

Austin Health
 Intensive Care Unit Referral Form

Date of Referral	Time:	
Patient Surname		
Patient First Name		
Gender	Male / Female	Date of Birth:
Insurance type (select)	None	
Referring Person		
Referring Hospital		
Contact Number		
Referrer Position (select 1)	Consultant	If Other:
Referrer Unit (select 1)	ED	If Other:
Reason for Transfer (select 1)	Bed unavailable	
	Requires specialist service:	
Destination Hospital	Austin	
Destination Location	ICU	
Receiving ICU Doctor's Name		
Destination Arranged by (select 1)	Referrer	
Accepting Parent Unit (Cannot be ICU/ED) <small>unless referred from Mercy Hospital for Women</small>		
Accepting Parent Unit Doctor's Name		

Principal Problem
Clinical History

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Surgical Interventions at Referring Hospital

Spinal precautions- Describe

Past History

Is patient positive for the following (select multiple)	<input type="checkbox"/> None	<input type="checkbox"/> VRE	<input type="checkbox"/> VISA	<input type="checkbox"/> C. difficile
	<input type="checkbox"/> Influenza	<input type="checkbox"/> TB		

Previous medications

Allergies	
Medication Name	Nature of reaction

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Observations					
Current			Worst in last 4 hours		
HR		Rhythm		HR	
GCS		Temp		GCS	
BP	/	CVP		BP	/
Resp rate		ETCO ₂		Resp rate	
SpO ₂				SpO ₂	
Urine output (ml) for last 4 hours					
Weight (kg)				Height (cm)	
Estimated Y/N					
If wt > 110kg enter:					

Supports			
FIO ₂		Inotrope/Vasocomstrictor	Dose+ unit of measure
Non-invasive vent (select 1)		Adrenaline	
Tidal volume		Milrinone	
Rate		Dobutamine	
PEEP		Noradrenaline	
Peak inspiratory pressure		Vasopression	
Renal replacement Rx (select 1)		Other:	

If Intubated enter the following details			
Date of intubation			
ETT size		ETT length at lip	
Laryngoscopic grade (Select 1)	1,2,3		
Comment on intubation difficulty?			

Interventions		
Line/Device	Site e.g. R femoral	Date Inserted
CVC		
Vascath		

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Arterial line		
IABP		
Chest drain 1		
Chest drain 2		
Wound drains		
Other		
Other		
Cervical collar	No	

Most recent investigations									
Date of investigations:									
pH		Po ₂		PCO ₂		HCO ₃		Lactate	
Hb		WCC		Platelets		INR		APTT	
Na		K		CI		Urea		Creat	
Trop		CK		Glucose		Bilirubin		ALT	

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Transfer documentation and task checklist

Please ensure the following tasks are completed and documents given to the transferring team

Documents (original or photocopied)
Nursing transfer letter and care plan
In-patient progress notes
Observation charts
Fluid balance charts
Pathology results and reports
Radiology imaging (on disk if possible)
Radiology reports
Relevant ECGs
Tasks
Anti-emetic given to patient prior to transfer
Identification band attached to patient
Austin Admitting Unit received handover and accepted patient
Adult Retrieval Victoria notified
Patient valuables checked
Next of Kin informed

Please scan and email to ICUReferrals@austin.org.au or fax this form to (03) 9496 3932