|  |  |  |  |
| --- | --- | --- | --- |
| NHS numberPatient stickerPatient telephone number: | Referral date | MFFD | EDD |
| **Consent obtained for:-** Referral Yes No Share info Yes No  |
| **Lives alone**: Yes No If no who do they live with?**NOK/ emergency contact details:** Name:Relationship: Tel no: |
| GP practice name and tel no: | **Lasting Power of Attorney** **Health** Yes No **Finance** Yes No |
| **Reason for admission**: **Operation date:** | **Past Medical History**: include falls history & infection history**DNACPR** in place yes no  |
|  **FAST TRACK:** Pt has a rapidly deteriorating condition which may be entering a terminal phase?  **Yes No** Anticipatory medications have been provided **Yes No**   |
| **Pt with rehab or complex needs, requires community bed/NH option** please delete accordingly**. If not, write N/A** |
| **Breathing:** current needs | **Nutrition:** current needs | **Continence:** current needs |
| **Skin Integrity:** current needs | **Mobility:** current needs | **Communication:** current needs |
| **Psychological & Emotional Needs**  | **Cognition:** current needs | **Behaviour:** current needs |
| **Altered States of Consciousness**  | **Drug Therapies & Medication: Symptom Control:** current needs: |
| **Current Infection prevention and control status** | **Purpose T** | **MUST** |
| Is patient already known to **community nursing** Yes No Details of care:**Is patient on WARFARIN?** Yes No  | **Nursing** needs on discharge? Yes No (clips, dressings, catheter, eye drops etc.) Details:**Anticoagulant**: time, date ends: |
| **Is patient on INSULIN?** Yes No Patient has own blood sugar monitor Yes No Frequency of dose: ………………………………………… Community Nurses required for support with insulin Yes No N/A  |
| **Medication:** |
| Can they self-administer **Yes** No If no, who will support? Is medication in BLISTER PACKS? Yes No  |
| Numbers of time per day: OD BD TDS QDS  | MAR chart: Yes No  | **TTO ready and with patient: Yes No**  PLAN |
| **Follow up appointments**:  |

|  |  |  |
| --- | --- | --- |
| Patients name | DOB | NHS number |
| **Patient Goals** |
| What do you want to improve or manage once you are at home e.g. mobility, ADL’s? What matters to you?  |
| **Safety Checklist for discharge** | Describe how patient will manage  |
| Patient is **physically** and **cognitively** safe to be left alone *BETWEEN* visits. Brief social history.Include how the patient will mobilise and transfer and any cognitive or communication issues. Does patient have pets? |  |
| **Continence** management (day and night) Plan |
| **Essential equipment** for discharge provided. Details: |
| **Stairs: Internal Yes No N/A** **Access** to the patient’s home: steps etc. | **Pendant alarm** Yes No Other Telecare requested? | **Key safe:** Yes No N /A Contact details for key safe: |
|  **MCA considered Yes No DoLS: in place whilst in hospital? Yes No** Does patient have an allocated SW **Y N SW name:**  |
| **Night Time needs:** Independent Requires assistance details…………………………………………………………. |
| **Previous POC** Yes NoDoes patient have informal carers, e.g. family, neighbour, friend etc.? Yes No Details:Are they able to continue this level of care? Yes No  |
| **Size of Package of care needed on discharge:** None OD BD TDS QDS Preference of carers? Female Male N /A  |
| **POC required** |
| AM | Tick | Midday | Tick | PM | Tick |
| Enable wash & dress |  |  |  | Enable to get ready for bed |  |
| Empty commode |  | Empty commode |  | Empty commode |  |
| Supervise downstairs |  |  |  | Supervise up stairs |  |
| Support with breakfast  |  | Support with lunch |  | Support with evening meal  |  |
| Leave jug/flask |  | Leave jug/flask |  | Leave jug/flask |  |
| Transfers: bed/chair/toilet |  | Transfers: bed/chair/toilet |  | Transfers: bed/chair/toilet |  |
| Prompt / administer meds |  | Prompt / administer meds |  | Prompt / administer meds |  |
| Why is QDS POC required? |   |
| **Therapy only** Yes No  | **Requires visit on day of discharge** **Yes No**  |
| **Reasons**   |
| **Discharge hub recommendation****Time** | **Placement hub – confirmation of plan** **Time date of transfer** |