronchiolitis
- Croup
- Obstructive SA
- Recovery from surgery
- Diabetic ketoacidosis
- Seizure disorder
- Other (none of the above)
- CPB
- Cardiac (No CPB)
- Elective Liver T^{RA}
- Other Procedure

Is there evidence available to assess past medical history?

- Yes
- No

If yes, tick all that apply

- Cardiac arrest before admission
- Cardiac arrest OUT of hospital
- Cardiomyopathy or myocarditis
- SCID
- Hypoplastic left heart syndrome
- Leukaemia/lymphoma after 1st induction
- Liver failure main reason for admission
- Acute NEC main reason for admission
- Spontaneous cerebral haemorrhage
- Neurodegenerative disorder
- HIV
- Bone marrow transplant recipient

Systolic blood pressure

mmHg

Blood gas measured

- Yes
- No

Arterial PaO₂

kPa mmHg

Fio₂

Intubation

- Yes
- No

Head box

- Yes
- No

Base Excess (mmol/l)

- Venous
- Capillary
- Arterial

Lactate (mmol/l)

- Venous
- Capillary
- Arterial

Mechanical ventilation

- Yes
- No

CPAP

- Yes
- No

Pupil Reaction

- Both fixed and dilated
- Other reaction
- Unknown

Pre transfer Management

Pre transfer checklist

-
-
-
-
-
-
-
-

Pre transfer checklist

- Airway
- Ventilation
- Bagging Circuit
- Mask
- Enough Vascular Access
- Blood Sugar
- Maintenance Fluid
- NMB
- NG Tube
- Urinary Catheter
- Temperature Probe
- Eyes Taped
- Emergency Drugs
- Intubation Drugs
- Spoken to Family

PARENTS CONTACT DETAILS

Mother's name:	Father's name:
Contact No:	Contact No:
Transport: <input type="radio"/> Ambulance <input type="radio"/> Own Transport	Transport: <input type="radio"/> Ambulance <input type="radio"/> Own Transport

Base to collection unit <input type="checkbox"/> Tick if this section of trip is not applicable Mode of Transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air <input type="checkbox"/> Other Depart base <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Patient journey <input type="checkbox"/> Tick if this section of trip is not applicable Mode of Transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air <input type="checkbox"/> Other Depart collection unit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Destination unit to base <input type="checkbox"/> Tick if this section of trip is not applicable Mode of Transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air <input type="checkbox"/> Other Depart destination unit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Blue light siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle incident <input type="checkbox"/> Breakdown	Blue light siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle incident <input type="checkbox"/> Breakdown	Blue light siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle incident <input type="checkbox"/> Breakdown

CRITICAL INCIDENTS

<input type="checkbox"/> NO CRITICAL INCIDENTS <input type="checkbox"/> Accidental extubation <input type="checkbox"/> Required intubation in transit <input type="checkbox"/> Complete ventilator failure <input type="checkbox"/> Loss of medical gas supply	<input type="checkbox"/> Loss of all IV access <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Equipment failure or incompatibility impacting on patient care <input type="checkbox"/> Other <input type="text"/>
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TRANSPORT TEAM: SOUTHAMPTON OXFORD

Dr 1 <input type="text"/>	Nurse 1 <input type="text"/>	Technician <input type="text"/>
Dr 2 <input type="text"/>	Nurse 2 <input type="text"/>	Driver <input type="text"/>

Drug and other Allergies/Sensitivities

Signature

						Name		

Date	Time	MAINTENANCE FLUIDS	Rate	Route	Prescriber's Signature/name	Time started	Given by	Checked by

Date	Time	Drug/Fluid (approved name)	Dose	Route	Prescriber's Signature/name	Time given	Given by	Checked by

Drug (Approved name)		Infusion Fluid	Signature	Administration		
Heparin				Date		
Dose	Volume	0.9% Saline	Name	Start		
500 I.U.	500 mls			Finish		
Instruction		Rate	Date/Time	Initials		
Arterial/ CVP flush						

Drug (Approved name)		Infusion Fluid	Signature	Administration		
				Date		
Dose	Volume		Name	Start		
				Finish		
Instruction		Rate	Date/Time	Initials		

Drug (Approved name)		Infusion Fluid	Signature	Administration		
				Date		
Dose	Volume		Name	Start		
				Finish		
Instruction		Rate	Date/Time	Initials		

Drug (Approved name)		Infusion Fluid	Signature	Administration		
				Date		
Dose	Volume		Name	Start		
				Finish		
Instruction		Rate	Date/Time	Initials		

