



# CATS REFERRAL INFORMATION SHEET



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

<b>DETAILS</b>  SIZE, ROUTE, LENGTH, CLIPPED
--

COLLAR

BLOCKS & TAPE

**BREATHING**

<input type="checkbox"/> VENTILATED	PIP/ΔP		SPO2		
<input type="checkbox"/> CPAP	PEEP		INSP TIME		
<input type="checkbox"/> BIPAP	FI02		EXP TIME		
<input type="checkbox"/> HFOV	MAP		NITRIC ppm		
<input type="checkbox"/> SV (AIR/O2 .....)	RR/HZ		OXYGENATION INDEX		
RESP RATE		RESP. EFFORT	MILD	MOD	SEVERE

**CIRCULATION**

**OBSERVATIONS**

HR	
BP	/
MEAN BP	
CAP REFILL	
U/OUTPUT	

**FLUID BOLUSES (ML/KG)**

COLLOID	
CRYSTALLOID	
BLOOD	
FFP / CRYO	
MAINTENANCE	

**INOTROPES**

--

**ACCESS**

PERIPHERAL

CENTRAL

ARTERIAL

**BLOOD GASES**

<b>TIME</b>				
<b>SAMPLE</b>	ART/VEN/CAP	ART/VEN/CAP	ART/VEN/CAP	ART/VEN/CAP
pH				
pCO2				
pO2				
HCO3				
BE				
LACTATE				
GLUCOSE				
NA				
K				
HB				

**NEUROLOGY**

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

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

**INFECTION**

TEMP	CORE	PERIPH
ANTIBIOTICS & CULTURE RESULTS		

**BLOOD RESULTS**

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

**IMAGING**

PLAIN X-RAYS

CT/US/MRI

DATE & TIME		
HEAD		
CHEST		
SPINE		
ABDOMEN		
PELVIS & LIMBS		

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

**7. PLANNED INTERVENTIONS**

**8. SUMMARY OF DISCUSSION WITH CATS**