ADULT RETRIEVAL VICTORIA E-REFERRAL FORM

Refer to ARV electronically via REACH for routine ARV referrals: **https://reach.vic.gov.au** (no login required).

The ARV referral form should not be used for time critical cases. If you require immediate advice or support, escalate your local response team or system immediately and call ARV on 1300 36 86 61.

This form can be completed by the referring physician, nurse or clerical staff who have access to the patients records.

The ARV referral form consists of all the information an ARV call taker would request from the referring person when making a phone referral in addition to a brief patient history. The referral form can be broken down into four sections:

- Contact information
- Patient information
- Observations and history
- Data validation

Contact Information

Some basic contact information is required to ensure ARV can contact the person looking after the patient. Please include the first and last name, position within the Health Service (ie GP, Nurse, Consultant, etc), the best contact number (preferably your mobile number) and email address for the person ARV should contact to discuss the referral.

Basic patient registration information

Patient registration information is also required as part of the ARV referral process.

The patients name, gender and date of birth (DOB) are required and where the patient DOB is unknown an estimated age should be entered. If available, ARV also requires the patient's address.

Details of the patient location should be entered into the Hospital field. As you commence typing in this field the list of options will change as you continue to type. Select your Health Service from the list. If you cannot find your Health Service from the list, change the patient location to medical clinic (or applicable) and enter the details of the patient's location into the location details box. Select the unit the patient is currently located in from the unit drop down list.

If a hospital ID bracelet has been attached to the patient, select the ID wrist band box. If the patient has any significant infectious risk, select the infectious risk box and provide details in the infectious details box. The patient's current insurance status is also required.

Patient weight is a mandatory field. For logistical reasons where the patient weight is greater than 110kg, the patient's measurements are required to determine if alternative transport arrangements are required. If these measurements are not available at the time of the e-referral they can be collected while waiting for ARV to call.

Patient Clinical Information

Some clinical information regarding the patient's current condition is also required when making a referral to ARV.

A full set of observations including the patient's current heart rate, blood pressure, respiratory rate, oxygen saturation, GCS and temperature are mandatory. The patient's oxygen therapy information is also mandatory. This should be selected from the drop down list provided. Where the patient is receiving oxygen via nasal cannula/prongs or via face mask you are required to select the flow rate which will automatically calculate the patient's estimated percentage FiO2. If the patient is ventilated, select ventilated from the drop down list which will enable you to enter the estimated percentage FiO2 as per the ventilator. Where the patient isn't receiving any oxygen therapy, select room air from the drop down list which will automatically populate the estimated percentage FiO2.

If the patient has already been accepted at another Health Service and a bed has been arranged, please complete the planned destination information.

The form provides the referring clinician the ability to provide a brief clinical history, past history and any known allergies and previous medications which provides the ARV Clinical Coordinator with a better understanding of the patient referral before even speaking with the referrer.

Form Validation Issues

The bottom section of the referral form outlines the fields which are mandatory and must be completed before the referral can be submitted.

Mandatory fields are outlined in red throughout the form to assist the referrer in ensuring the minimum amount of information is submitted.

As the mandatory fields are completed the red outline disappears and the field name is removed from the list of validation issues at the bottom of the form. A field will remain in the list of validation issues if the field has been overlooked or contains information in the incorrect format.

Submission of an e-Referral

Once the ARV referral form has been completed and all the mandatory information entered, select next located at the bottom of the form to preview the information you are submitting. To make any changes, select back and update as required. If the information of you are submitting is correct, select submit. Your referral is then submitted directly in the ARV case management system.

Submission of a referral to ARV should result in a follow up phone call within 15 minutes. If you have not been contacted within 15 minutes, please phone ARV on **1300 36 86 61**.

ADULT RETRIEVAL VICTORIA e-REFERRAL FORM

ARV Patient Referral

Adult Retrieval Victoria
1300 36 86 61

ARV

Home | Menu ☰ | Help ?

ARV Critical Patient Referral Form

*All fields outlined in red are required.

Contact Details

Last name _____ *

First name _____ *

Position -- SELECT -- ▾

Contact number (mobile) _____ *

Email address _____

Patient

Patient last name _____ *

Patient first name _____ *

Gender -- SELECT -- ▾ *

Date of Birth DD/MM/YYYY

Age _____

Est. age _____

Street address _____

Suburb/town _____

Postcode _____

Patient location Hospital ▾ *

Hospital _____ *

Unit -- Select -- ▾

Switchboard number _____

Department number _____

Referral site arrival date dd/mm/yyyy [Today] *

Time hhmm

Have you attached an ID bracelet to the patient?
ID wrist band ☐

Does your patient have any significant infectious risks such as influenza, hepatitis C, VRE, or others?
Infectious risk? ☐

Infectious details _____

Insurance -- SELECT -- ▾

If weight is greater than 110 kg, the patient's measurements are required.

Patient weight _____ kg *

Waist _____ cm

Height _____ cm

Width _____ cm

Observations

Current observations

HR _____ *

SBP _____ *

DBP _____ *

Resp. rate _____ *

SpO_2 _____ *

GCS _____ *

ETT _____ ▾

Temp _____ *

Oxygen Therapy _____ ▾ *

Flow rate (L/min) _____ ▾

Estimated FiO_2 _____ %

Complete the planned destination if your patient has already been accepted and a bed organised at a receiving health service.

Planned destination _____

Unit -- Select -- ▾

Accepted by _____

Phone _____

Clinical history _____

Past history _____

Allergies _____

Previous medications _____

Validation issues

Last name	Patient first name	Hospital	SBP	GCS
First name	Gender	Referral site arrival date	DBP	Temp
Contact number (mobile)	Date of Birth		Resp. rate	Oxygen Therapy
	Est. age	Patient weight	SpO2	
Patient last name		HR		

[Next]