



ITU REFERRAL FOR HYPERBARIC OXYGEN THERAPY (HBOT)

The following details must be provided and confirmed by a Consultant!

Please email to bhnt.hyperbaric@nhs.net via secure nhs.net

Administrative details

Patient name				Referring ITU Consultant	
DOB:		Address:		Direct contact no.	
				Anaesthetic Consultant	
Referring Hospital				Surgical Consultant	
Diagnosis					
Hospital admission date:			ITU admission date:		

Ventilation / ABG

ETT size		Cm @ incisors		FiO ₂		I:E		P _{peak}		PEEP	
Date / time of last ABG		FiO ₂		pH		pCO ₂		pO ₂		HCO ₃ ⁻	
Lactate			Hb		COHb		Na		K		CN

Drugs

	Dose	Units	Frequency	Remarks
<i>Hypnotic / Sedatives</i>				
<i>Muscle Relaxant</i>				
<i>Inotropes</i>				
Antibiotics				
Other				

Procedures

Arterial line			Central venous line		
Myringotomy	performed		arranged	for date/time:	
				unable to perform	

Transport

Transport to and from HBOT to be arranged by referring hospital, including escorting by a trained anaesthetist: tick box
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Repatriation

The patient will be repatriated to the referring hospital as soon as HBOT is concluded. Referring ICU agrees: tick box
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Funding

NHS funding is in place for decompression illness, carbon monoxide poisoning and air embolism. For all other conditions, all expenses (HBOT, ITU treatment, transport costs, etc.) are covered by the referring hospital – local PCT: tick box
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Form completed by		GMC no.	
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Date		Time	
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Please save and email the completed form via nhs.net to: bhnt.hyperbaric@nhs.net

Insert the printed, signed form into the patient's notes.