

**NURSING REFERRAL FORM FOR DISCHARGE OF PATIENTS
TO OTHER HOSPITALS/CARE PROVIDERS**

From: Ward
Hospital
To:
Date of transfer/discharge:
Religion:
Next of Kin:
Address:
Relationship:
Telephone No:
N/kin notified of transfer/discharge: Yes <input type="checkbox"/> No <input type="checkbox"/>

Surname		NHS Number	
		Unit Number	
First Names		Title	
Address		Date of Birth	
		Sex	M. State
		Telephone No.	
Own Doctor/Address		Occupation	

<p>Diagnosis and briefing summary of patient's condition Other comments (e.g. allergies, special disabilities, pre-existent conditions, infection control etc.)</p> <ul style="list-style-type: none"> Reason for admission Diagnosis Treatment Current care needs
<p>Discharge planning - future needs (long term plan for patient)</p> <ul style="list-style-type: none"> Home circumstances Known to Complex Care Team
<p>Future appointments/investigations (i.e. within next month)</p>
<p>Equipment (include Medical Electronics' number, asset number)</p>
<p>Valuables</p>
<p>End of life</p> <ul style="list-style-type: none"> Does patient know diagnosis Does relative know diagnosis Preferred place of death Hospice referral DNAR status

PLEASE DO NOT WRITE IN THIS BOX

Patient name:
NHS no:
Hospital no: <small>Please affix patient ID label within this box</small>
DOB:

Sensory/communication (<i>issues relating specifically to behaviour</i>)	
• Sleep	
Mobility (<i>i.e. intentional rounding</i>)	
• FALLS Score – risk assessment, any falls since admission	
• Weight-bearing status	
• Assistance	
Personal care	
Respiratory problems (asthma / COPD, other)	
• Oxygen Therapy	
Eating and drinking	
• MUST score	
• Infusions – in progress or recent	
• PEG	
Elimination/continence (<i>e.g. date of removal, date of change of catheter</i>)	
• Size of catheter	
• Date of insertion	
• Reason for insertion	
Pain	
• Score	
• Pain control	
• Analgesia	
• Comfort measures	
Tissue viability and current dressings	
• Waterlow score	
Any known infection or infection control issues	
• MRSA colonisation/infection	
• Other antibiotic resistant infection e.g. VRE, ESBL	
• <i>Clostridium difficile</i> infection - resolved or current	
• Diarrhoea and/or vomiting	
• Will the patient need a single room for infection control reasons?	
Further comments (<i>e.g. is a specialist nurse or therapist involved and contact number</i>)	
Discharging nurse	
Print Name	Post
Signature	Date DD/MM/YYYY