Paediatric Trauma Referral Summary					
Purpose	☐ Advice		☐ Retrieval		☐ Unsure
Introduction	**Referring Clinician**				
	Name:		Clinical Role:		
	Hospital:		Contact #:		
	Date/Time of Referral:				
	Patient Information				
	Name:				
	Age:	Gender:	Weight:		DOB:
Injuries	**Background**				
	Mechanism of Injury:				Time of Injury:
	Suspected injuries:				
	☐ Allergies:		☐ Immunisations:		☐ PMHx:
Signs, treatments and response	**Primary Survey**				
	Catastrophic Haemorrhage, C-Spine, Airway				
	☐ Haemorrhage control		☐ Pelvic Binder		☐ C-Spine Immobilised
	☐ Airway Patent		☐ Manually Supported		☐ Oral / Nasal Airway
	☐ ETT / Tracheostomy		Size:		Length:
	Breathing				
	☐ Spontaneous		☐ Resp Rate		☐ SpO_2 %
	☐ Bag Valve Mask		☐ Oxygen L/min		☐ O_2 Mode:
	Air Entry: ☐ R ☐ L				
	Respiratory Distress: ☐ Nil ☐ Mild ☐ Moderate ☐ Severe				
	Other:				
	Circulation				
	HR:		BP:		Rhythm:
	Cap refill time:			Colour:	
	IV/IO access:				
	Fluids: Crystalloid ml/kg			☐ Blood Products	
	Disability and Exposure				
	☐ Alert	☐ Confused	☐ Voice	☐ Pain	☐ Unresponsive
	☐ Pupils:		☐ Temp		☐ BSL
	☐ e-FAST				
	☐ Abdominal Examination:				
	☐ Other Examination:				
	Other interventions				
	☐ IDC: Size		☐ ICC: Site		Gauge
	☐ OGT ☐ NGT Size		Length @ lips/nares:		☐ pH
	☐ Analgesia:			☐ Other:	
	Investigations: bloods, imaging				
	☐ FBC	☐ EUC	☐ LFT	☐ VBG	☐ Amylase / Lipase
	☐ Coags	☐ G+H	☐ X-match	☐ Other:	
	☐ CXR ☐ XR C-Spine ☐ Pelvis		☐ USS		☐ CT - Brain ☐ CT – Abdomen ☐ CT - Other
	☐ Imaging Reviewed		☐ Report Available		
Consults & Interventions					
Family Present					