



South Thames Retrieval Service lead transfer document

020 7188 5000

Call taken by

Log no

Date.....Time

Patient Name

DOB..... Age

Weight (kg)

Gestation Male / Female

Postcode

NHS Number

ECH hospital number

Referring Hospital:

Site of **presentation** in hosp:.....

Date / Time **admitted** to hosp:.....

Hosp Phone number:

Referring Doctor / grade:.....

Bleep / contact:

Referring consultant name:Aware? Y N

STRS consultant:

DGH Key question for STRS? Advice **Forewarning** **Transfer requested** **Bed request**

Clinical emergency identified UAO LAO Resp failure Shock Cardiac failure

Seizures Raised intracranial pressure Encephalopathy Metabolic emergency Surgical emergency

Probable diagnosis:

Premorbid conditions:

History

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Status at Referral:

Temp: Rash/Bruises: C-Spine Y N

Airway: Self vent Intubated Tracheostomy

Tube size: Length: Grade:

Breathing: RR Sats WOB: mild mod severe

Oxygen CPAP Humidified high flow NC oxygen

Vent: PIP PEEP IT Rate FiO₂

C-Xray *iNO*

CVS : HR BP CRT

Preductal sats Postductal sats

'4 Limb' BP: RA Lower Limb Liver

Abdo: NGT in situ? Y / N Urine output

Distension Tenderness Mass

CNS A V P U Pupils size Reaction

GCS Total = /15 Motor /6 Verbal /5 Eyes /4

Focal signs Na

Trauma – FAST scan secondary survey

Toxicology Travel hx

Bloods (A/V/cap)	1	2
Date/Time		
Na		
K		
Cl		
Urea		
Creat		
Ca		
Mg		
Alb		
ALT		
CRP		
Ammonia		
Hb		
WCC		
PLT		
INR		
pH		
pCO ₂		
pO ₂		
HCO ₃		
BE		
Lac		
Gluc		

Current DGH Management:

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STRS Advice: Prioritise

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Date/ Time d/w STRS consultant

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Advice

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