

Date of contact **Time of contact**

Patient
 Name DOB:
 Current Location GP
NHS NUMBER
 Address/Tel No

Referrer
 Name Designation
 Contact details
SYSTEMONE RECORD – THIS PATIENT HAS GIVEN VERBAL CONSENT FOR OVERGATE TO
 SHARE IN: YES NO
 SHARE OUT: YES NO

Diagnosis

NEW REQUIRED INFO
 Has the pt or a member of their family developed a new continuous cough or high temperature? Yes No
 Covid Status?: Positive swab Negative Swab Suspected Not suspected
Is the patient having / will they need Aerosol Generating Procedures? E.g.
 Suction Tracheostomy High flow Nasal O2 Cough Assist
 CPAP NIV/NIPPV BiPAP Invasive Ventilation
 For Covid +ve: Is the patient aware they are not for further escalation of care? Yes No
 Is the pt/family aware there may be Covid19 +ve pts in the hospice currently? Yes No
 Is the pt/family aware of the restrictions on visiting? (see Overgate website) Yes No

Reason for referral/contact
 Inpatient admission
 Does the patient agree to admission? YES
 Does the patient have capacity to consent to admission? YES NO
Urgency? Same day Next day Routine
Reason for admission? Symptom control Terminal Care Psychological support Other
HOOF required? Yes No **DNAR in place?** Yes No **Infection?** Yes No
Does the patient have any pressure damage? Yes No **Area/s affected Grade**
Does this patient smoke? Yes No

Day Hospice **Dementia Service – Time to Think** Pass information to a Senior Member of Day Hospice Staff

Current care arrangements/provision at home

Problems prompting referral
 Assessed recently by SPCT Life limiting illness Uncontrolled Pain Psychological/spiritual issues Other uncontrolled symptoms please specify below

Has this patient expressed a preferred place of death? Home Hospice Hospital Nursing Home

Have you informed the pt/family of the current hospice visiting policy? YES/NO

Does this patient have any specialist needs, e.g. tracheostomy, specialist equipment, spiritual, dietary, language/interpreter? YES/NO

Details

Referral Information

Additional Comments

Signed:
Date:

Reason for delay	Patient chooses to wait <input type="checkbox"/>	Staffing issues at Overgate <input type="checkbox"/>	Other <input type="checkbox"/>
	No beds at Overgate <input type="checkbox"/>	Transport <input type="checkbox"/>	

ADMISSION ARRANGEMENTS			
Does the pt need a single room?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date patient to be admitted to Overgate			
Above agreed by (Overgate Doctor)	Name	Date	Time
Above agreed by (Overgate Nurse)	Name	Date	Time
Admission date offered to referrer by:	Name	Date	Time
<i>REFERRER ASKED TO:</i>		INFORM PATIENT ARRANGE TRANSPORT IF NECESSARY ARRANGE OXYGEN IF NECESSARY	
IPU Whiteboard updated			
Ward Clerk informed			
On Waiting List in Referral Folder			
SystemOne Status updated to "on Waiting List"			
Same Day Admissions only:		Inform Reception Inform Housekeeping	

Inform Catering

Admission arranged by

Updated 9.4.2020

