**Critical Care Referral Form**

This form should be used to guide and record referral for critical care support. It is adapted from SBAR, and designed to support best practice in decision-making. It should not replace direct referrals and discussions.

**Situation:** (reason for referral)

**Background:** Patient’s medical history and evidence regarding ability to recover from critical illness (e.g. frailty score, trajectory of illness, physiological reserve, etc.)

**Patient’s values and wishes:** (What is important to the patient about outcomes of their care?) Please note any ReSPECT form/advance decision to refuse treatment. Please document reasons if no information available.

Please document source of information: (patient, family member or someone close to patient, advance care plan etc.)

**Discussed with referring team consultant (name):**

**Recommendation**

- To obtain a review to consider admission to ICU/HDU for full or limited organ support
- To obtain a review but not necessarily to admit to ICU/HDU
- For assistance with a specific therapy to be delivered outside ICU (Please specify)
- To obtain a review to plan care in the event of deterioration
- Other (please specify)

Has the patient or a person close to them been given an information sheet regarding referral to intensive care? ☐

**Discussed with ICU team member:** Name:
Role: ___________________ Date ___________________ Time: ____________

Name: ___________________ Signature: ___________________
Role: ___________________ GMC number: ___________________