

<p>A Patient's Approx Weight: If pt's weight is over 110kgs please include the following (cm) -</p>	Height:	Waist:	Patient Width:	
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Observations:											
Current:				Worst in last 4hrs:		Interventions / Supports					
HR		Rhythm		HR		IV	x 1	x 2	FiO ₂		O/NGT
GCS		Temp		GCS		ETT	Size	Lip length	TV		IDC
BP	/	CVP		BP	/	CVC inserted / site			Rate		NIV
Resp Rate		ETCO ₂		Resp Rate		Art. Line / site			PEEP		ICC
SpO ₂		O ₂ Rx		SpO ₂		Cx Collar			PIP		CXR

Investigations:									
pH		PO ₂		pCO ₂		HCO ₃		BE	
Hb		WCC		Plat		CRP		Lactate	
Na		K		Urea		Creatinine		eGFR	
Cl		Bic		Ca		Mg		PO ₄	
Trop 1		Trop 2		APTT		INR		Gluc	

<p>ECG:</p> <p>Imaging:</p> 	<p>Drugs/Infusions/Fluids:</p> <p>Urine Output:</p>
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<p>Check List: <input checked="" type="checkbox"/></p> <p>NOK Aware</p> <p>End of Life Consideration</p> <p>Valuables packed/stored</p> <p>Infusions drawn up in 50ml syringes</p> <p>Temperature Regulation</p> <p>Anti Emetic Administered</p> <p>ETT Suctioned & Secured</p> <p>CVC & Art Lines secured & transduced</p> <p>ICC & other catheters Secured</p> <p>Clinical Notes copied</p> <p>X-Ray's & CT copied</p> <p>MRI's copied</p> <p>ECG copied</p>	<p>Notes:</p> <p style="font-size: 48px; opacity: 0.5; text-align: center;">R</p>
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Referrer Name:	Referrer Signature:
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