



Cardiothoracic and Vascular ICU

Auckland City Hospital

0800 ADULT ECMO

CVICU ECMO Referral Form

REFERRING HOSPITAL DETAILS

Date	<input type="text"/>	Time	<input type="text"/>
Referring Doctor	<input type="text"/>	Cellphone	<input type="text"/>
Referring Hospital	<input type="text"/>		

PATIENT DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>						
NHI	<input type="text"/>	DoB	<input type="text" value="DD / MM / YYYY"/>	Age	<input type="text"/>	Gender	<input type="text" value="M / F"/>	Weight	<input type="text"/>
Blood Transfusion Limitations (eg religion, antibodies etc)							<input type="text" value="YES / NO"/>	Height	<input type="text"/>

CLINICAL DETAILS

Working Diagnosis	<input type="text"/>	Allergies	<input type="text"/>		
Preg Test	<input type="text"/>	Smoking	<input type="text"/>	Alcohol	<input type="text"/>

Clinical Summary

Research Studies Enrolled in/screened for

RESPIRATORY DETAILS

Intubation Date	<input type="text"/>	Time	<input type="text"/>					
Ventilation	Mode	<input type="text"/>	PEEP	<input type="text"/>	PIP	<input type="text"/>	PLAT	<input type="text"/>
	RR	<input type="text"/>	TV	<input type="text"/>	FiO2	<input type="text"/>	Sats	<input type="text"/>
Adjuncts	Steroids	<input type="text"/>	Proned	<input type="text"/>	iNO	<input type="text"/>		
Current ABG	pH	<input type="text"/>	pCO2	<input type="text"/>	pO2	<input type="text"/>		
	BE	<input type="text"/>	HCO3	<input type="text"/>	Lactate	<input type="text"/>		

Duration FiO2 > 80% days

CXR/CT Findings

Chest Drains/Pneumothoraces

Known Underlying Respiratory Disease

Radiology sent Electronically to ADHB PACS

CARDIOVASCULAR DETAILS

Vitals	HR	<input type="text"/>	MAP	<input type="text"/>	CVP	<input type="text"/>	CO	<input type="text"/>
Inotropes	Adr	<input type="text"/>	Norad	<input type="text"/>	Dopamine	<input type="text"/>	Other	<input type="text"/>
Fluid balance daily/Cumulative	<input type="text"/>				Feeding	NG / NJ / TPNmls/hr		
Urine Output	<input type="text"/>	RRT	<input type="text"/>	Ischaemia/mottling	<input type="text"/>			
Echo findings	<input type="text"/>							
Cardiac Arrest	<input type="text"/>	ROSC	<input type="text"/>	CNS function post arrest	<input type="text"/>			
Vascular access/sites	<input type="text"/>							

NEUROLOGY DETAILS

Neurology status pre-sedation	<input type="text"/>	Pupil size & reactivity	<input type="text"/>
Current sedation/Paralysis	<input type="text"/>		

INFECTION DETAILS

Confirmed Infection	<input type="text"/>
Current Antibiotic/Anitfungal Anitviral	<input type="text"/>

BLOOD RESULTS

Haematology	Hb	<input type="text"/>	WCC	<input type="text"/>	Plts	<input type="text"/>		
	INR	<input type="text"/>	APTT	<input type="text"/>	Fib	<input type="text"/>		
Biochemistry	Na	<input type="text"/>	K	<input type="text"/>	Creat	<input type="text"/>	Urea	<input type="text"/>
	Bili	<input type="text"/>	ALT/AST	<input type="text"/>	Albumin	<input type="text"/>		

REFERRAL OUTCOME

Accepted	<input type="text"/>	Mode of Transport	<input type="text"/>	Team Departure Time	<input type="text"/>
Additional Notes	<input type="text"/>				