

Please complete this form for all requests for **transport within the PIC service and/or a PICU admission when clinicians agree that the patient requires PIC transport and/or a PICU bed**

Patient details (or hospital label)

<p>Family name</p> <input style="width:95%; height: 20px;" type="text"/> <p>First name</p> <input style="width:95%; height: 20px;" type="text"/> <p>Postcode</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									<p>NHS/CHI/H&C number</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <input type="checkbox"/> Tick if patient is not eligible for number														
	<p>Date of birth (dd/mm/yyyy)</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>Indicate if date of birth is</p> <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown																						
	<p>Sex</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown																						

Referral details (complete only when clinicians agree that the patient requires PIC transport and/or a PICU bed)

<p>Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>Referral number</p> <input style="width:95%; height: 20px;" type="text"/> <p>Referring unit (from where the patient was transferred)</p> <input style="width:95%; height: 20px;" type="text"/> <p>Referring area</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> X-ray/endoscopy/CT scanner</td> <td><input type="checkbox"/> ICU (adult)</td> </tr> <tr> <td><input type="checkbox"/> Recovery only</td> <td><input type="checkbox"/> PICU</td> </tr> <tr> <td><input type="checkbox"/> Level 2 unit (HDU)</td> <td><input type="checkbox"/> NICU</td> </tr> <tr> <td><input type="checkbox"/> Other intermediate care area</td> <td><input type="checkbox"/> Ward</td> </tr> <tr> <td><input type="checkbox"/> Theatre and recovery</td> <td><input type="checkbox"/> Emergency department (A&E)</td> </tr> <tr> <td><input type="checkbox"/> Other transport service</td> <td></td> </tr> </table> <p>Referring speciality</p> <input style="width:95%; height: 20px;" type="text"/> <p>Grade of referring doctor or nurse</p> <input type="checkbox"/> Consultant / Associate Specialist / Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> F1 / F2 <input type="checkbox"/> GP <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Unknown															<input type="checkbox"/> X-ray/endoscopy/CT scanner	<input type="checkbox"/> ICU (adult)	<input type="checkbox"/> Recovery only	<input type="checkbox"/> PICU	<input type="checkbox"/> Level 2 unit (HDU)	<input type="checkbox"/> NICU	<input type="checkbox"/> Other intermediate care area	<input type="checkbox"/> Ward	<input type="checkbox"/> Theatre and recovery	<input type="checkbox"/> Emergency department (A&E)	<input type="checkbox"/> Other transport service		<p>Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – advised to intubate <input type="checkbox"/> Unknown
<input type="checkbox"/> X-ray/endoscopy/CT scanner	<input type="checkbox"/> ICU (adult)																										
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<input type="checkbox"/> Other transport service																											
	<p>Outcome of this referral event <i>Record the outcomes for both transport and admission; if either not requested of your organisation, tick “not requested”</i></p> <p>Transport outcome</p> <input type="checkbox"/> Accepted for PIC transport <input type="checkbox"/> Refused – no transport team available <input type="checkbox"/> Refused – time critical transfer <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> PIC transport not requested																										
	<p>Admission outcome</p> <input type="checkbox"/> Accepted for PICU admission <input type="checkbox"/> Refused – no staffed bed available <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> PICU admission not requested																										
	<p>Transport team</p> <input style="width:95%; height: 20px;" type="text"/> <p>Destination unit (or location)</p> <input style="width:95%; height: 20px;" type="text"/> <p><i>If transport and/or admission outcome is refused, record the name of the transport team and/or destination unit who refused this referral.</i></p>																										

Comments

Contact us · picanet@leeds.ac.uk · 0113 343 8125

Form completed by

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