**RBH Severe Acute Respiratory Failure ECMO Referral**

**Please email to** 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 |       |
| SignificantComorbidities | 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 AdmissionSelect ICU AdmissionSelect Intubation Number of days since intubation   Select      Select      Select       |
| Addition Notes:       |

**Respiratory**

|  |  |
| --- | --- |
| Airway | Select inserted on Select |
| Ventilatory Settings | FiO2:   %Mode: SelectSet TV:    ml OR Set Pinsp:   cmH2ORepiratory rate:    | Ppeak:   cmH2OPplat:   cmH2OPEEP:   cmH2O Driving Pressure (Pplat – PEEP):   cmH2O |
| ABG | pH      PaO2     kPa PaCO2     kPaHCO3     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 unitSelect name @      Select unitSelect 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**

|  |  |
| --- | --- |
| GCS prior to intubation:   /15Pupils: L    mm Light reactivityR    mm Light reactivityCT Head: Select       | Sedation: Select name @      Select unit/hrSelect name @      Select unit/hrSelect name @      Select unit/hrParalysis: Select name @     mcg/kg/hr |
| Addition Notes:       |

**Renal, Fluid Balance & Electrolytes**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| Inflammatory Markers | WBC     x109/L Neut     x109/L CRP    mg/L PCT    ng/ml |
| Microbiology | Select site grew       on Select dateSelect site grew       on Select dateSelect 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**

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

**Haematology**

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

**Vascular Access**

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