

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> </div> <div style="text-align: center;"> Departments of Anaesthesia & Critical Care Medicine Our Lady's Children's Hospital/Children's University Hospital ACCEPT CALL LOG 1800 222378 </div> <div style="text-align: right;"> </div> </div>														
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		
												HC03		
												BE		
Lactate														
Glucose														
Haematology														
WCC					PT									
Neut					APTT									
Hb					Fib									
Plt					INR									
Biochemistry														
Na														
K														
Urea														
Creatinine														
ALT														
AST														
CRP														
Other:														
AIRWAY	No Support		RESPIRATORY	Rate		CIRCULATION	HR		BP		DISABILITY	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						02 Sats		Inotropes					
	ETT size			FiO2										
	Cuffed						HF/NIV Set							
	Oral / Nasal			Vent Mode										
	Tapped @ 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 1800 222378



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: OLCHC / CUHTS 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: OLCHC / CUHTS 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: OLCHC / CUHTS AND PICU / WARD _____