

This form should be completed by the Consultant who provides Intensive Care Medicine in accordance with the rules outlined in Irish Life Health's Scheme of Benefits. This form should be completed in full and accompany the Hospital Claim Form.

## PART 1: Patient Details - To be completed by consultant

Patient's full name												
Patient's membership number												
Patient's date of birth (dd.mm.yy)												

Please indicate admission type:

ICU		HDU		CCU		NICU		SCBU	
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## PART 2: Hospital Details

Name of hospital												
ICU admission date and time	Date:							Time:				
ICU discharge date and time	Date:							Time:				

## PART 3: Source of Referral

A&E		Theatre		Provide details
Ward		Transferred from another hospital		Provide hospital name

## PART 4: Treatment Details

Please confirm clinical indications which warranted admission to ICU/HDU/CCU/NICU/SCBU:


Please indicate all relevant treatment(s) provided:

Invasive Mechanical Ventilation		Please specify
Non-invasive Mechanical Ventilation		Please specify

Date and time of commencement	Date:							Time:			
Date and time of cessation	Date:							Time:			

Invasive haemodynamic monitoring	Please specify
Dialysis	Please specify
Post-operative observation	Please specify
Surgical drain(s)	Please specify
Pain management	Please specify
ECMO/VAD/IABP	Please specify
Telemetry	Please specify
Inotropes/vasopressors	Please specify
Invasive neurological monitoring	Please specify
Other	Please specify

Please include details of medical management i.e. intravenous fluids, antibiotics, TPN, etc.:


### PART 5: Discharge Status

Transferred to ward in same hospital	Transferred to ward in different hospital	Transferred to ICU in different hospital
Deceased	Discharged home / Convalescence / Nursing home / Rehabilitation unit	

### PART 6: Declaration

#### Declaration

I hereby declare that the treatment I am claiming for was medically necessary and that the length of hospital stay was appropriate for the patient's medical condition as described on this form.

<b>Your signature</b>	<b>Date</b>
<b>Irish Life Health Doctor Code</b>	