



## ADULT ECMO REFERRAL INTAKE FORM

Please complete this form, attach H&P, and fax to Scripps Central Transfer Center at (858) 678-6456

REFERRING HOSPITAL DETAILS	
Date / Time	
Referring Physician	
Referring Hospital Name Address	
Contact / Callback number	
Patient Location in Hospital	

PATIENT INFORMATION	
Full name	
DOB (mm/dd/yyyy) & Age	
Gender	
Height / Weight / BMI	
Past Medical History/Comorbidities	
Code Status	
Allergies	
Isolation Status	
Blood Transfusion Limitations (religion, antibodies, etc.)	

CLINICAL INFORMATION	
<b>Reason for ECMO referral:</b>	
Date of hospital admission	
Date of ICU admission	
Date of Intubation	
Confirmed infection?	
Current antibiotic/antifungal/antiviral medication	
Steroids	

RESPIRATORY DETAILS			
Ventilation Mode		Plateau Pressures	
RR		Proned?	
Peep		Inhaled vasodilators?	
FiO2		Oxygen Sats range	
vT			
PIP			

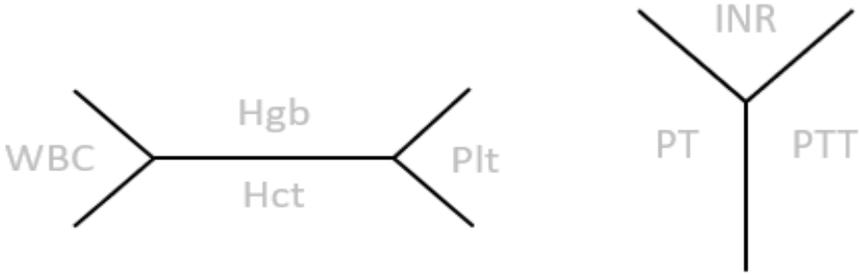
CURRENT ABG / Date of ABG: _____			
pH		HCO3	
pCO2		Base excess/deficit	
pO2		Lactate	
ABG Prone or Supine			

CXR/CT Findings	
Chest Tubes	
Pneumothoraces, Mediastinal Air, Subcutaneous emphysema Present	
Was pt on Bipap prior to being Intubated? If so, for how many days?	

CARDIOVASCULAR DETAILS	
Heart Rate / Rhythm	
Blood Pressure / MAP	
Cardiac Output	
Current Drips & doses	
ECHO results	
Has pt had cardiac arrest? How long until ROSC?	
Neuro status post arrest, if applicable	
Impella or IABP in place?	
Troponin Result/Date	

NEUROLOGY DETAILS	
Neuro status pre-sedation	
Current sedation	
Pupil size & reactivity	

**LABORATORY RESULTS/ Date:** \_\_\_\_\_

Latest Metabolic Panel	<table border="1"> <thead> <tr> <th>Test</th> <th>Patient's Result</th> <th>Reference Interval</th> </tr> </thead> <tbody> <tr> <td>Glucose</td> <td>_____</td> <td>65–100 mg/dL</td> </tr> <tr> <td>BUN</td> <td>_____</td> <td>8–25 mg/dL</td> </tr> <tr> <td>Creatinine</td> <td>_____</td> <td>0.8–1.4 mg/dL</td> </tr> <tr> <td>Sodium</td> <td>_____</td> <td>133–146 mEq/L</td> </tr> <tr> <td>Potassium</td> <td>_____</td> <td>3.5–5.3 mEq/L</td> </tr> <tr> <td>Chloride</td> <td>_____</td> <td>97–110 mEq/L</td> </tr> <tr> <td>Carbon dioxide</td> <td>_____</td> <td>18–30 mEq/L</td> </tr> </tbody> </table>	Test	Patient's Result	Reference Interval	Glucose	_____	65–100 mg/dL	BUN	_____	8–25 mg/dL	Creatinine	_____	0.8–1.4 mg/dL	Sodium	_____	133–146 mEq/L	Potassium	_____	3.5–5.3 mEq/L	Chloride	_____	97–110 mEq/L	Carbon dioxide	_____	18–30 mEq/L
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Latest Complete Blood Count	 <p>The diagram shows a central horizontal line with two diagonal lines branching out from each end. On the left side, 'WBC' is written above the line and 'Hct' is written below the line. On the right side, 'Hgb' is written above the line and 'Plt' is written below the line. To the right of this structure, there is another structure consisting of a vertical line with two diagonal lines branching out from the top, labeled 'INR' above and 'PT' and 'PTT' on either side.</p>																								
CRP Result/Date																									
Procalcitonin Result/ Date																									
Hgb A1C Result / Date																									

<b>INSURANCE INFORMATION</b>	
Insurance	
Is patient Self-Pay?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Scripps will need a Letter of Agreement for admission prior to transfer. Please contact Scripps Central at (858) 678-6205 to obtain the Letter of Agreement form.
Insurance Authorization # for admission to Scripps La Jolla  Name/Contact of who you spoke with	