



**Paediatric Retrieval Referral Form**

Patient Name: .....

DOB: .....Weight.....

Previous Patient History:

Address :.....

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.....  
.....  
.....  
.....

Post code.....

G.P :.....

Consultant Responsible for Patient: ..... Direct Tel No of Referral Ward: .....

Provisional Diagnosis: .....

History of current illness:.....

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.....  
.....

Current Status: .....

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.....

Airway: ..... Intubated: Yes/No Resp Rate: ..... FiO2 :..... SaO2 :.....%

Work of breathing: .....

Ventilation Settings :.....

CXR: .....Other Radiology.....

CVS HR: ..... B/P: ..... Fluid Bolus's.....

Inotropes: .....

Blood Gas: ..... Blood Sugar :.....

Vascular Access: .....

Current Drugs and Fluids: .....

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.....

Blood Results FBC: ..... Clotting :.....

U+ E's.....