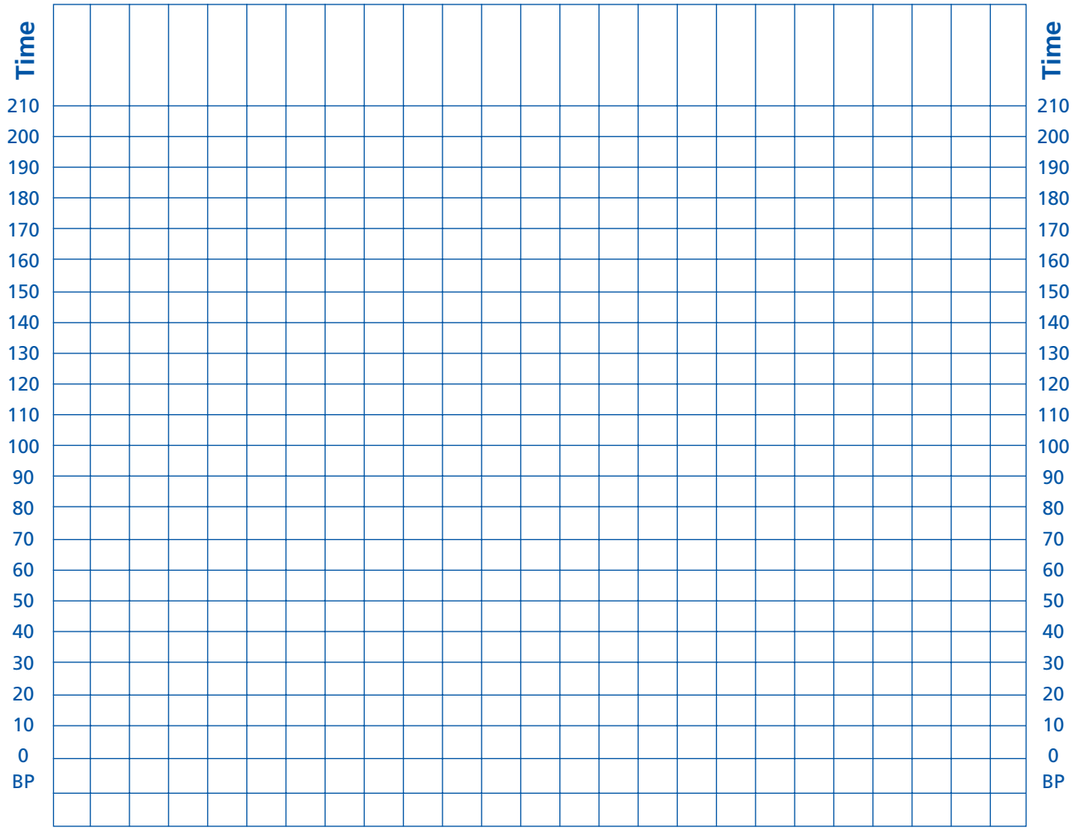
PICU TRANSFER LOG-OBSERVATION CHART



B.M	
Periph Temp	
Cent Temp	

BP V Λ Heart Rate • CVP X Resp Rate △

SpO_2	
$EtCO_2$	
PIP / PEEP	
St Rate	
Tidal Vol	
IE Ratio	
FiO_2	
Mode of Vent	
NO ppm	

BLOOD GASES

PH	
PCO2	
PO2	
BE	
HCO3	

Please photocopy this transfer form and the admission notes. The originals to go in the patient's notes and the copy in the transfer folder.

Southampton Paediatric Retrieval Service

Patient Name:
DOB: **Age:**
Address: **Sex:**

GP:
WEIGHT:

Date of Referral ..... **Time of Referral** .....

Call Taken By: .....

Referring Hospital:	**Dept/Ward:**
Referring Doctor:	**Referring Doctor Grade:**
Telephone Number:	**Bleep Number:**
Ward Direct Dial Number:	
PROVISIONAL DIAGNOSIS:	

Patient History: .....
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Current Status:
Airway: Intubated: Yes/No Resp Rate:..... FiO_2 ..... Sats:.....%
Work of Breathing: .....
Ventilation settings: .....
CXR .....
CVS: HR: ..... BP: ..... CVP: ..... Fluid boluses: .....
Inotropes .....
Latest Blood Gas: .....
Vascular Access: .....

Current Drugs & Fluids .....
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Retrieval Accepted: Yes o No o Reason (Advice only / Transfer not necessary)
Date: / / Time: . hrs

Advice given: .....
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Signature

Calls Returned by: ..... Date..... Time.....
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Also informed: .....
.....Sign.....

If the retrieval is accepted

please ask for the following to be attempted before the arrival of the retrieval team (if applicable)

Tick those actions requested:

- o 2 Peripheral lines or a central line
- o Urinary catheter
- o Naso-gastric tube
- o Stop feeds
- o Repeat bloods, FBC. U&E, Clotting, Glucose, ABG
- o Photocopy notes & X-rays if possible
- o Arrange transport for family to SGH

Blue Light Activation

Out: Category:.....
Reason:.....
Back: Category:.....
Reason:.....

Retrieval Team Members Name	Designation

Transfer Times

Mode: Ambulance / SST / Helicopter

Time ambulance called: .....hrs Time ambulance arrived: .....hrs
Time left PICU .....hrs Time arrived at referring hospital:.....hrs
Time left referring hospital: .....hrs Time back at PICU: .....hrs

Initial Assessment on Arrival Core temp:

Respiratory

Spont vent / hand vent / vent; ETT Size: SaO_2: % FIO_2:

Vent Settings:.....

Cardio Vascular

Heart rate .....min; BP ..... Cap Refill:.....secs

Inotropes ..... Fluid boluses so far : .....

Vascular access: .....

Neurological: Pupils (size and reaction) .....GCS / AVPU: .....

sedation .....

INTERVENTIONS *Please tick as appropriate*	By Referring Team	By Retrieval Team
INTUBATION		
ET CHANGE		
CHEST X-RAY		
CENTRAL LINE		
ARTERIAL LINE		
PERIPHERAL LINE		
FLUID BOLUS		
STARTED INOTROPES		
OTHER (SPECIFY)		

Difficult Airway **Yes / No**

Pre-transfer Management

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INFUSIONS	Concentration	ml/hr	mcg/kg/ hr/(mt)	Time	Sign	**Fluids/drugs**	dose	Time	Sign

Pre Transfer Check List: Airway ☐ Ventilation ☐ Bagging Circuit ☐ Mask ☐
Enough vasular access ☐ Blood sugar ☐ Maintenance fluid ☐ NMB ☐
NG tube ☐ Urinary catheter ☐ Temperature probe ☐ Eyes taped ☐
Emergency drugs ☐ Intubation drugs ☐ spoken to family ☐

Management during Transfer ..... Ambulance checklist ☐
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ADVERSE EVENTS / PATIENT DETERIORATION ***YES / NO*** *(Complete form if yes)*
Equioment Failure.....
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Patient related:.....
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Others:.....
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