

**Embrace
Yorkshire & Humber Infant & Children's Transport Service
PAEDIATRIC REFERRAL FORM – 0845 147 247 2**

NHS Number										Date	D	D	M	M	Y	Y
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Patient Name DOB

STATUS AT REFERRAL

AIRWAY & C-SPINE

<input type="checkbox"/> CLEAR <input type="checkbox"/> COMPROMISED <input type="checkbox"/> GASTRIC TUBE <input type="checkbox"/> ENTERAL FEEDS <input type="checkbox"/> INTUBATED <input type="checkbox"/> BEING INTUBATED <input type="checkbox"/> TRACHEOSTOMY <input type="checkbox"/> COLLAR <input type="checkbox"/> BLOCKS & TAPE <input type="checkbox"/> CXR TO CONFIRM ETT POSITION	DETAILS
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BREATHING

<input type="checkbox"/> SPONTANEOUS <input type="checkbox"/> VENTILATED Mode.....	PIP		RATE/FREQ	
	PEEP		INSP TIME	
	FI02		MAP	
	SATS		NITRIC ppm	
DETAILS				

CIRCULATION

OBSERVATIONS			
HR			
SYST BP			
DIAST BP			
MEAN BP			
CAP REFILL		Secs	
INOTROPES		DOSE	
.....			
.....			
.....			
.....			
PROSTIN <input type="checkbox"/> Dose			

FLUID BOLUS	ML/KG
COLLOID	
CRYSTALLOID	
BLOOD	
FFP/CRYO	
MAINTENANCE	ML/H
ACCESS	
<input type="checkbox"/> PERIPHERAL	
<input type="checkbox"/> CENTRAL	
<input type="checkbox"/> ARTERIAL	
<input type="checkbox"/> INTRAOSSEUS	
<input type="checkbox"/> UAC	
<input type="checkbox"/> UVC	

BLOOD GASES

TIME				
SAMPLE		ART/VEN/CAP	ART/VEN/CAP	ART/VEN/CAP
	pH			
	pCO2			
	pO2			
	HC03			
	BE			
	LACTATE			
	GLUCOSE			
	NA			
	K			
	Met Hb			

NEUROLOGY

GCS		E	V	M
	A	V	P	U
<input type="checkbox"/> SEDATED <input type="checkbox"/> MUSCLE RELAXED				

PUPILS		
SIZE	R	L
REACTION	R	L
<input type="checkbox"/> 3% SALINE <input type="checkbox"/> MANNITOL		

INFECTION

TEMP	CORE	PERIPH
ANTIBIOTICS		
CULTURE RESULTS		

Completed by referring team
 Faxed to transport service and receiving hospital
 Original in referral hospital notes
 Photocopy to travel with patient as referral letter

SC(NHS)FT Version 1

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Name.....

Signature.....

