

## Paediatric Critical Care Transport Record

**TRANSPORT BY OWN HOSPITAL TEAM** (IPATS will use separate documentation)

**Date:**

**NAS Ref no:**

**NAS referral time:**

**Team departure time:**

**PICU & IPATS referral: 1800 222 378**

Referring Hospital \_\_\_\_\_ Unit \_\_\_\_\_ Contact number \_\_\_\_\_

Receiving Hospital \_\_\_\_\_ Unit \_\_\_\_\_ Contact number \_\_\_\_\_

Call made by: Dr \_\_\_\_\_ Referred by (Consultant) \_\_\_\_\_

Accepting PICU Consultant: \_\_\_\_\_ Contact number \_\_\_\_\_

Transport Team: Doctor(s) \_\_\_\_\_

Nurse(s) \_\_\_\_\_ Other \_\_\_\_\_

Ambulance Crew \_\_\_\_\_

### SUMMARY OF PATIENT'S DETAILS

**Patient Name:** \_\_\_\_\_ **MRN** \_\_\_\_\_ **Sex:** (Male/Female)

**Date Admitted:** \_\_\_\_\_

**D.O.B** \_\_\_\_\_ **Corrected gest. age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ (kg) **Estimated:** Yes/ No

**Diagnosis**

\_\_\_\_\_  
\_\_\_\_\_

**Current Problems:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant Past Medical History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTS DATA

Mum's Name \_\_\_\_\_ Dad's/Partners Name \_\_\_\_\_

Mobile Phone numbers: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Patient Immunisations: \_\_\_\_\_

Patient Allergies: \_\_\_\_\_

Parents informed of transport: Yes  No  (If no why \_\_\_\_\_)

Child Protection Issues: Yes  No

Consent for transport taken: Yes  No

Parents - Given Name of Hospital/Unit: Yes  No

Given Unit Contact Numbers: Yes  No

**PHYSICAL EXAMINATION BY STAFF TRANSPORTING THE PATIENT**

Head and Neck	CNS/PNS
Heart /CVS	MSK/Skin
Chest/Resp	Pelvis/Perineum
Abdomen	Other

	Intervention	Time	Details (size, route, site etc.)	
<b>A</b>	Primary Intubation		Size:	Taped at: Oral / Nasal
	Re-Intubation (for leak/elective)		Size:	Taped at: Oral / Nasal
	Repositioning ETT		Re-taped at:	
	Tracheostomy/LMA/Surgical Airway		Size:	
	Chest x-ray		ET position confirmed Yes /No	
<b>B</b>	Ventilator		Settings:	
	Endotracheal Suctioning		Yes/No	Secretions:
	Inhaled Nitric Oxide		PPM:	
	Chest Drain		Size:	on drainage:
<b>C</b>	Inotropes		Drug: Rate:	Drug: Rate:
	Central Venous Access		Size:	Site: Length:
	Arterial Line		Size:	Site:
	Intra-osseous Needle		Size:	Site:
	Peripheral Access		Size: Size:	Site: Site:
	CPR/Defibrillation		Shock: Y/N if yes:	joules/kg Drugs: Y/N Compressions: Y/N
<b>D</b>	CT Scan		Type:	
	3% Saline/ Mannitol		Mls/kg	or Grams/kg:
	C Spine Precautions in place		Yes/No	
	Urinary Catheter		Size:	
	NGT/OGT		Size:	Taped @
<b>Other Investigations (Lab)</b>				

**BLOOD RESULTS**

ABG/VBG/CO2	HC03-	WCC	aPTT	Cl-	Mg2+	Bili
pH	B.E	Hb	PT	Urea	P04	Other:
PC02	Lactate	Hct	Na+	Creat	CRP	
P02	Glu	Plt	K+	Ca+	Alb	

**INFUSIONS**

Fluid intake: \_\_\_\_\_ mls/kg/day or \_\_\_\_\_ % maintenance

Fluid type: \_\_\_\_\_

Date/Time	Drug	Amount added	Solution	Volume	Concentration (1ml/hr =)	Dose	Prescriber Signature	Admin/Check Signature
					/kg/			
					/kg/			
					/kg/			
					/kg/			
					/kg/			

Boluses						
Date/Time	Drug/Fluid & Dose	Prescriber Signature	Admin Signature	Checker Signature		
Blood Products						
Date/Time	Product	Batch number	Expiry Date	Prescriber Sign	Admin Sign	Checker

**Observations at commencement of preparation for transport and every 15- 20 minutes during transport**

**1** At referring hospital unit   **2** Patient Transport Trolley   **3** On departure from unit   **4** On switch over to ambulance/aircraft gas & power supply   **5** En route in ambulance/aircraft   **6** On arrival at receiving unit   **7** On transfer to bed/cot/incubator

Observations: Time												
Stage of transport (no. as above)												
Temperature: Axilla/Core/Skin												
Ambient/Incubator set/temp												
200												
190												
180												
Heart Rate: 170												
160												
150												
140												
130												
120												
110												
100												
90												
80												
70												
60												
Respiratory Rate: 50												
40												
30												
20												
10												
IBP <input type="checkbox"/> NIBP <input type="checkbox"/> Sys/Dia	/	/	/	/	/	/	/	/	/	/	/	/
Mean BP												
Central Cap Refill Time (CRT)												
Respiratory												
O2 saturations												
ETCO2												
FiO2												
Ventilation												
Mode: VC/PC/SIMV/ PS-CPAP/NIV/High Flow												
Vent rate												
Tidal volume												
PIP												
PEEP/CPAP												
I Time												
I:E ratio												
High flow rate L/min												
Drainage	At base	On departure			On arrival to IPCU							
Time												
Urine Output: mls/colour												
NGT Loss: mls/colour												
Chest Drain: mls/colour												

