

PAR Referral sheet

Surname: NHI:

First Names:

Date of Birth:/...../..... Sex:

PLACE PATIENT ID HERE



INTENSIVE CARE UNIT

S

SITUATION

Date: / / Time: : Referring person: _____

Reason for PAR Referral (tick all criteria which apply)

<input type="checkbox"/> Decreased LOC / AVPU	<input type="checkbox"/> Cardiovascular instability	<input type="checkbox"/> EWS trigger
<input type="checkbox"/> Respiratory concerns	<input type="checkbox"/> Renal dysfunction	<input type="checkbox"/> Bleeding
<input type="checkbox"/> Concern or worry	<input type="checkbox"/> Metabolic / electrolyte disturbance	<input type="checkbox"/> Adverse medication effects
<input type="checkbox"/> Other (specify): _____		

B

BACKGROUND

Active Concerns	Investigations
_____	_____
_____	_____
_____	_____
	Infectious: _____

Significant medical history	Key medications
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> NFR <input type="checkbox"/> NFMET <input type="checkbox"/> Palliative	Allergies: _____

A

ASSESSMENT

Vital signs & EWS

RR:	SpO ₂ :	BP:	A V P U	Total EWS:
O ₂ flow:	Temp:	HR:	Urine:	

Airway

<input type="checkbox"/> Own	<input type="checkbox"/> Trache	Cough/sputum: _____	
<input type="checkbox"/> Air entry:			

Breathing	Circulation	Blood gases	Blood results	
Mode:	Rhythm:	pH:	Na:	hB:
FiO ₂ :	JVP:	PaCO ₂ :	K+:	WCC:
PEEP:	Skin:	PaO ₂ :	Ur:	Plt:
WOB:		HCO ₃ :	Cr:	Neut:
	Pulses:	BE:	CRP:	INR:
		SaO ₂ :	Trop T:	
		Hb:	Glucose:	

R

REQUESTS

Disability/Neurological

GCS: (E: V: M:)	Pupils: (L) (R)	Motor function:
Pain score & site: _____		<input type="checkbox"/> APMS
Orientated to: <input type="checkbox"/> time <input type="checkbox"/> place <input type="checkbox"/> person		<input type="checkbox"/> New agitation/confusion

Exposure

Intake:	Nausea/vomiting:	Abdomen: _____
Output:	Bowel function:	
Fluid balance:	Drains/other:	

Access

<input type="checkbox"/> IV	<input type="checkbox"/> NG	<input type="checkbox"/> IDC	<input type="checkbox"/> ICT	<input type="checkbox"/> Art line	<input type="checkbox"/> CVL	<input type="checkbox"/> Other
-----------------------------	-----------------------------	------------------------------	------------------------------	-----------------------------------	------------------------------	--------------------------------

