**NHS@home service referral Form/ Handover**

**STEP DOWN& STEP UP**

Referrals will be screened within 2 hours of receipt between 8am and 6pm 7 days per week, any referrals received after 6pm will not be screened until 8am the next day, we will contact you to confirm acceptance or rejection of the referral.

**NOTE if referral made after midday first visit will be tomorrow at earliest.**

Please note the patient will be on-boarded to the Doccla virtual observation monitoring platform, in addition to the phone and visiting support.

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| **Patient Demographics** |
| Patient Name |        |
| DOB |        |
| Address |        |
| NHS Number  |        |
| Email address |        |
| **Tel No.** | **Home**:        | **Mobile**:       |
| PLEASE CONFIRM CONTACT DETAILS ARE CORRECT WITH PATIENT [ ]  |
| **Next of Kin** | **Name & relationship:**       | **Tel:**       |
| **Consent** |
| Has the patient agreed to this referral? Y / N |  |
| **Referrer Details (as applicable)** |
| Date of Referral: |       |
| Referrer Name and profession |        |
| Referrer GP Practice |       ` |
| Referring Hospital:  |       |
| Referring Ward Location: |       |
| **Referrer Contact No:** |       |
| Named Discharging Consultant: |       |
| Date of Current Hospital Admission: |       |
| Name of person handed over to on NHS@Home service | Date/ Time      |
| **Presenting Clinical history** |
| Date of onset      Do you think there is a suspected Sepsis (NEWS ≥5 or 3 in any parameter)?Referral for a patient requiring high level support has been discussed and agreed with clinical specialist lead / Consultant: Yes [ ]  Consultant name:       |
| **Treatment plan (please include clinical interventions required in the home environment- see pg 3 also** |
|        |
| Most recent observations | BP       HR       SpO2       Temp       NEWS2      Date taken       Time taken       |
| Please note any deranged baseline observations including any expected variation.Medically reviewed and parameters set. |  |
| Doccla box with Obs equipment given (if approp.) | Yes[ ]  / No[ ] Obs kit no.       |
| Patient information leaflet given.  | Yes[ ]   |
| **Medication:** |
| Please prescribe any new medications or order TTAs required prior to referral to ensure no delay in treatment. Complete community administration chart if required |
| **Allergies:** |
| Name, reaction & Onset date        |
| **ReSPECT** |
| ReSPECT form in place? | Yes[ ]  / No [ ] Details:        |
| Resuscitation Status |        |
| Is the patient for escalation (back) to hospital in case of deterioration? | Yes [ ]  / No [ ]  |
|  |
| History of altered cognition/challenging behaviour pre-admission | Yes [ ]  / No [ ] Details:        |
|  |  |
| **Accommodation Access (tick as applicable)** |
| Patient can answer door [ ]   |  Family or carer can answer door [ ]   |
| Access via KeySafe [ ]  Number       | Access via Keycard [ ]   |
| Access via staff on site [ ]  | Access other means [ ]   |
| Any access issues? |       |
| **Accessible Information Standards (tick as applicable)** |
| Patient does not identify as having complex communication needs [ ]  | Patient does identify as having complex communication needs [ ]   |
| Comment on any requirements |        |
| **Staff Safety** |
| Please detail any staff safety concerns. (patient / relative behaviour, pets, substance misuse etc) |       |
| **Infection Prevention Control** |
| Detail any IPC issues |       |
| **Covid-19** |
| Date the patient started having Covid-19 symptoms  |       |
| Covid test completed? | Yes[ ]  / No[ ]  Date:      |
|  |

**To be completed by the virtual ward triage**

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| **Intervention required** | **Yes/ no** | **Frequency** | **Comments/specific details** |
| **Vital signs / NEWS 2 monitoring** |  |  |  |
| **Venepuncture**Define blood tests required and date |  |  |  |
| **IV medication – Antibiotic therapy**Has prescription and admin chart been issued? Where are meds being dispensed from? |  |  |  |
| **IV medication – diuretics/ other drugs**Has prescription and admin chart been issued? Where are meds being dispensed from? |  |  |  |
| **IV medications – fluids**Has prescription and admin chart been issued? Where are meds being dispensed from? |  |  |  |
| **Other medication management** |  |  |  |
| **Blood glucose monitoring** |  |  |  |
| **Nebuliser therapy -** Has nebuliser been issued? |  |  |  |
| **Weaning oxygen therapy -** Has oxygen been ordered? |  |  |  |
| **Urine analysis / sampling** |  |  |  |
| **Wound care** |  |  |  |
| **Fluid monitoring** |  |  |  |
| **ECG** |  |  |  |
| **Weight monitoring** |  |  |  |
| **Other (doc in comments)** |  |  |  |