

<u>AIRWAY</u>	PATENT <input type="checkbox"/>	STRIDOR <input type="checkbox"/>	AIRWAY ADJUNCT <input type="checkbox"/>	INTUBATED <input type="checkbox"/>	SIZE <input type="text"/>
<u>BREATHING</u>	WHEEZE <input type="checkbox"/>	RECESSION <input type="checkbox"/>	CYANOSIS <input type="checkbox"/>	SPO ₂ <input type="text"/>	FI _{O2} <input type="text"/>
	SPONTANEOUS <input type="checkbox"/>		RESPIRATORY RATE <input type="text"/>	LOW OR HIGH FLOW: <input type="text"/>	
				LITRES <input type="text"/>	
				FI _{O2} /CC'S <input type="text"/>	
	CPAP <input type="checkbox"/>	CPAP PRESSURE <input type="text"/>		CMH ₂ O <input type="text"/>	FI _{O2} <input type="text"/>
	IPPV <input type="checkbox"/>	VENTILATOR: RATE <input type="text"/>		PIP <input type="text"/>	PEEP <input type="text"/>
					FI _{O2} <input type="text"/>
<u>CIRCULATION</u>	HEART RATE Beats/Min <input type="text"/>	CRT Seconds <input type="text"/>	SYSTOLIC BP <input type="text"/>	CVL <input type="checkbox"/>	UVC <input type="checkbox"/>
			DIASTOLIC BP <input type="text"/>	BROVIAC <input type="checkbox"/>	PICC <input type="checkbox"/>
			MEAN BP <input type="text"/>	ARTERIAL: PERIPHERAL <input type="checkbox"/>	
				VENOUS <input type="checkbox"/>	
			NUMBER OF IV LINES <input type="text"/>		
<u>DISABILITY</u>	BLOOD SUGAR Mmol/l <input type="text"/>	TEMPERATURE °C <input type="text"/>	PUPILS R <input type="checkbox"/>	CERVICAL COLLAR <input type="checkbox"/>	
			L <input type="checkbox"/>	FRACTURES <input type="checkbox"/>	
				BURNS <input type="checkbox"/>	
				SITE(S): <input type="text"/>	
	<u>INFECTION STATUS</u>				
<u>DRUGS</u>	INOTROPES: DOPAMINE <input type="checkbox"/>		DOBUTAMINE <input type="checkbox"/>	(NOR)ADRENALINE <input type="checkbox"/>	
	ANTIBIOTICS:			OTHER DRUGS (Inc. Vitamin K)	
<u>FLUIDS</u>	BOLUS GIVEN				
	VOLUME <input type="text"/>	FREQUENCY <input type="text"/>			
	OTHER INFUSIONS :				

ADVICE GIVEN BY NISTAR TEAM (IN ORDER OF PRIORITY):			ADVICE GIVEN BY:		
1.			2.		
3.			4.		
5.			6.		