

ACUTE CALL MEDICAL CONTROL FORM



EMBRACE Number	2	0	2	2						PATIENT NAME				
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NHS Number										Date	D	D	M	M	2	0	2	2
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Time Referral Taken	H	H	M	M
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RELEVANT HISTORY

MEDICATIONS

- Antenatal steroids
- Magnesium sulphate
- Delayed Cord Clamping
- Vitamin K
- Caffeine

ALLERGIES

DELIVERY RESUSCITATION AND STABILISATION DETAILS (Neonatal patients <44/40 corrected gestation)

- | | |
|--|---|
| <input type="checkbox"/> Resus required | Spontaneous breaths atMINUTES |
| <input type="checkbox"/> Inflation breaths | Resuscitation drugs |
| <input type="checkbox"/> IPPV given via mask | Cord Venous pHBE..... Lactate |
| <input type="checkbox"/> Intubated | Arterial pHBE..... Lactate |
| <input type="checkbox"/> Cardiac massage | HIE grade MILD/MOD/SEV |
| <input type="checkbox"/> Drugs | CFAM grade MILD/MOD/SEV |

Apgar score @ 1 min @ 5 min @ 10 min

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STATUS AT REFERRAL

AIRWAY & C-SPINE

<input type="checkbox"/> Clear <input type="checkbox"/> Compromised <input type="checkbox"/> Intubated <input type="checkbox"/> Being intubated <input type="checkbox"/> Tracheostomy <input type="checkbox"/> LMA <input type="checkbox"/> Gastric tube <input type="checkbox"/> CXR to confirm ETT position	Details
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BREATHING

<input type="checkbox"/> Spontaneous <input type="checkbox"/> Ventilated Mode.....	PIP		Rate / Freq	
	PEEP		Insp. time	
	FiO2		MAP	
	Sats		Nitric ppm	
	Details			
High flow		l/min		

BLOOD GASES

Time	Art/Ven/Cap	Art/Ven/Cap	Art/Ven/Cap
Sample			
pH			
pCO2			
pO2			
BE			
HCO3			
Glucose			
Lactate			
Na			
K			
Ca			
Cl			
Hb			
Met Hb			

CIRCULATION

Observations	Fluid Bolus (ml/Kg)
HR	Crystalloid
Systolic BP	Colloid
Diastolic BP	Blood
Mean BP	FFP/Cryo
Cap refill	Maintenance ml/kg/day
Inotrope Dose	Access <input type="checkbox"/> Peripheral <input type="checkbox"/> Long Line <input type="checkbox"/> Central <input type="checkbox"/> Arterial <input type="checkbox"/> Intra-osseus <input type="checkbox"/> UAC <input type="checkbox"/> UVC
<input type="checkbox"/> Prostin Dose Start time:	

NEUROLOGY

GCS		E	V	M
	A	V	P	U
<input type="checkbox"/> Sedated <input type="checkbox"/> Muscle relaxed				

Pupil size	R	L
Pupil reaction	R	L
<input type="checkbox"/> 3% Sodium chloride <input type="checkbox"/> Mannitol		

INFECTION

Temp	CORE PERIPH
Antibiotics	
Culture results	
Status, e.g, Covid status, MRSA positive	

Other details

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BLOOD RESULTS

IMAGING

Date and time				
Haemoglobin				
White cell count				
Neutrophil				
Lymphocytes				
Platelets				
INR / PT				
APTT				
Fibrinogen				
Sodium				
Potassium				
Urea				
Creatinine				
Calcium				
Magnesium				
Total bilirubin				
Conjugated				
Unconjugated				
ALT				
Alkaline phosphatase				
Albumin				
Ammonia				
CRP				

	Plain X-rays	CT/USS/MRI
Date and time		
Head		
Chest		
Spine		
Abdomen		
Pelvis and limbs		
Other		

Advice provided by:

.....

Decision date and time:

Mobilisation Category: <1 hour mobilisation > 1 hour mobilisation Not Applicable

- IV access X2
- Gastric tube
- CXR
- C-spine protection
- Copy of notes
- Patient transfer letter/Badger
- PACS
- Maternal blood
- Parents informed
- Jessops Wing surgical**
- JW checklist
- Blood products at SCH
- Cooling Transfers**
- Rectal temp monitoring
- Passive cooling protocol
- No ice packs
- CFAM
- MRI Transfers**
- Consent

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