

## Severe Respiratory Failure Referral

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Referring Hospital: \_\_\_\_\_ Hospital Postcode: \_\_\_\_\_  
ITU Phone No: \_\_\_\_\_ NHS Number: \_\_\_\_\_  
Referring Consultant: \_\_\_\_\_ Patient Postcode: \_\_\_\_\_  
Patient's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm BMI: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Patient's GP: \_\_\_\_\_ GP Phone number: \_\_\_\_\_

### EBOLA

Symptomatic with fever  
>37.5°C or  
has a history of fever within  
past 24 hours

**AND**

Travelled or been in contact  
with an unwell person who  
has travelled to Sierra  
Leone, Liberia, or Guinea  
within the past 21 days

**Yes / No**

**Yes / No**

**History:**

**Co-morbidities:**

**Next-Of-Kin:**

Aware of transfer: Y/N

Available in ICU for GSTT team to gain assent: Y/N

**Airway:**

ET Tube Oral/Nasal/Tracheostomy, size: \_\_\_\_\_

Date of intubation: \_\_\_\_\_

**GSTT Severe Respiratory Failure Service Phone: 02071882511**

## Ventilation:

Mode: SIMV/BiPAP/PCV/APRV/HFOV

Settings: Pplat \_\_\_\_\_ PEEP: \_\_\_\_\_ Mean Airway Pressure \_\_\_\_\_ Rate \_\_\_\_\_

FiO2: \_\_\_\_\_ % TV: \_\_\_\_\_ Dynamic Compliance: \_\_\_\_\_ I:E: \_\_\_\_\_

Nitric Oxide: Y/N: PPM \_\_\_\_\_ Prone position: Y / N

Duration: FiO2 >0.8: \_\_\_\_\_ days Pplat>30: \_\_\_\_\_ days

## ABG:

pH: \_\_\_\_\_ PaO2: \_\_\_\_\_ PaCO2: \_\_\_\_\_ HCO3: \_\_\_\_\_ BE: \_\_\_\_\_

SaO2: \_\_\_\_\_ lactate: \_\_\_\_\_

PaO2/FiO2 ratio: \_\_\_\_\_ VE: \_\_\_\_\_ VE corr: \_\_\_\_\_

Chest Drains: Y/N R/L/both

Chest X-Ray:

ETT position mid trachea Y/N

Quadrants infiltrated:

## Murray Score

Taking the score for each variable and dividing by 4.

### Score values

PaO2/FiO2 (kPa): >40=0, 30-40=1, 23.3-29.9=2, 13.3-23.2=3, <13.3=4

CXR: normal=0, 1 point per quadrant infiltrated.

PEEP (cmH2O): <5=0, 6-8=1, 9-11=2, 12-14=3, >15=4.

Compliance (ml/cmH2O): >80=0, 60-79=1, 40-59=2, 20-39=3, and <19=4

Murray score:

PaO2/FiO2 \_\_\_\_\_

CXR \_\_\_\_\_

PEEP \_\_\_\_\_

Compliance \_\_\_\_\_

Total: \_\_\_\_\_

Murray Score: \_\_\_\_\_

## Circulation:

HR: \_\_\_\_\_ Blood pressure: \_\_\_\_\_/\_\_\_\_\_ Mean Arterial Pressure: \_\_\_\_\_  
 CVP: \_\_\_\_\_ ScvO2: \_\_\_\_\_ Cardiac index: \_\_\_\_\_ EVLWI: \_\_\_\_\_ SVRI: \_\_\_\_\_  
 Inotrope/vasopressor 1: \_\_\_\_\_ @ \_\_\_\_\_ mcg/Kg/min  
 Inotrope/vasopressor 2: \_\_\_\_\_ @ \_\_\_\_\_ mcg/Kg/min  
 Inotrope/vasopressor 3: \_\_\_\_\_ @ \_\_\_\_\_ mcg/Kg/min  
 Inotrope/vasopressor 4: \_\_\_\_\_ @ \_\_\_\_\_ mcg/Kg/min

Cumulative net fluid balance:

Last 24 hours: \_\_\_\_\_

Length of stay: \_\_\_\_\_

Renal replacement therapy: Y/N

Any episode of cardiac arrest Y/N

Duration: \_\_\_\_\_ min

Demonstrated return of CNS function: Y/N

## Neurology:

Sedation:

Paralysis: Y/N

RASS:

Intact Y/N/Not known

Intracranial haemorrhage Y/N

Description:

## Intravascular access site:

Central line:

Vascath:

Arterial line:

PICCO/LIDCO:

Peripheral line :

## Infection:

Source:

Positive Cultures:

Positive Virology :

Antibiotics:

MRSA: Y/N

Norovirus: Y/N

CDiff: Y/N

TB: Y/N

## Investigations:

FBC: Hb: \_\_\_\_\_ WBC: \_\_\_\_\_ Plt: \_\_\_\_\_  
 Renal: Urea: \_\_\_\_\_ Creat: \_\_\_\_\_ Sodium: \_\_\_\_\_ Potassium: \_\_\_\_\_  
 LFT's: BR: \_\_\_\_\_ ALT: \_\_\_\_\_ ALP: \_\_\_\_\_ GGT: \_\_\_\_\_ CRP: \_\_\_\_\_  
 COAG: INR: \_\_\_\_\_ APTTr: \_\_\_\_\_ AT: \_\_\_\_\_ Fibrinogen: \_\_\_\_\_

Pregnancy test (for all women age 12-60) Performed / Not Performed / Not Applicable  
 Pregnant / Not Pregnant

Echo report Y/N

Findings:

CT report: Y/N

Findings:

Bronchoscopy report: Y/N

Findings:

CT and CXR transferred

image exchange portal Y/N

CD to accompany transfer Y/N

## Outcome:

Consultant contacted for advice:

Referral accepted: Y/N/advice only

Reason for refusal/advice given:

Follow-up needed: Y/N

Daily follow-up of advice only:

Clinical status at ICU discharge: alive/dead

Name of person completing form:

Position:

Please fax completed form to GSTT Severe Respiratory Failure Service: **Fax 02071883048**

**GSTT Severe Respiratory Failure Service Phone: 02071882511**