

REFERRAL: HOSPITAL NHS FT 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	Discharge summary and copy of recent bloods and scan results to transfer with patient	
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?	

Hospital Consultant agreeing patient meets criteria and approves the referral to Lewis-Manning

Name: _____ **Speciality:** _____

Patient's Name	Patient's Address and Postcode	Telephone Number(s)
Hosp No:	NHS No:	Religion:
Date of Birth	Current Location (Hospital Ward)	Ward contact details

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

Patient's GP aware of referral to Lewis Manning Yes No

3. MAIN CARER

Name	Relationship to Patient	Contact Number(s)
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4. REFERRING CLINICIAN		
Name/Position	Contact Details	Sign
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>Phase of illness; Stable <input type="checkbox"/> Unstable <input type="checkbox"/> , Deteriorating <input type="checkbox"/> , Dying (death anticipated within days) <input type="checkbox"/></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"> Copy of Current Medication: This is crucial information and should be up to date and accurate including all doses. Patient safety is at risk if this is not done. ‘Print Out’ of latest bloods/investigations of Clinical relevance to send with IDS Known Allergies or other drug reactions Helpful Infection Control information Does the patient have any Advance Care documentation or Lasting Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> Detail any known patient wishes Details; including location where held. 		