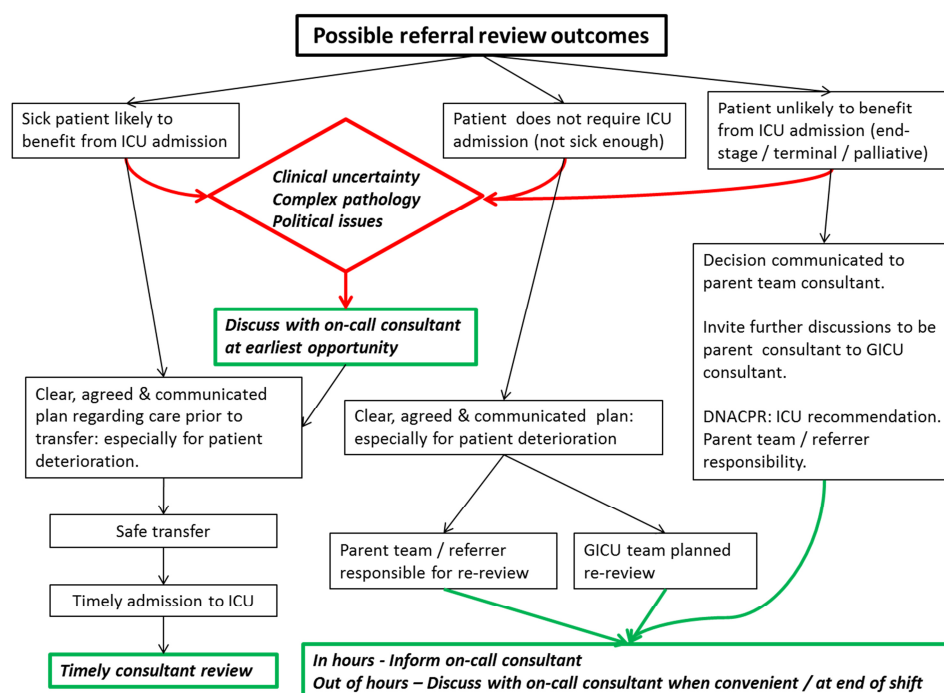


GICU Referral RECORD AND AUDIT Form

Must be completed for every patient referred, reviewed or re-reviewed

Version April 2016
(PLEASE WRITE CLEARLY)

Date (dd:mm:yy):		Time of referral (hh:mm):		GICU doctor:	
Who made the referral?	Name		Bleep / extn		FY1 <input type="checkbox"/> FY2/SHO <input type="checkbox"/> SpR <input type="checkbox"/> Consultant <input type="checkbox"/> Other <input type="checkbox"/> who?
	Specialty		Has the parent team's consultant been informed of the referral? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Patient's Name:				Hospital No:	
Location of patient: ED <input type="checkbox"/> Theatre <input type="checkbox"/> Recovery <input type="checkbox"/> Ward <input type="checkbox"/> (which) Other <input type="checkbox"/> (detail)					
Principal reason for referral / diagnosis (add more detail overleaf)					
Did you review / visit the patient? No <input type="checkbox"/> Yes <input type="checkbox"/>			Was there a delay in reviewing the patient? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Time of review / visit (hh:mm):			What was the reason?		
Outcome of referral + / - review (complete all that apply):					
1. Advice <input type="checkbox"/> Assisted with Intervention(s) <input type="checkbox"/> detail _____ Conducted Intervention(s) <input type="checkbox"/> detail _____					
2. Patient needs planned re-review by GICU: No <input type="checkbox"/> Yes <input type="checkbox"/> if Yes When? _____ AND Why? _____					
3. Inappropriate for ICU? <input type="checkbox"/> Why? Too well <input type="checkbox"/> OR Futile <input type="checkbox"/> due to Frailty <input type="checkbox"/> Chronic disease <input type="checkbox"/> Terminal condition <input type="checkbox"/>					
If futile then DNA CPR status agreed <input type="checkbox"/> [referring team to complete form] +/- therapy limits established <input type="checkbox"/>					
4. Accepted for ICU admission <input type="checkbox"/> Type of admission: Immediate <input type="checkbox"/> OR Urgent (within 30 minutes) <input type="checkbox"/>					
Time of decision (hh:mm):			Time patient arrived in ICU (hh:mm):		
Who accompanied the patient on the transfer? You <input type="checkbox"/> Another GICU Dr <input type="checkbox"/> "6111" / anaesthetist <input type="checkbox"/> Other <input type="checkbox"/> who? _____					
Was the transfer delayed? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes then why?					
Did the patient's physiology deteriorate in the interval between decision and arrival? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, then in what way?					
Was this a timely referral (in your subjective opinion) Yes <input type="checkbox"/> No <input type="checkbox"/> If NO then why:?					
Discussed with GICU consultant - NAME, DATE AND TIME:				Patient and referral details recorded on WardWatcher <input type="checkbox"/>	
Patient outcome @24hrs post referral Dead <input type="checkbox"/> Alive <input type="checkbox"/> Location: Ward <input type="checkbox"/> ICU <input type="checkbox"/>					
PLEASE also complete "Potential futility criteria" overleaf, as fully as possible					

**Auditable standards:**

- Referrals between 8am-6pm Monday to Friday - 90% seen within 15 minutes
- Referrals out of hours - 90% seen within 30 minutes
- No management advice should be given without review and documentation in the patient's notes
- Safe transfer = no preventable physiological deterioration OR untoward event between review and patient's arrival on ICU
- Time from acceptance to admission: Immediate – 90% within 30 minutes: Urgent – 90% within 60 minutes

Potential futility criteria (please specify details)

- "Unplanned" weight loss >10% in last 6 months ☐
& / or
BMI < 18.5 ☐
- CSHA clinical frailty scale ≥ 4 ☐
& / or
History consistent with increasing score in the preceding 3-12 months ☐
- Admission albumin < 25g/l ☐
- ≥ 2 "unplanned" hospital admissions in the last 12 months ☐

Canadian Study of Health and Ageing (CSHA) clinical frailty scale

Please circle score based upon "average" state in the last month

1. Very fit — robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
2. Well — without active disease, but less fit than people in category 1
3. Well, with treated comorbid disease — disease symptoms are well controlled compared with those in category 4
4. Apparently vulnerable — although not frankly dependent, these people commonly complain of being "slowed up" or have disease symptoms
5. Mildly frail — with limited dependence on others for instrumental activities of daily living
6. Moderately frail — help is needed with both instrumental and non-instrumental activities of daily living
7. Severely frail — completely dependent on others for the activities of daily living, or terminally ill