Drug (Approved name)		Infusion Fluid	Signature	Administration		
				Date		
Dose	Volume		Name	Start		
				Finish		
Instruction		Rate	Date/Time	Initials		

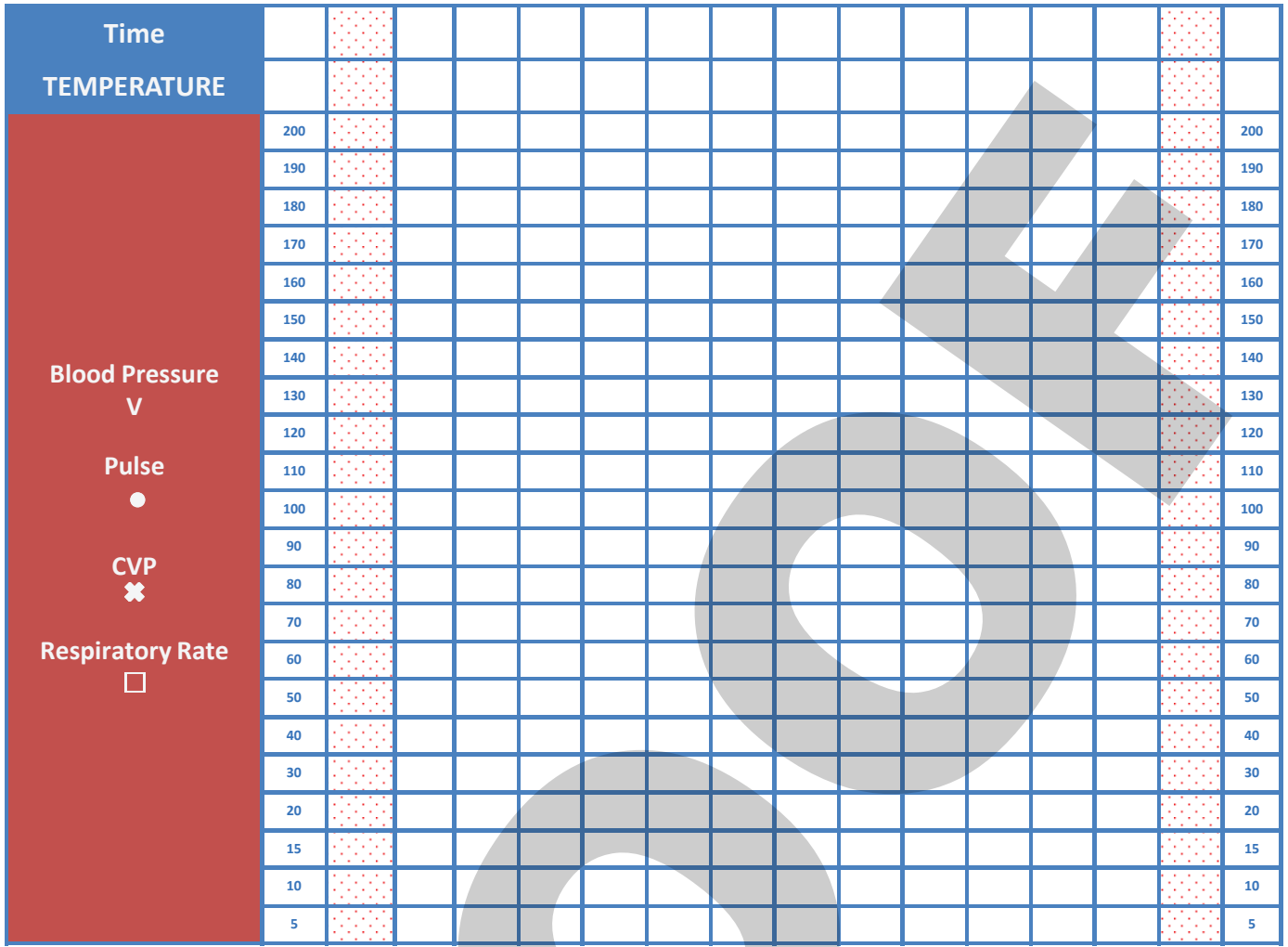
Drug (Approved name)		Infusion Fluid	Signature	Administration		
				Date		
Dose	Volume		Name	Start		
				Finish		
Instruction		Rate	Date/Time	Initials		

Management during transfer:

HANDOVER DETAILS

RECEIVING NURSE PICU CONSULTANT

RECEIVING DOCTOR NOMINATED PAED CONS



Arrival

PICU

