

Acute Neurosurgery referral

Mail to:

neurosurgicaltransfers@beaumont.ie

**Consultant Neurosurgeon accepting patient:**

Referring Hospital: Dept:

Referring Consultant: Contact number:

**Patient Details:**

Name: DOB:

Next of kin name: Tel:

**History of presentation:**

**Has the patient a history of previous CVA / TIA?** When?

Is there a permanent deficit from previous CVA?

**History of seizure? Y/N** Details:

**Neurological Exam:**

**GCS: E V M**

**Pupils: Left:** Size: Reacting:

 **Right:** Size: Reacting:

**Cranial Nerve Exam:**

**Peripheral Nerve Exam:**

**Medical history:**

**Cardiovascular:**

**Hypertension?**

**IHD? Prev MI?**

 **PCI /Stents? CABG?**

**Valvular heart disease?**

**Pacemaker / ICD?**

**Other cardiac disease?**

**Investigations done: Y/N** ECG: Echo: Cardiac MR:

**(Please attach reports)** Holter:

**Respiratory:**

**Smoker: Y / N: Room air SaO2:**

Asthma / COPD? Bronchiectasis? OSA?

Other Respiratory condition?

On Inhaler therapy: On oral steroids:

**Investigations done: (Y/N):** CXR: CT thorax: PFTs:

**(Please forward reports)**

**Other relevant Medical history:**

**Endocrine:**

**Diabetes mellitus? Y/N** Duration:

Tablets: Insulin:

**Thyroid disease? Y/N** TFTs:

**Other:**

**Current Medications:**

Aspirin? Plavix?

Warfarin? Last taken on: FFP or Octaplex given?

Dabigatran / or other NOAC? (please specify):

**Allergies:**

**Allergies:**

**Vital signs:**

BP: HR: SaO2: Temp:

Weight: Height: BMI:

**Bloods:**

Na+ Hb PT

K+ Plts  INR

Urea APTT

Creat

**\*\*Have any Blood / Blood products been given?** (Please specify):

**Infection Status**

Does the patient have any hospital acquired infections?

**Please swab for MRSA**

**NB: Please attach copy of investigations done:**

* Blood results
* ECG
* Any other relevant Cardiac investigations e.g. Echo, previous Angio report, Holter etc
* Chest XRay report / CT Thorax report if done.
* MRSA Screen
* Other relevant investigations:

**For Beaumont Hospital use only:**

**Notes:**

**Declaration by Referring team / Consultant:**

**Patient will automatically be accepted back by referring team and a transfer facilitated with the bed-flow department of the referring hospital within 24hrs of the patient being listed for transfer from Beaumont.**

**A detailed handover of the care provided in the Neurosurgery Department at Beaumont Hospital will be sent with the patient on transfer.**

**Name: IMC No: Date:**

**(Block Capitals)**