**Scottish National Advanced Heart Failure Service**

**(inc Mechanical Circulatory Support) Referral Form**

**For urgent referrals contact Heart Failure page 0092 via Switchboard 0141 951 5000**

\* = mandatory field (estimated weight, height and BMI are acceptable).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | Date / time \* |  | | | Referring Consultant \* | | |  | | | |
| Referring Hospital \* |  | | | Specialty | | |  | | | |
| Hospital & Ward \* |  | | | Contact Phone # \* | | |  | | | |
| Patient Name \* |  | | | CHI \* | | |  | | | |
| Age\* | yrs | Height\* | cm | Weight\* | | | Kg | | BMI\* |  |
| Covid-19 Test Details\* |  | | | | | | | | | |
| History of Presenting Complaint\* | | | | | | | | | | |
| **B** | Past Medical History \* | | | | Current Medications\* | | | | | | |
| Smoking history\* | | | | Any know allergies?\* | | | | | | |
| Alcohol history\* | | | | History of illicit drug use?\* | | | | | | |
| **A** | Detail CV support below\* | | HR\* |  | Hb\* |  | Urea\* | |  | | |
| Eg Adren 4/50 5ml/h | | BP\* |  | WCC\* |  | Creat\* | |  | | |
| …. | | CVP |  | Plt\* |  | Bil | |  | | |
|  | | CI |  | PT |  | ALT | |  | | |
|  | | Lactate |  | PTT |  | ALP | |  | | |
| Detail Respiratory support below | | RR\* |  | Fib |  | Albumin | |  | | |
| Eg FiO2 0.6 | | SpO2\* |  | H+/BE |  | CRP\* | |  | | |
| … | | pPeak |  | Echo\* |  | | | | | |
| Renal eg RRT | | UO\* |  |
| Micro | | Temp\* |  | CXR\* |  | | | | | |
| Neuro | | GCS\* |  | Other |  | | | | | |
| **R** | Documentation of response and communication; to be completed by SNAHFS receiving clinician | | | | | | | | | | |
|  | | | | | | | | | | |