REFERRAL FOR ADMISSION TO WARD 4

Patient name: Click here to enter text. Referring Trust: Click here to enter text.

DOB: Click here to enter a date. Referring Consultant: Click here to enter text.

NHS No: Click here to enter text.

Patient’s contact number: Click here to enter text.

Diagnosis: Click here to enter text.

Reason for admission: Click here to enter text.

When is the admission needed? ASAP Specific date: Click here to enter a date.

If Patient is for SACT Treatment:

Discussed at MDT? Yes No

Regime: Click here to enter text. Cycle №: Click here to enter text.

Dose Attenuations (please specify): Click here to enter text.

Clinical Trial (if relevant): Click here to enter text.

(Up-to-date) Height: Click here to enter text.

(Up-to-date) Weight: Click here to enter text.

(Up-to-date) Relevant Blood tests (FBC/U&E/LFT’s as a minimum): Click here to enter text.

If for HDMtx, please confirm septrin has been stopped: Yes N/A

Does the patient have a PICC/Hickman line in place?

Yes No - If ‘No’ please specify *if* line is required and type: Click here to enter text.

Staging/investigations needed *before* starting SACT Treatment? Yes No

If ‘Yes’, please tick:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CT | PET CT | BMAT | Echo | Cr Cl |

Any other investigations needed? Yes No

Please specify: Click here to enter text.

Consent: (Please supply a copy of the Consent Form)

Has patient been consented: Yes No

Any Multi-Resistant Infections: MRSA CPE VRE ESBL

Other (please specify): Click here to enter text.

COVID-19 STATUS: Positive Negative

Date of last COVID-19 PCR Swab:

(Must be within 72Hrs of admission/transfer to Ward 4) Click here to enter text.

Other specific care problems (hard of hearing/confusion/poor mobility etc.):

Click here to enter text.

Where will the patient be followed-up once discharged from Ward 4?

|  |  |  |  |
| --- | --- | --- | --- |
| Southport Day Unit | Arrowe Park | AUH |  |

CCC-L Countess of Chester Lilac Centre (St Helens & Whiston)

Any other additional information:

Click here to enter text.

Please email this referral form to the following:

[Priscilla.hetherington@nhs.net](mailto:Priscilla.hetherington@nhs.net)

[Arpad.toth@nhs.net](mailto:Arpad.toth@nhs.net)

[arvindarumainathan@nhs.net](mailto:arvindarumainathan@nhs.net)

[ccf-tr.admissions@nhs.net](mailto:ccf-tr.admissions@nhs.net)

[**ccf-tr.patientflowteam@nhs.net**](mailto:cccf-tr.patientflowteam@nhs.net)

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