

REFERRAL: FROM COMMUNITY to LEWIS MANNING HOSPICE



Contacting LMH: Telephone 01202 492611 & 708470: email admissions.lewismanning@nhs.net

1. PATIENT ADMISSION FOR END OF LIFE CARE - ELIGIBILITY CRITERIA.

ESSENTIAL – please confirm patient

1	Dorset resident > 18yrs old	
2	CHC Fast Track funding approved	
3	No COMPLEX or SPECIALIST needs	
4	Diagnosed as dying; now needing End of Life Care approach	
	<ul style="list-style-type: none"> A rapidly deteriorating condition with increasing dependency. Evidence of: 	
	<ul style="list-style-type: none"> Deterioration in performance status 	
	<ul style="list-style-type: none"> Organ failure 	
	<ul style="list-style-type: none"> Agreement that further treatment or investigations are not appropriate. 	
	<ul style="list-style-type: none"> Maximum medical treatment being unsuccessful or is not appropriate 	
5	AAND/DNACPR form completed and attached	
6	Current medication prescribed and dispensed ready for transfer	
7	Anticipatory medication prescribed and dispensed	
8	Clinical summary of relevant medical history and copy of recent bloods, scan results and relevant hospital letters to send with the patient please	
9	Is safe for transfer	
10	Patient/their advocate has made <i>informed</i> decision about admission to LMH	
PLEASE SPECIFY- detail any concerns		
11	Are there any special requirements e.g. communication needs, advocacy requirements?	
12	Are there any safety alerts relating to a risk to self and others?	
13	Are there any safeguarding issues?	

GP agreeing patient meets criteria and approves the referral to Lewis Manning

Name: _____ **Speciality:** _____

Patient's Name	Patient's Address and Postcode	Telephone Number(s)
Date of Birth:	NHS No:	Religion:

Current Location (If not at home):

2. PATIENT'S GP, SURGERY and TELEPHONE NUMBER:

3. MAIN CARER

Name	Relationship to Patient	Contact Number(s)
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4. REFERRING CLINICIAN

Name/Position	Contact Details	Sign
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5. DIAGNOSIS AND HISTORY OF THIS ILLNESS		
<ul style="list-style-type: none"> • Principal Diagnoses 	<p>Relevant Medical or Surgical history/co-morbidity (Relevant to future certification at EOL)</p> <p>Document any Pacemaker/Implant</p>	
<ul style="list-style-type: none"> • Narrative of current medical situation leading to need for admission to LMH <p>Physical</p> <p>Psychological:</p> <p>Spiritual:</p> <p>Social:</p> <p>Estimated prognosis: Hours to Days Days to Weeks Weeks to Months</p>		
<ul style="list-style-type: none"> • Treatment/Management received to date for patients palliative condition; 		
6. ESSENTIAL INFORMATION		
<ul style="list-style-type: none"> • Any current medications and anticipatory medications kept at home to come with patient please. • Copy of current medication list: including all doses please as a necessity. • ‘Print Out’ of patient summary, latest bloods/investigations of clinical relevance and hospital letters to send with the patient. • Known Allergies or other drug reactions • Helpful Infection Control information • Does the patient have any Advance Care documentation or Lasting Power of Attorney? <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> Detail any known patient wishes</p> <p>Details; including location where held.</p>		