1. **PATIENT DETAILS** (NAME, AGE, DATE OF BIRTH, WEIGHT, GEST AGE IF UNDER 2 YRS)

2. **REFERRER DETAILS** (HOSPITAL, NAME, GRADE, TELEPHONE NUMBER)

3. **REASON FOR REFERRAL**

4. **PICU PREFERENCE – IS CHILD KNOWN TO A TERTIARY CENTRE?** (GOSH, SMH, RBH, OTHER, NO PREFERENCE)

5. **CLINICAL DETAILS**
   a. Structured handover of current problem and past medical history (SBAR format recommended)
   b. Allergies, Medications, Immunisations (including tetanus)
   c. Child Protection Issues, if any
   d. If Trauma referral, details of injury including timings

6. **STATUS AT REFERRAL**

   **AIRWAY & C-SPINE**
   - CLEAR
   - COMPROMISED
   - INTUBATED
   - BEING INTUBATED
   - TRACHEOSTOMY
   - COLLAR
   - BLOCKS & TAPE

   **BREATHING**
   - VENTILATED
   - CPAP
   - BIPAP
   - HFOV
   - SV (AIR/O2
   - NIV
   - CPAP
   - PEEP
   - FiO2
   - MAP
   - NITRIC ppm
   - SPO2
   - INSP TIME
   - EXP TIME
   - RR/HZ
   - OXYGENATION INDEX
   - RESP RATE
   - RESP. EFFORT
   - MILD
   - MOD
   - SEVERE

   **CIRCULATION**
   - HR
   - BP
   - MEAN BP
   - CAP REFILL
   - U/OUTPUT

   **FLUID BOLUSES (ML/KG)**
   - COLLOID
   - CRYSTALLOID
   - BLOOD
   - FFP / CRYO
   - MAINTENANCE

   **INOTROPES**
   - PERIPHERAL
   - CENTRAL
   - ARTERIAL

   **NEUROLOGY**
   - GCS
   - E
   - V
   - M
   - PUPILS
   - R
   - L
   - SEDATED
   - 3% SALINE
   - MANNITOL
   - NG TUBE
   - OG TUBE

   **INFECTION**
   - TEMP
   - CORE
   - PERIPH
   - ANTIBIOTICS & CULTURE RESULTS
   - NA
   - K
   - HB
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7. PLANNED INTERVENTIONS

8. SUMMARY OF DISCUSSION WITH CATS