**RBH Severe Acute Respiratory Failure ECMO Referral**

**Please email to** [rbh-tr.ecmoreferral@nhs.net](mailto:rbh-tr.ecmoreferral@nhs.net) **& call ECMO Nurse on 07815 494 175.**

**If patient’s condition is time critical, please call while filling the form.**

**Referring Date & Time**

|  |  |
| --- | --- |
| Date: Select | Time:    : |

**Referring Hospital Information**

|  |  |
| --- | --- |
| Referral Hospital: | Phone: |
| Referring Consultant: | Mobile: |
| Referring Doctor: | Grade: Select |
| Email Address: | |

**Patient Details**

|  |  |
| --- | --- |
| Name: | |
| DoB: Select Age:     Gender: Select | |
| Height:    cm Weight:    kg PBW:    kg | |
| NHS Number: | Hospital Number: |
| NOK Name: | NOK Phone Number: |

**Clinical Details**

|  |  |  |
| --- | --- | --- |
| Working Diagnosis |  | |
| Significant  Comorbidities | 1.  2. | 3.  4. |
| Medications | Select Details if any | |
| Functional Status | Select Details if any | |
| Allergy | Select, if Yes, Details if any | |
| Other | Smoking Alcohol Illicit Drug Use | |
| Major Events | Select Hospital Admission  Select ICU Admission  Select Intubation Number of days since intubation  Select  Select  Select | |
| Addition Notes: | | |

**Respiratory**

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| Airway | Select inserted on Select | |
| Ventilatory Settings | FiO2:   %  Mode: Select  Set TV:    ml OR  Set Pinsp:   cmH2O  Repiratory rate: | Ppeak:   cmH2O  Pplat:   cmH2O  PEEP:   cmH2O  Driving Pressure (Pplat – PEEP):   cmH2O |
| ABG | pH      PaO2     kPa PaCO2     kPa  HCO3     mmol/L BE     mmol/L Lactate     mmol/L | |
| Murray Score | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | 0 | 1 | 2 | 3 | 4 | Value | Score | | PaO2 / FiO2 (kPa) | ≥40 | 30.0-39.9 | 23.3-29.9 | 13.3-23.2 | <13.3 |  | Select | | PEEP (cmH2O) | ≤5 | 6-8 | 9-11 | 12-14 | ≥15 |  | Select | | Compliance = TV/DP (ml/cmH2O) | ≥80 | 60-79 | 40-59 | 20-39 | ≤19 |  | Select | | CXR (quadrants) | 0 | 1 | 2 | 3 | 4 |  | Select | | Final Score = sum of all 4 scores divided by 4 | | | | | |  | | | |
| Therapy | ▪ Paralysis: Select Details if any  ▪ Higher PEEP or APRV: Select Details if any  ▪ Recruitment manoeuvre: Select Details if any  ▪ Proning: Select Details if any  ▪ iNO: Select Details if any  ▪ Bronchoscopy: Select Details if any  ▪ Chest drains for pneumothorax: Select Details if any  ▪ ECCO2R: Select Details if any | |
| CXR | Select and I Select all CXRs to RBH. | |
| CTs | Select and I Select all CT images to RBH. | |
| Addition Notes: | | |

**Cardiovascular**

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| --- | --- |
| Cardiac Arrest: Select Details if any | |
| HR    /min Rhythm | Vasoactive Agents:  Select name @      Select unit  Select name @      Select unit  Select name @      Select unit        @      Select unit |
| BP     /     MAP    mmHg |
| CVP    mmHg PAWP    mmHg |
| CO    L/min CI    L/min/m2 |
| Echo: Select Details if any | |
| Addition Notes: | |

**Neurological**

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| --- | --- |
| GCS prior to intubation:   /15  Pupils:  L    mm Light reactivity  R    mm Light reactivity  CT Head: Select | Sedation:  Select name @      Select unit/hr  Select name @      Select unit/hr  Select name @      Select unit/hr  Paralysis: Select name @     mcg/kg/hr |
| Addition Notes: | |

**Renal, Fluid Balance & Electrolytes**

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| --- | --- |
| UO: Selectml/kg/hr | CRRT Select |
| Fluid Balance: +/-      ml since ICU admission  +/-      ml in last 24hrs | Na    mmol/L K    mmol/L  Urea     mmol/L Cr     mmol/L |
| Addition Notes: | |

**Infection**

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| Inflammatory Markers | WBC     x109/L Neut     x109/L CRP    mg/L PCT    ng/ml |
| Microbiology | Select site grew       on Select date  Select site grew       on Select date  Select site grew       on Select date |
| Antimicrobials | from Select date to Select date Ongoing        from Select date to Select date Ongoing        from Select date to Select date Ongoing |
| Infection Control Issue: Select | |
| Addition Notes: | |

**GIT & Liver**

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| --- | --- |
| Nutrition | Select |
| Liver | Bil    umol/L ALT     U/L AST     U/L ALP     U/L ALB     g/L |
| Addition Notes: | |

**Haematology**

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| --- | --- | --- | --- |
| Therapy Select | Transfusion Select | | Heparinisation Select |
| FBC: Hb    g/L Plts      x109/L | | Coagulation: PT   s INR      APTT     s | |
| Addition Notes: | | | |

**Vascular Access**

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| A line Select  inserted on Select | CVC Select  inserted on Select | Vascath Select  inserted on Select |