

<input type="checkbox"/> PICANET	<input type="checkbox"/> Database Checked	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Invoiced	No:
WALES AND WEST ACUTE TRANSPORT FOR CHILDREN				WATCH REFERRAL DOCUMENT (PAGE 1/18)
<input type="checkbox"/> Advice.....	<input type="checkbox"/> Referral.....	<input type="checkbox"/> Transport.....	<input type="checkbox"/> HDU/Repat	
Date		Time		
Call Taken By		WATCH Number		
WATCH Cons		Contact Number		
REFERER DETAILS				
Referrer		Grade/Speciality		
Child's Cons/Paed		Contact Number		
Hospital		Ward/Dept		
PATIENT DETAILS				
Name		DOB		
Age		Gender		
NHS Number		Postcode		
Provisional Diagnosis / Medical History				
Drug History/Allergies				
WATCH Consultant added to call @.....				
Brief History:				Weight: ____ kg
Receiving invasive ventilation at the time of referral?	Intubation not indicated	Already Intubated	Advised to intubate	
Safeguarding Concerns?	Y / N (Page 6)	Trauma Team Referral (e.g. NAI, drowning)	Y / N	
Infection Control Issues?	Y / N	Cubicle Required?	Y / N	Colonisation Y / N

CLINICAL DETAILS AT REFERRAL (PAGE 2/18)

AIRWAY (ETT / LMA / TRACHEOSTOMY = INVASIVE VENTILATION)

<input type="checkbox"/> Self Ventilating	<input type="checkbox"/> Intubated	<input type="checkbox"/> Being intubated	<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> LMA
Difficult intubation	Y / N	Grade of laryngoscopy	1 / 2 / 3 / 4	Number of attempts
ETT / TT / LMA Details	Size	Route	Length	Cuffed

BREATHING

CXR:											
WORK OF BREATHING:		Mild			Moderate			Severe			
<input type="checkbox"/> SELF VENTILATING				<input type="checkbox"/> INVASIVE VENTILATION				<input type="checkbox"/> NON-INVASIVE VENTILATION			
RR		FiO ₂		RR		MODE		MODE			
SaO ₂				PIP		PEEP		RR	SET..... MEAS.....		
<input type="checkbox"/> HB	<input type="checkbox"/> FM	<input type="checkbox"/> High Flow		FiO ₂		ITIME		IPAP	EPAP		
<input type="checkbox"/> CPAP	Flow			TV		ETCO ₂		TV	i Time		
	Pressures			SaO ₂		Nitric		FiO ₂	SaO ₂		

CIRCULATION

Observations	Fluid boluses ml/kg	Access	Examination
HR	Crystalloid	<input type="checkbox"/> PVC	Colour
BP	RBC	<input type="checkbox"/> I.O.	Heart Sounds
CRT	CRYO / FFP	<input type="checkbox"/> CVC	Femoral Pulses
Temp	IV Fluids	<input type="checkbox"/> Arterial	Liver
Urine	Feeding	<input type="checkbox"/> Long term	

C-SPINE and NEUROLOGY

Clear (Sticker) <input type="checkbox"/>		Compromised <input type="checkbox"/>		Collar <input type="checkbox"/>			Blocks <input type="checkbox"/>	
A	V	P	U	Pupils		R	L	Fontanelle
GCS	E -	M -	V -	Reaction		R	L	Posture

BLOOD RESULTS

Blood gases				Haematology			Biochemistry	
Sample	A / V / C	A / V / C	A / V / C	Hb			Na	
Time				WBC / Neut			K	
pH				Platelets			Ca	
pCO ₂				CRP			Urea	
pO ₂				PT			Creatinine	
HCO ₃				INR			Glucose	
BE				APTT			Chloride	
Lactate				Microbiology Samples				
Glucose				Blood Cultures <input type="checkbox"/>			NPA <input type="checkbox"/>	
Na / K				LP <input type="checkbox"/>			Other <input type="checkbox"/>	

DRUGS

Inotropes	Antibiotics	Sedation/ Opiate/ Muscle Relaxant/Volatile Agents

NAME	DOB	ADVICE GIVEN AND AGREED MANAGEMENT PLAN (PAGE 3/18)

SIGN AND STAMP ALL ENTRIES

Plan:

Name of Watch consultant: _____

Name of Transport Nurse: _____

Outcome Team Risk Assessment: Nurse-Delivered ATNP/Fellow & Nurse Cons & ATNP/Fellow & Nurse

DESTINATION AND ACCEPTING TEAM

Bristol PICU Cardiff PICU Bristol HDU/Ward Cardiff HDU/Ward

Other: _____

Speciality: _____ Consultant: _____ Nurse: _____

NO BEDS/REFUSALS

Bristol PICU Date: _____ Time: _____ Cardiff PICU Date: _____ Time: _____

Other: _____ Date: _____ Time: _____ Other: _____ Date: _____ Time: _____

TEAM ACTIVATION

Nurse	Doctor / ATNP	BAEMS Technician	Vehicle Number

ACCEPTANCE AND JOURNEY TIMES

OUTWARD			RETURN	
Final Acceptance	Date:	Time:	Depart collection unit	HH:MM
Delayed Departure			Arrive destination unit	HH:MM
Depart base		HH:MM	Depart destination unit	HH:MM
Arrive collection unit		HH:MM	Arrive base	HH:MM
Blue lights/siren used	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blue lights/siren used	Yes <input type="checkbox"/> No <input type="checkbox"/>
TCCA requested? Y / N	<input type="checkbox"/> Accepted		<input type="checkbox"/> Declined	
EMRTS requested? Y / N	<input type="checkbox"/> Accepted		<input type="checkbox"/> Declined	

