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REFERRAL FORM

(From primary care providers to tertiary care hospital)

Patient's Information

Patient's Name: _____ Father's Name: _____
 Age: _____ Contact No: _____
 Address: _____
 CNIC No: _____ Hospital Reg. No: _____

The decision for referral and admission must not be based on a single clinical parameter but should depend upon the overall assessment of the patient, taking history, physical examination and labs into consideration.

All fields must be filled by duty doctor while contemplating referral of a dengue patient – Any one or more should be present

• Presence of warning signs:

- ✓ No clinical improvement / worsening clinical parameters Yes No
- ✓ Inability to tolerate oral fluids (Persistent vomiting) Yes No
- ✓ Severe abdominal pain Yes No
- ✓ Pulse: greater than 90/min Yes No
- ✓ Pulse Pressure: less than 30mmHg Yes No
- ✓ Significant reduction in urine output for 4 - 6 hours Yes No
- ✓ Dizziness Yes No
- ✓ Pale cold & clammy extremities Yes No
- ✓ Bleeding: epistaxis, gum bleed, bloody stools, hematemesis, hemoptysis, menorrhagia, hematuria Yes No

• End organ failure:

- ✓ ALT, AST greater than 2 times normal Yes No
- ✓ S. Creatinine greater than 1.5mg/dL Yes No

• Laboratory Criteria:

- ✓ Rising HCT greater than 10% from baseline Yes No
- ✓ Reducing platelet count (drop of 20,000 or more from previous reading/
Absolute Platelet count less than 50,000) Yes No

Special Situations for early referral to the hospital

- ⇒ Hypertension ⇒ COPD ⇒ Pregnancy
- ⇒ Diabetes ⇒ Chronic Liver disease ⇒ Infants < 1 year of age
- ⇒ Ischemic Heart Disease ⇒ Coagulopathies ⇒ Elderly > 65 years of age
- ⇒ Morbid Obesity ⇒ Renal Failure

Referral from basic health units / hospitals without specialist to the hospitals with requisite expertise:

All the patient with DHF or its complications must be referred immediately on following conditions:

1. All efforts made to optimize the patient's condition before and during transfer. Yes No
2. The Emergency Department and/or Medical Department of the receiving hospital informed prior to transfer. Yes No
3. Adequate essential information sent together with the patient that includes fluid chart, monitoring chart and investigation results. Yes No

Doctor Name: _____

Signature: _____

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