

ICU Referral / Review				
Date &time	NAME	AGE	DOB	NHS NO:
Ref:by- Name:	Contact.no	Speciality/Ward	Grade	Time since in A& E
	Informed own consultant?			

Primary diagnosis:

Resus Status:

Significant PMH:

**Functional status
(ET/ Lives with)**

Reason for referral:

**Events preceeding referral:
(h/o present illness)**

EXAMINATION FINDINGS

HR	BP	SpO2	RR
Airway			
Breathing			
Circulation			
D-GCS Pupils			
Electrolytes			
Fluids/Renal/ urine output			
GIT		Hb/Platelets	
		Infection: Temperature WCC CRP ABx	

ECG/CXR

Impression:

Plan/comments/action taken-

- ICU
- HDU
- Outreach
- R/V later
- Not for ICU