



ARV CRITICAL CARE COORDINATOR
CASE RECORD

Date		Time		Principal Problem
RASO				
Patient Surname				Other Problems
First Name				
Gender	M		F	Clinical History / Notes
DOB				
Age				
Hospital				
Hospital UR #				
Weight				
Priv H. Ins.				
Referrer				
Referrer Position	Cons		Reg	
	HMO		GP	
	RN		Other	
Referrer Unit	ED		ICU	
	OR		CCU	
	Wd		Other	
Phone				
Fax				
Other contact				
Arrival date @ Ref Hosp				Past History
Arrival T @ Ref Hosp				
Reason for Transfer	Service availability			
	Bed available (eg ICU)			
	Staff availability			
	Other			
NOK Aware	Yes		No	Previous Medications
NOK Contact				
Destination arranged by	Referrer			
	ARV			

Date				Patient Surname			
Observations & Interventions:				Art Line		NGT / OGT	
HR		Temp		IV x 2		FiO2	
Rhythm		GCS		ETT		TV	
Perf		Resp Rate		CVC/Art		Rate	
CVP		O ₂ Rx		IDC		PEEP	
MAP/BP		SpO ₂		Cx Collar		PIP	
Investigations:							
pH		pO ₂		pCO ₂		HCO ₃	
Hb		WCC		Plat		Glucose	
Na		K		Urea		Creatinine	
Troponin		Ca		INR		APTT	
Imaging							
ECG:							
Fluids:				Drugs:			
Clinical Advice							
Retrieval Team				Destination Hospital			
ARV Cons		Region Cons		Receiving Doctor			
ARV Reg		Region Reg		Position		Cons	
AAV FMP		AAV FP				Reg	
Crew Mix						HMO	
						RN	
						GP	
						Other	
Platform				Unit			
AAV FW		HEMS (1-5)				ED	
HATS		CPAV				OR	
Other Road						Wd	
						ICU	
						CCU	
						Other	
ETA				Phone Contact			
Notified		Y		N		Coordinator Name	
Notes							
				Coordinator Signature			