



UR No: _____
 Family Name: _____
 Given Name(s): _____
 Address: _____
 Date of birth: _____ Sex M F I

- Exclusion Criteria**
- Evidence of hypovolemic shock
 - Evidence of life threatening electrolyte imbalance
 - Acute disorders of pregnancy requiring specialist care
 - No trial of empiric oral therapy prior to referral
 - Current IV drug use (12 mths or less)

- REFERRAL CRITERIA**
- Patient consents to program
 - Lives within 50km of hospital
 - Adequate social support
 - Safe environment for both patient and staff
 - Over 12 yrs. And not under care of Paediatrician

REFERRER'S DETAILS

Date: _____ Time: _____ hrs
 Name: _____ Signature: _____
 Designation: _____ Provider No. _____ Contact no: _____
 Name of Consultant/Registrar case discussed with: _____
 Current obs: BP Pulse Sats Temp RR Time Taken:

REASON FOR REFERRAL

PAST MEDICAL HISTORY

.....

Include list of current medications

.....

MEDICAL TREATMENT PLAN

- Option 1**
 1 litre 0.9% Sodium Chloride every 6 hours during the day and every 12 hours overnight
 IV/PO Metoclopramide 10mg TDS
 PO Thiamine 100mg once daily
 PO Pyridoxine 10- 25mg TDS
- Option 2**
 1 litre 0.9% Sodium Chloride every 6 hours during the day and every 12 hours overnight
 Ondansetron 4mg-8mg IV/PO TDS
 PO Thiamine 100mg once daily
 PO Pyridoxine 10- 25mg TDS
- Doxylamine 25mg PO nocte can be added to the above regime if nausea and vomiting persists

- Ensure first dose tolerated in hospital or clinic
- Medication chart completed for HiYH
- Post HiYH discharge script completed
- HiYH Nurse contacted and patient interviewed by HiYH

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HiYH NURSE TO COMPLETE ON DAY OF PATIENT DISCHARGE

Date of Discharge: _____ Discharge Time: _____Hrs

- Patient afebrile
- Patient feeling systemically well. Has had minimum of 24 hours not requiring IV therapy
- Urine dipstick results showing resolution of ketonuria
- Discharge prescription given to patient and patient educated on dose instructions
- IVC/CVAD removed and patient educated on post cares.
- Patient has follow-up appointment with GP

DISCHARGING CLINICIAN DETAILS

Discharge Nurse Name: _____

Discharge Nurse Signature: _____ Date: / /

Name of MO Consulted With: _____

References:
eTG complete 2008. Therapeutic Guidelines limited. [Online].November 2008[2009 Aug 06]; Available from: URL:
<http://etg.tg.com.au.rplibresources.health.wa.gov.au/ip/>