[1]PATIENT CHECKLIST

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Fill in at the time of phone call (request)	Fill in at bedside upon arrival at the referring hospital (reassessment)

Date, Time of request: ____________________ **Calltaker:** ______________________________

Caller:

Name ____________________ Hospital/Ward ____________________ Phone ______________ Fax ____________________

Patient:

Name ____ DOB ____________________

Preexisting illnesses ____

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Infectiousness / isolation required? ____

Patient					
Age	Yrs		Height	cm	
Sex	□ M □ F		Weight	kg	
ICU admission	date		Intubation	date	
Solicitor? Legal representative? Patient's provision?	description				
Ventilation	primary survey	bedside survey		primary survey	bedside survey
Modus			PaO_2	mmHg	mmHg
FiO_2			$PaCO_2$	mmHg	mmHg
$P_{plat/insp}$	cm H_2O	cm H_2O	PaO_2/FiO_2		
PEEP	cm H_2O	cm H_2O	SaO_2	%	%
V_T	ml	ml	pH		
AF	/min	/min	Notes:		
Proning	□ **Y** □ **N**		Recruitment	□ **Y** □ **N**	
NMBA	□ **Y** □ **N**		NO	□ **Y** □ **N**	
Haemodynamics	primary survey	bedside survey	**Laboratory**	primary survey	bedside survey
Blood pressure	mmHg	mmHg	PLT	G/l	G/l
Heart rhythm / rate	/min	/min	aPTT	Sek.	Sek.
Cardiac Output	l/min	l/min	PTZ	%	%
Noradrenaline	µg/kg/min	µg/kg/min	FBG	mg/dl	mg/dl

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Dobutamin	µg/kg/min	µg/kg/min	Hb	g/l	g/l
Vasopressin	IU/h	IU/h	Lactat	mmol/l	mmol/l
Other vasoactive drugs			Notes:		
Echocardiography	LVF: Other findings: AR? RVF:				
Vascular status	Lines: Thrombi:				
CXR	Synopsis				
CT scan	Synopsis				
Risk factors					
Age > 65 yrs	□ **Y** □ **N**		Ventilation > 7 days	□ **Y** □ **N**	
Persistent neurological deficit	□ **Y** □ **N**		Haematological disease	□ **Y** □ **N**	
Terminal disease	□ **Y** □ **N**		Active immunosuppression	□ **Y** □ **N**	
Active intracranial haemorrhage	□ **Y** □ **N**		Heart failure NYHA IV	□ **Y** □ **N**	
Lung fibrosis w/o Transplant Option	□ **Y** □ **N**		Hepatic cirrhosis	□ **Y** □ **N**	
Metastatic Malignancy	□ **Y** □ **N**		COPD IV	□ **Y** □ **N**	
St.p. alloPBSCT < 1 yr	□ **Y** □ **N**		Advanced dementia, frailty	□ **Y** □ **N**	
Other organ failure:	□ **Y** □ **N**		CPR since admission?	□ **Y** □ **N**	
Classify organ failure:					
Eligible for ECMO?	□ **Y** □ **N** □ **Vague**		□ **Y** □ **N** □ **Vague**		
Eligible for transfer?	□ **Y** □ **N** □ **Vague**		□ **Y** □ **N** □ **Vague**		
Eligible for retrieval?	□ **Y** □ **N** □ **Vague**		□ **Y** □ **N** □ **Vague**		

ECMO team leader

ECMO nurse

Notes / schedule: