**Golden Jubilee National Hospital**

**Cardiac Surgery - Emergency / Urgent / Non Urgent Referral Form**

**Referrals contact Cardiothoracic Registrar On-Call (CROC) at GJNH page 0012 via Switchboard 0141 951 5000**

***\*Emergency Trauma Calls contact On Call Trauma Consultant\****

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | Date / time \* |  | | | Referring Consultant \* | | |  | | | |
|  |  | | | Referring Doctor\* | | |  | | | |
| Referring Hospital \* |  | | | Specialty\* | | |  | | | |
| Hospital & Ward \* |  | | | Contact Phone \* | | |  | | | |
| Patient Name \*  CHI \* |  | | | Contact email\* | | |  | | | |
| Contact Person\*  out of hours if different from above | | |  | | | |
| Age\* | yrs | Height | cm | Weight | | | Kg | | BMI |  |
| Covid-19 Test Details |  | | | | | | | | | |
| History of Presenting Complaint\* | | | | | | | | | | |
| **B** | Past Medical History \* | | | | Current Medications\* | | | | | | |
| History of illicit drug use\* | | | | Any know allergies\* | | | | | | |
|  | | | |  | | | | | | |
| **A** | Detail CV support below\* | | HR\* |  | Hb\* |  | Urea\* | |  | | |
|  | | BP\* |  | WCC\* |  | Creat\* | |  | | |
|  | | CVP |  | Plt\* |  | Bil | |  | | |
|  | | CI |  | PT |  | ALT | |  | | |
|  | | Lactate |  | PTT |  | ALP | |  | | |
| Detail Respiratory support below | | RR\* |  | Fib |  | Albumin | |  | | |
|  | | SpO2\* |  | H+/BE |  | CRP\* | |  | | |
|  | | pPeak |  | CXR\* |  | | | | | |
| Renal eg RRT | | UO\* |  |
| Micro | | Temp\* |  | Other |  | | | | | |
| Neuro | | GCS\* |  |
|  | ECHO | | | | | | | | | | |
|  | CT Scan | | | | | | | | | | |
| **R** | Documentation of response and communication; to be completed by **Cardiothoracic Registrar On-Call (CROC)**  Discuss the referral directly with the Consultant Cardiac Surgeon On Call with a management plan. | | | | | | | | | | |
| 1. Discuss, confirm and document the agreed clinical management plan with the referring clinician. 2. Email a copy of the completed electronic referral form with the agreed **clinical management plan** to the referring clinician and responsible Consultant from referring hospital / GP 3. Email a copy of the completed electronic referral form with the agreed clinical management plan to the responsible GJ **Consultant Cardiac Surgeon On Call (CSOC)**for their records. 4. Email a copy of the referral form with the agreed clinical management plan to Cardiac Scheduling for record capture – email - CardiacSchedulingTeam@gjnh.scot.nhs.uk   **Signed:**  **GJ Cardiothoracic Registrar On-Call (CROC)**  **Contact mobile / email** | | | | | | | | | | |