



## Advice/Retrieval Record Paediatrics

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Facility: .....

Date: ..... / ..... / ..... Time: ..... : ..... hrs

Identification confirmed

Referral source:  QCC  Other: .....

**Patient Location**

Facility: ..... Ward: .....

Contact name: ..... Direct phone: .....

Reason for referral: .....

Cairns Hospital Admitting Team: ..... Consultant: .....

**Background**

Presenting condition: .....

DO NOT WRITE IN THIS BINDING MARGIN

All clinical form creation and amendments must be conducted through Health Information Services

Do not reproduce by photocopying

<b>A</b>	Intubated <input type="checkbox"/> Yes <input type="checkbox"/> No	ETT Size	<input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed
	Spont	Support	Rate
<b>B</b>	FIO2	SpO2	PIP/PEEP
	HR	BP	Cap Refill
<b>C</b>	Temp	Vascular Access	Inotropes
	GCS / AVPU	Pupils	Imaging
<b>D</b>			

Date			
Time			
BGL			
pH			
CO2			
BE			
HCO3			
LACT			
Na			
K			
Other tests			

Assessment/Recommendations: .....

Referral accepted  Advice only  Transfer to another hospital: .....

Name: ..... Signature: ..... Designation: .....

The advising paediatric doctor is to send a copy of this record to the Patient End Service (PES). On receipt of this record, the PES clinician is responsible for checking for perceived discrepancies and for filing in the patient's clinical record at the PES. Concerns should be discussed with the advising clinician. All medication and fluid orders must be managed as per the Hospital and Health Service guidelines. The original must be managed as per the advisor's Hospital and Health Service guidelines.

ADVICE/RETRIEVAL RECORD PAEDIATRICS MR262

