Deutsches Kinderherzzentrum Sankt Augustin
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Pre-Admission Information Sheet

→ Please, fill in all available informations and write in clear letters.

First name	Last name
Gender male □ female □	Place of birth
Street	
City	
Country	
Parents name	Phone
Language (sufficient for communication)	e-mail
Attending physician	Phone
Institution / Hospital	e-mail
city	country
Diagnosis	
Aim of transfer	

Airway / Breathing	Spontaneous breathing		Fi O_2 _ , _ _
	Non-invasive support		Fi O_2 _ , _ _
	Endotracheal intubation		Fi O_2 _ , _ _
	Tracheostomy		Fi O_2 _ , _ _
	Mechanical ventilation	F ____ / min	
		P insp _____	PEEP _____
Vascular access	Peripheral venous line	□	
	Central venous line	□	
	Arterial line	□	
Drugs	Inotropes /cardiovasc.		
	Analgesics, sedation		
	Muscle relaxants		
Neurology	Awake / adequate	□	
	Sedation	□	
	Deficit	□	
	Coma	□	
Infection	Absent □	Present □	
	Focus		

Date _____

Sign _____