



Alfred Hospital Critical Patient Referral Form

Phone: (03) 9076 2622 Fax: (03) 9076 2835

Date of Referral		Time	
Patient Surname			
Patient First Name			
Gender	Male	Date of Birth	
Insurance type (select)	None		
Referring Person			
Referring Hospital			
Contact Number			
Referrer Position (select 1)	Consultant	If Other:	
Referrer Unit (select 1)	ED	If Other:	
Reason for Transfer (select 1)	Bed unavailable		
Destination Hospital	Alfred		
Destination Location	ICU		
Receiving ICU Doctor's Name			
Destination Arranged by (select 1)	Referrer		
Accepting Parent Unit (Cannot be ICU/ED)			
Accepting Parent Unit Doctor's Name			

Principal Problem

--

Clinical History

--



Alfred Hospital Critical Patient Referral Form

Past History

Is patient positive for the following (select multiple)

- None VRE VISA
 C.difficile Influenza TB

Previous medications

Allergies

Medication name	Nature of reaction

Observations

Current				Worst in last 4 hours	
HR		Rhythm		HR	
GCS		Temp		GCS	
BP	/	CVP		BP	/
Resp rate		ETCO ₂		Resp rate	
SpO ₂				SpO ₂	
Urine output (ml) for last 4 hours					
Weight (kg)		Height (cm)			
If wt > 110 kg enter:	Circumference Waist (cm)		Shoulder width (cm)		



Alfred Hospital Critical Patient Referral Form

Supports

FIO ₂		<i>Inotrope/Vasoconstrictor</i>	<i>Dose+unit of measure</i>
Non-invasive vent (select 1)	No	Adrenaline	
Tidal volume		Milrinone	
Rate		Dobutamine	
PEEP		Noradrenaline	
Peak inspiratory pressure		Vasopressin	
Renal replacement Rx (select 1)	No	Other:	

Date of intubation			
ETT size		ETT length at lip	
Laryngoscopic grade (Select 1)	1		
Comment on intubation difficulty?			

If intubated enter the following details

Interventions

<i>Line/Device</i>	<i>Site e.g. R femoral</i>	<i>Date inserted</i>
CVC		
Vascath		
Arterial line		
IABP		
Chest drain 1		
Chest drain 2		
Wound drains		
Other		
Other		
Cervical collar	No	

Most recent Investigations

Date of Investigations									
pH		PO ₂		PCO ₂		HCO ₃		Lactate	
Hb		WCC		Platelets		INR		APTT	
Na		K		Cl ⁻		Urea		Creat	
Trop		CK		Glucose		Bilirubin		ALT	



Alfred Hospital Critical Patient Referral Form

Transfer documentation and task checklist

Please ensure the following tasks are completed and documents given to the transferring team

<i>Documents(original or photocopied)</i>
Nursing transfer letter and care plan
In-patient progress notes
Observation charts
Fluid balance charts
Medication charts
Pathology results and reports
Radiology reports
Radiology imaging (on disk if possible)
Relevant ECGs
<i>Tasks</i>
Anti-emetic given to patient prior to transfer
Identification band attached to patient
Alfred Admitting Unit received handover and accepted patient
Adult Retrieval Victoria notified
Patient valuables checked
Next of kin informed

Please fax this form to 03- 9076-2835

Also include the original in the transfer paper documentation