

Date:

Time:

REFERRAL FORM FOR ADMISSION TO OVERGATE HOSPICE INPATIENT UNIT

If referrer wants advice about suitability of admission, please discuss first with the medical team.

1. Name, job title and contact number of referrer:

2. Name, DOB and NHS number of patient being referred:

3. Current location of patient:

4. Does the patient have a Calderdale GP or are they a Calderdale resident?

Yes No

If 'No', then the referral must be discussed with an Overgate consultant (or associate specialist if the consultant is unavailable). Please document reason for OOA referral in 'details of request for admission' box.

5. Has the patient consented to record sharing?

Yes No

6. Patient's main diagnosis (including sites of metastases):

7. Main reason for admission:

Symptom Control Terminal Care Psychological Support

Other:

8. Referring professional's opinion of likely prognosis:

9. Details of request for admission:

10. Please state the clinical urgency for the referral:

Routine Next Day Same Day

11. Has the patient expressed a preferred place of death?

Yes No

If 'Yes', is it: Home Hospice Hospital Care home

12. Does the patient have a DNACPR in place? *(On ReSPECT or DNACPR form)*

Yes No

13. Has the patient consented to admission with capacity?

Yes No

If 'No', MCA assessment must be completed and decision making recorded. Please provide details including LPA involvement:

14. Does the patient have any infections that require a side room? E.g.

ESBL, C. Diff, VRE, MRSA, COVID, loose stools, etc.

Yes No

If 'Yes', please provide details:

15. Is the patient having any AGPs E.g. NIV, tracheostomy, cough assist, deep respiratory suction, high flow oxygen, etc

Yes No

If 'Yes', please provide details:

16. Are there other reasons that this patient requires a side room? E.g. neutropenia, malodourous wound, patient preference, etc

Yes No

If 'Yes', please provide details:

17. Does the patient have any other special requirements? E.g. translator, TPN, PEG/RIG/NG, tracheostomy, 1-2-1 monitoring, etc.

Yes No

If 'Yes', please provide details:

18. Has a COVID LFT been done?

Yes No +ve -ve Date:

19. Does the patient require oxygen?

Yes No How many litres/min?

If 'Yes', has a HOOF been completed? Yes No

20. How does the patient mobilise and has the patient had recent falls?

Please provide details:

21. Does the patient have any pressure damage or other skin damage?

Yes No

Please provide details:

22. Does the patient smoke or vape?

Yes No

If 'Yes', please ask the referrer to inform them of our smoking/vaping policy.

23. Are the patient and their family aware of our visiting policy (including COVID visiting)?

Yes No

If 'No', please ask the referrer to make them aware.

24. Any further information:

Signed:

Reason for delay to admission	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 (Doctor)	Name	Date	Time
Above agreed by (Nurse)	Name	Date	Time
Admission date offered to referrer by: <i>REFERRER ASKED TO: INFORM PATIENT ARRANGE TRANSPORT, ARRANGE OXYGEN</i>	Name	Date	Time
Please ensure: IPU Whiteboard updated, Ward Clerk informed, On Waiting List in Referral Folder and SystemOne Status updated to "on Waiting List" Same Day Admissions only: Inform Reception, Housekeeping and Catering			