WALES AND WEST ACUTE TRANSPORT FOR CHILDREN				WATCh REFERRAL (PAGE 1 / 24)
□ Advice……	□ Referral……	□ Transport……..	□ HDU/Repat	
Date		Time		
Call Taken By		WATCh Number		
WATCh Cons				

REFERRER DETAILS			
Referrer		Grade/Speciality	
Child's Cons/Paed		Contact Number	
Hospital		Ward/Dept	

PATIENT DETAILS					
Name				DOB	
Age				Gender	
NHS Number		T Number		Postcode	
Provisional Diagnosis / Medical History					
Allergies / Sensitivities:					

WATCh Consultant added to call @……

Brief History:

Weight:_____kg

Receiving invasive ventilation at the time of initial referral?	Intubation not indicated	Already Intubated	Advised to intubate	Advised to prepare for intubation

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

NAME	DOB	CLINICAL DETAILS AT REFERRAL (PAGE 2 / 24)

T NUMBER	WATCh NUMBER	NHS NUMBER

AIRWAY (ETT / LMA / TRACHEOSTOMY = INVASIVE VENTILATION)

□ Self Ventilating	□ Intubated	□ Being intubated	□ Tracheostomy	□ 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:	**None**	**Mild**	**Moderate**	**Severe**

□ SELF VENTILATING				**□ INVASIVE VENTILATION**				**□ NON-INVASIVE VENTILATION**			
RR		FiO_2		RR		MODE		MODE			
SaO_2				PIP		PEEP		RR	SET……. MEAS…….		
□ HB	□ FM	□ High Flow		FiO_2		ITIME		IPAP		EPAP	
□ 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		□ PVC		Colour	
BP		RBC		□ I.O.		Heart Sounds	
CRT		CRYO / FFP		□ CVC		Femoral Pulses	
Temp		IV Fluids		□ Arterial		Liver	
Urine		Feeding		□ Long term			

NEUROLOGY

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 □		NPA □	
Na / K				LP □		Other □	

DRUGS

Inotropes	Antibiotics	Sedation/ Opiate/ Muscle Relaxant/Volatile Agents

NAME	DOB	ADVICE GIVEN AND AGREED MANAGEMENT PLAN (PAGE 3 / 24)

T NUMBER	WATCh NUMBER	NHS NUMBER

SIGN AND STAMP ALL ENTRIES

(If accepted for transport complete the final acceptance time below)

NO BEDS/REFUSALS

□ Bristol PICU	Date:	Time:	□ Cardiff PICU	Date:	Time:
□ Other:	Date:	Time:	□ Other:	Date:	Time:

DESTINATION AND ACCEPTING TEAM

□ Bristol PICU	□ Cardiff PICU	□ Bristol HDU/Ward	□ Cardiff HDU/Ward
□ Other:			
Speciality:	Consultant:	Nurse:	

TEAM RISK ASSESSMENT

Completed By:	
Outcome:	□ Nurse-Delivered □ ATNP / Fellow & Nurse □ Cons & ATNP / Fellow & Nurse
Team composition different from risk assessment	Comment:

TEAM ACTIVATION

Nurse	Doctor / ATNP	BAEMS Technician	Vehicle Number

Driving category/Weather conditions:	

ACCEPTANCE AND JOURNEY TIMES

OUTWARD		RETURN	
Final Acceptance	Date: Time:	Depart patient bedside	HH:MM
Delayed Departure		Depart collection unit	HH:MM
Depart base	HH:MM	Arrive destination unit	HH:MM
Arrive collection unit	HH:MM	Depart destination unit	HH:MM
Arrive patient bedside	HH:MM	Arrive base	HH:MM
Blue lights/siren used	□ Yes □ No	Blue lights/siren used	□ Yes □ No
TCCA requested? Y / N	□ Accepted	□ Declined	
EMRTS requested? Y / N	□ Accepted	□ Declined	

NAME	DOB	ADVICE / MANAGEMENT CONTINUATION SHEET (PAGE 4 / 24)

T NUMBER	WATCh NUMBER	NHS NUMBER

SIGN AND STAMP ALL ENTRIES

Patient Accepted: Yes / No	Time Call Ended:	Acceptance Time:
Name of WATCh Consultant case discussed with:		
Name of Transport Nurse case discussed with:		