

<h1>Retrieval – Assessment & Coordination</h1>		Pt Name:
		DOB:
		Age:
		Weight:
		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Identification/Introduction		
Call taken by:	Date of call:	Time:
Caller:	Accepting MO:	
Referring Hospital:	Referring MO:	
Retrieval Nurse on call: yes / no	Location in referring hospital: Emergency <input type="checkbox"/> ICU <input type="checkbox"/> Operating Theatre <input type="checkbox"/> Ward <input type="checkbox"/> Maternity <input type="checkbox"/> Trauma: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes has PATCH/Trauma Service been notified <input type="checkbox"/>	
SITUATION		
BACKGROUND		
Diagnosis:	Infection Precautions:	
Immunizations:	Allergies:	
ASSESSMENT		
Airway: - Patent - NPA/OPA - ETT	Circulation: - HR - BP - CRT	
Breathing: - RR - SPO2 - WOB - NP/NRB/HM/HHFNC	Ventilation: PIP: PEEP: Rate: FiO2:	Disability: - GCS/AVPU - Pain - Pupils - BSL

<p>Exposure:</p> <ul style="list-style-type: none"> - Temp - Rashes - Other 	<p>Investigations:</p> <ul style="list-style-type: none"> - Imaging - bloods
<p>Treatment:</p>	
<p>RECOMMENDATIONS/REQUEST</p>	
<p>LOGISTICS</p>	
<p>Priority: <input type="checkbox"/> 1 (<1hr) <input type="checkbox"/> 2 (1-3hrs) <input type="checkbox"/> 3 (3-6hrs) <input type="checkbox"/> 4 (6-24hrs) <input type="checkbox"/> 5 (>24hrs)</p> <p>Dependency: <input type="checkbox"/> Critical <input type="checkbox"/> High Dependency <input type="checkbox"/> Low Dependency</p> <p>Escort:</p> <p>Equipment needed:</p> <p>Asset: <input type="checkbox"/> Road <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotary Wing</p> <p>Asset available from: _____ Agreed Pick up time: _____</p> <p>Discussed with: <input type="checkbox"/> PICU SMO <input type="checkbox"/> PICU Shift Coordinator <input type="checkbox"/> ED SMO <input type="checkbox"/> Bed Manager at:</p> <p>Disposition: <input type="checkbox"/> Name of Hospital: _____ <input type="checkbox"/> PICU <input type="checkbox"/> ED <input type="checkbox"/> Ward Name: _____</p>	