

WALES AND WEST ACUTE TRANSPORT FOR CHILDREN				WATCH REFERRAL (PAGE 1 / 18)									
<input type="checkbox"/> Advice.....	<input type="checkbox"/> Referral.....	<input type="checkbox"/> Transport.....	<input type="checkbox"/> HDU/Repat										
Date		Time											
Call Taken By		WATCH Number											
WATCH Cons													
REFERRER DETAILS													
Referrer		Grade/Speciality											
Child's Cons/Paed		Contact Number											
Hospital		Ward/Dept											
PATIENT DETAILS													
Name				DOB									
Age				Gender									
NHS Number		T Number		Postcode									
Provisional Diagnosis / Medical History													
Allergies / Sensitivities:													
WATCH Consultant added to call @.....													
Brief History:					Weight: ____ kg								
<table border="1"> <thead> <tr> <th colspan="2">COVID-19 TESTING</th> </tr> </thead> <tbody> <tr> <td>Positive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unknown</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						COVID-19 TESTING		Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
COVID-19 TESTING													
Positive	<input type="checkbox"/>												
Negative	<input type="checkbox"/>												
Unknown	<input type="checkbox"/>												
Receiving invasive ventilation at the time of initial referral?	Intubation not indicated	Already Intubated	Advised to intubate	Advised to prepare for intubation									
Safeguarding Concerns?	Y / N (Page 6)	Trauma Team Referral (e.g. NAI, drowning)		Y / N									
Infection Control Issues?	Y / N	Cubicle Required?	Y / N	Colonisation	Y / N								

<b>NAME</b>			<b>DOB</b>			<b>CLINICAL DETAILS AT REFERRAL (PAGE 2 / 18)</b>					
<b>T NUMBER</b>		<b>WATCH NUMBER</b>		<b>NHS NUMBER</b>							
<b>AIRWAY (ETT / LMA / TRACHEOSTOMY = INVASIVE VENTILATION)</b>											
<input type="checkbox"/> Self Ventilating		<input type="checkbox"/> Intubated		<input type="checkbox"/> Being intubated		<input type="checkbox"/> Tracheostomy		<input type="checkbox"/> LMA			
Difficult intubation		Y / N	Grade of laryngoscopy		1 / 2 / 3 / 4	Number of attempts					
ETT / TT / LMA Details			Size	Route		Length		Cuffed			
<b>BREATHING</b>											
<b>CXR:</b>											
<b>WORK OF BREATHING:</b>		None		Mild		Moderate		Severe			
<input type="checkbox"/> SELF VENTILATING				<input type="checkbox"/> INVASIVE VENTILATION				<input type="checkbox"/> NON-INVASIVE VENTILATION			
RR		FiO <sub>2</sub>		RR		MODE		MODE			
SaO <sub>2</sub>				PIP		PEEP		RR	SET..... MEAS.....		
<input type="checkbox"/> HB	<input type="checkbox"/> FM	<input type="checkbox"/> High Flow		FiO <sub>2</sub>		ITIME		IPAP		EPAP	
<input type="checkbox"/> CPAP	Flow			TV		ETCO <sub>2</sub>		TV		Ti	
	Pressures			SaO <sub>2</sub>		Nitric		FiO <sub>2</sub>		SaO <sub>2</sub>	
<b>CIRCULATION</b>											
Observations		Fluid boluses ml/kg		Access		Examination					
HR		Crystalloid		<input type="checkbox"/> PVC		Colour					
BP		RBC		<input type="checkbox"/> I.O.		Heart Sounds					
CRT		CRYO / FFP		<input type="checkbox"/> CVC		Femoral Pulses					
Temp		IV Fluids		<input type="checkbox"/> Arterial		Liver					
Urine		Feeding		<input type="checkbox"/> Long term							
<b>NEUROLOGY</b>											
A	V	P	U	Pupils	R	L	Fontanelle				
GCS	E -	M -	V -	Reaction	R	L	Posture				
<b>BLOOD RESULTS</b>											
Blood gases				Haematology				Biochemistry			
Sample	A / V / C	A / V / C	A / V / C	Hb		Na		Na			
Time				WBC / Neut		K		Ca			
pH				Platelets		Urea		Creatinine			
pCO <sub>2</sub>				CRP		Glucose		Chloride			
pO <sub>2</sub>				PT							
HCO <sub>3</sub>				INR							
BE				APTT							
Lactate				Microbiology / Virology							
Glucose				Blood Cultures <input type="checkbox"/>				NPA <input type="checkbox"/>			
Na / K				LP <input type="checkbox"/>				Other <input type="checkbox"/>			
<b>Antimicrobials / Inotropes / Sedatives / Opiates / Muscle relaxants / Volatile agents</b>											

<b>NAME</b>		<b>DOB</b>		<b>ADVICE GIVEN AND AGREED MANAGEMENT PLAN (PAGE 3 / 18)</b>
<b>T NUMBER</b>	<b>WATCH NUMBER</b>	<b>NHS NUMBER</b>		

SIGN AND STAMP ALL ENTRIES

If required consider requesting blood products from the local hospital

(If accepted for transport complete the final acceptance time below)

**NO BEDS/REFUSALS**

<input type="checkbox"/> Bristol PICU	Date:	Time:	<input type="checkbox"/> Cardiff PICU	Date:	Time:
<input type="checkbox"/> Other:	Date:	Time:	<input type="checkbox"/> Other:	Date:	Time:

**DESTINATION AND ACCEPTING TEAM**

<input type="checkbox"/> Bristol PICU	<input type="checkbox"/> Cardiff PICU	<input type="checkbox"/> Bristol HDU/Ward	<input type="checkbox"/> Cardiff HDU/Ward
<input type="checkbox"/> Other:			
Speciality:		Consultant:	Nurse:

**TEAM RISK ASSESSMENT**

Clinical indicators triggered?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Reason:
Team indicators triggered?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Reason:
Outcome:	<input type="checkbox"/> Nurse-Delivered <input type="checkbox"/> ATNP / Fellow & Nurse <input type="checkbox"/> Cons & ATNP / Fellow & Nurse

**TEAM ACTIVATION**

Nurse	Doctor / ATNP	BAEMS Technician	Vehicle Number

**ACCEPTANCE AND JOURNEY TIMES**

OUTWARD		RETURN	
<b>Final Acceptance</b>	Date: Time:	<b>Depart patient bedside</b>	HH:MM
<b>Delayed Departure</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Depart collection unit</b>	HH:MM
<b>Depart base</b>	HH:MM	<b>Arrive destination unit</b>	HH:MM
<b>Arrive collection unit</b>	HH:MM	<b>Depart destination unit</b>	HH:MM
<b>Arrive patient bedside</b>	HH:MM	<b>Arrive base</b>	HH:MM
Blue lights/siren used	<input type="checkbox"/> Yes – Reason:	Blue lights/siren used	<input type="checkbox"/> Yes – Reason:
TCCA requested? Y / N	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined		
EMRTS requested? Y / N	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined		

<b>NAME</b>		<b>DOB</b>	<b>ADVICE / MANAGEMENT CONTINUATION SHEET (PAGE 4 / 18)</b>
<b>T NUMBER</b>	<b>WATCH NUMBER</b>	<b>NHS NUMBER</b>	

**SIGN AND STAMP ALL ENTRIES**

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Patient Accepted: Yes / No	Time Call Ended:	Acceptance Time:
Name of WATCH Consultant case discussed with:		
Name of Transport Nurse case discussed with:		