



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	Vol. Fluid Boluses given:		Seizures	
	NIV		CXR		Inotropes				
	Intubated		O2 Sats		IV Access	PIV Art		CVC IO	
	ETT size		FiO2						Sedation
	Cuffed		HF/NIV Set						
	Oral / Nasal		Vent Mode						
	Taped @ cm		PIP/PEEP						
			iTime						

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 _____



Children's Health Ireland
Paediatric Intensive Care Referral
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: 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 _____