University Hospitals Sussex
NHS Foundation Trust

Sussex TRAUMA Network

Notification of Repatriation from Brighton Major Trauma Centre

Demographics			
Patient:		DOB:	
Hospital No:		NHS No:	
Postcode:		GP:	

Current Clinical Team	
Consultant:	
Speciality:	
Location of patient:	

Injury	Management	Follow up details

Reason for admission

Any ongoing medical needs or recent medical management to be aware of

Infection: Yes ☐ No☐	Details:
Tracheostomy: Yes ☐ No☐	Details:
Specialled: Yes ☐ No☐	Details:

Current mobility and transfer

Able to Mobilise and Transfer Independently without aids: Yes ☐ No ☐
Weight Bearing status:
If no state type of aid:
Level of Assistance required if not Independent:
Supervision ☐ Assistance of 1 ☐ Assistance of 2 ☐ Stand Aid ☐ Full Sling Hoist ☐ Other ☐

Therapy Input

Seen By:

PT	Yes ☐	Still Requires ☐	N/A ☐
OT	Yes ☐	Still Requires ☐	N/A ☐
SALT	Yes ☐	Still Requires ☐	N/A ☐

Medical Specialty Required on transfer

Orthopaedics ☐ Surgical ☐
Medical ☐ Neurology ☐
Other ☐ please state:

Major Trauma Signposting Partnership

Yes ☐ Declined ☐ N/A ☐

Discharge destination e.g. aim home/IPR (Intermediate Care)

Needs further inpatient assessment:	Yes ☐	No ☐
Aiming for home:	Yes ☐	No ☐
IPR (IMC):	Yes ☐	No ☐

- Has a referral to IPR been made: Yes ☐ No ☐
- If so where to:

Please attach rehab prescription

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	Date	Time
Patient identified suitable for repatriation		
Repatriation form sent		
Consultant allocated		
Name of consultant		
Speciality		
Ongoing Progress Notes. Please record date, information and source		