



All India Institute of Medical Sciences (AIIMS), Jodhpur
Department of Anaesthesiology & Critical Care

ADULT ICU REFERRAL REQUISITION FORM

(Note:- Please don't shift the patient to the institute till approved by In-charge ICU, AIIMS)

Patient's Name: _____ Age: _____ Sex: _____

Mobile number of the relative/contact person for shifting: _____.

Admission Date & Time: _____ Hospital: _____

Working Diagnosis: _____

Chief Complaints on admission: _____

Significant history prior to admission: _____

General physical examination on admission: _____

Systemic Examination on admission:

- Respiratory System: _____
- Cardiovascular System: _____
- Central Nervous System: _____
- Other: _____

APACHE Score (on admission): _____

Present condition:

- Vitals: Pulse-____; Blood Pressure:____; Resp Rate:____; SpO₂:____
- Glasgow Coma Scale Score: _____
- SOFA Score: _____
- Ventilator Support: Intubation Days____; Tracheostomy Days: _____

Mode of Ventilation	FiO ₂	PEEP

- Recent ABG:

pH	pCO ₂	pO ₂	HCO ₃ ⁻	BE	Lactate	Sodium	Potassium	Chloride	Calcium

- Inotropic/Vasopressor support:

Drug	Concentration	Infusion Rate
Noradrenaline		
Adrenaline		
Dopamine		
Other		

- Details of Intervention Done (eg; ICD; Surgical Procedure; Dialysis, Gasterostomy etc)

- Catheter Log:

	Site	Days
Central Line		
Arterial Line		
Foley's Catheter		
Ryle's Tube		

- Investigation:

		Date	Date	Date
CBC	Haemoglobin (g/dl)			
	TLC			
	DLC	N:___; L:___	N:___; L:___	N:___; L:___
RFT	Blood Urea (mg/dl)			
	S. Creatinine (mg/dl)			
LFT	S. Billirubin (mg/dl) (T/D)			
	SGOT/SGPT (IU/L)			
	Total Protein/Albumin			
Procalcitonin				
Other (Amylase, Lipase Cardiac Enzyme etc)				
Culture and Sensitivity	Tracheal			
	Blood			
	Urine			
	Other			
Imaging study	Ultra-Sound			
	CT- Scan			
	MRI Scan			
	2-D Echo			

- Treatment advised and duration:

• Summary of Progress: _____

• Reason for Referral: _____

Name Signature and Designation

Date