

Date: _____ Time of call: _____ Referring Consultant: _____ Direct Contact No: _____

Referring Hospital: _____ Direct Line: _____ Ward Area: _____

Patient Name: _____ Age: _____ DOB: _____ Weight: _____ Kg

Reason for call: Advice Transfer (Circle as appropriate) C.A.D Number: _____

Working Diagnosis: _____

Relevant Background Hx: _____

History of Presenting Complaint: _____

Blood Gas A / V / C

pH
pCO2
pO2
HCO3
BE
Lactate
Glucose

Haematology

WCC PT
Neut APTT
Hb Fib
Plt INR

Biochemistry

Na
K
Urea
Creatinine

ALT
AST
CRP
Other:

A I R W A Y	No Support		R E S P I R A T O R Y	Rate		C I R C U L A T I O N	HR		BP		D I S A B I L I T Y	GCS	
	Nasal prongs/ Face Mask			Work of breathing			CRT		U/O ml/kg/hr			Pupils	
	HFNCC			Air Entry			ECHO					Seizures	
	NIV			CXR			Vol. Fluid Boluses given:					Sedation	
	Intubated			O2 Sats			Inotropes						
	ETT size			FiO2									
	Cuffed			HF/NIV Set									
	Oral / Nasal			Vent Mode									
	Taped @ cm			PIP/PEEP									
				iTime									
				IV Access		PIV Art	CVC IO						

Maintenance Fluids: % TFI: _____ Fluid Type: _____

Antibiotics: _____ Known Multi Resistant Carrier? _____

Other Relevant Medications: _____

Advice Given on initial contact: _____ Advice Given By: _____

Advice only required: Y N Planned call back: _____ Form Completed by: _____ Bridge Call ended: :

Pt known to CUHTS/OLCHC service: _____ Accepted: Dr _____ CUHTS / OLCHC

Speciality service required: Cardiology / Haem-Onc / Burns/ GI / Neurosurgery / Metabolic IPATS / NNTP activated: Yes No Time _____



Departments of Anaesthesia & Critical Care Medicine
Our Lady's Children's Hospital/Children's University Hospital
ACCEPT Call Log



Patient Name: _____ DOB: _____

Follow up call : PICU → Referring / Referring → PICU (circle as appropriate)

Date: _____ Time: _____ PICU Contact: _____ Referring Hosp Contact: _____

Update / Issues:

Advice Given:

Decision to transfer? Yes No Location of admission: OLC HC / CU HTS AND PICU / WARD _____

Follow up call : PICU → Referring / Referring → PICU (circle as appropriate)

Date: _____ Time: _____ PICU Contact: _____ Referring Hosp Contact: _____

Update / Issues:

Advice Given:

Decision to transfer? Yes No Location of admission: OLC HC / CU HTS AND PICU / WARD _____

Follow up call : PICU → Referring / Referring → PICU (circle as appropriate)

Date: _____ Time: _____ PICU Contact: _____ Referring Hosp Contact: _____

Update / Issues:

Advice Given:

Decision to transfer? Yes No Location of admission: OLC HC / CU HTS AND PICU / WARD _____