

EAST SURREY HOSPITAL DEPARTMENT OF CRITICAL CARE

REPATRIATION FROM _____	<h3 style="text-align: center;">PATIENT NUMBER</h3> Please enter the number below that has been assigned to your patient by the ESH Department of Critical Care
SPECIALITY: Neuro Cardiac Other: _____	<p style="text-align: center; color: red; font-weight: bold;">This form is not encrypted!</p> Please ensure that you follow your hospital/trust policies and guidelines for the sending of sensitive and confidential information via email
Date of referral: Consultant:	
Time of referral: Contact No:	
Day ____ on your unit Level of Care:	

SUMMARY OF CARE

(include dates & original reasons for admission to your unit, course in your unit, complications)

ALLERGIES/
INTOLERANCES

Reason for referral back:

PMH including exercise tolerance/performance status:

ETT	Trache
Tube size	
Date due to change:	
Vent mode	
PS/PEEP	

INFORMATION

CVS (include inotropes & vasoactive medications, episodes of cardiac arrest)

FiO ₂	
pH	
PCO ₂	
PO ₂	
BICARB	
BE	
SaO ₂	
Lactate	

ECHO report:

RS

(include airway problems)

Na	
K	
Ur	
Cr	
eGFR	
Ca adj	
PO ₄	
Mg	

GI & NUTRITION

(include feed type, route, rate & absorption, BO and type)

RENAL & GU

(include balance, last CVVH)



Surrey and Sussex Healthcare
NHS Trust



CNS & SEDATION

GCS (E M V)

Musculoskeletal issues (include physio report, skin pressure areas, delirium score, safe guarding issues & analgesia)

TProt	
Alb	
Bili	
ALP	
ALT	
GGT	

LINES & SEPSIS

(include duration of lines, antibiotics & duration, new micro results, *C. diff*, resistant organisms, MRSA status, tropical diseases)

Temp	
Hb	
WBC	
Neut	
Pit	
CRP	
PT/INR	
APTT/R	

MEDICINES

VTE prophylaxis plans (esp. for neuro patients):
(Gastric erosion prophylaxis?)

OTHER IMPORTANT INFO eg scan results, outstanding results

NEXT OF KIN

(only write pertinent details regarding communication(s) that have taken place with the next of kin)

Relationship to patient:

EXPECTED PROGNOSIS: _____

DNACPR discussed:

YES

NO

FOR ESH ICU USE ONLY:

Ready for repatriation? YES NO

Other issues

Drains/sutures/clips removed/date for removal

Other devices eg IVC filter

Further treatment(s) needed

Further scan(s) needed

Radiology 'up on system'/accessible eg CD

Name of accepting Surgical/Medical team at ESH (NOT ICU)

Signature:

Name:

Grade:

GMC No:

Contact No:

Once completed, please send this document using the submit button:

Alternatively, please email back to intensivecare.unit@sash.nhs.uk