**Nightingale House Hospice Referral Form**

If urgent advice is needed please contact **01978 316800** (Mon-Fri 830am-430pm) or **01978 316808** (out of hours).

Email completed form to: [nightingalehousereferrals@wales.nhs.uk](mailto:nightingalehousereferrals@wales.nhs.uk)

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| **Patient Name:** |  | **NHS Number:** |  | | | **Date of Birth:** | |  |
| **Home Address:** |  | | | | **Ethnicity:** | | |  |
| **Phone - Home:** |  | **GP Name:** |  | | | | | |
| **Phone - Mobile:** |  | **GP Surgery:** |  | | | | | |
| **Main Carer /**  **Next of Kin:** |  | **Relationship to patient:** |  | **Main Carer / NOK’s preferred contact no:** | | |  | |
| **Current location of patient:**  Please state in ‘Other’ if patient lives alone. | | Home  WMH  Other Hospital  Hospice  Care Home  Other: Enter other location Ward: Enter Ward | | | | | | **Preferred language:** |
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*N.B. All fields must be completed in full or we cannot triage appropriately and the form will be returned for full completion. Please provide as much detail as possible,* ***particularly in the sections highlighted yellow.***

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| **Please indicate which service(s) are required:** | Outpatient Services (Nightingale Wellbeing Centre)  Psychological Support |
| Inpatient Services:  Respite  Symptom Management  EOLC |

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| **Main Diagnosis:** |  | | | |
| **Phase of Illness:**  \*See Page 2 for explanation | Stable  Unstable  Deteriorating  Dying | | | |
| **Estimated prognosis:**  \*See Page 2 for explanation | Blue  Green  Amber  Red | **AKPS**  \*See Page 2 for explanation |  | % |
| **Previous treatment and further treatment planned:**  e.g. Recent admission(s) including date and reason for admission, radiotherapy, chemotherapy etc. |  | | | |
| **Reason for referral:**  Please provide details of the patient’s current condition and why a referral is being made to NHH – what is their main complaint at present/main symptoms they are currently experiencing, what support do they/their family need from NHH.  Please include patient/family’s expectations of referral. |  | | | |
| **Please attach copies of recent medical correspondence, investigations, results and specialist treatment plans as we don’t have access to all online systems.** | | | |

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| **Other relevant medical conditions / infection control issues:** e.g. (CDT/MRSA/VRE/COVID) / O2 requirement / NIV / PEG / Immunotherapy / ICD Pacemaker (+/- deactivated) |
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| **Current medications and significant recent changes in medication (or send an attachment):** |
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| **Known allergies / adverse drug reactions:** |
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| **Any other services supporting the Patient currently:** (specify any ongoing referrals to different services) |
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| **Awareness:** | **Diagnosis:**   **Patient**  **Family** | **Prognosis:**   **Patient**  **Family** | **Consent to referral:**  **Patient**  **Family** |

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| **Advance Care Planning** – please give detail of any discussions that have already occurred and if any of the following are in place: DOLS / Existing LPA / ADRT / Advance Statement / DNACPR / Preferred Place of Care / Preferred Place of Death / Emergency Health Care Plan. | **If consent to referral is no** –please give details of best interest decision / discussion with relevant individuals. |
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| **Form completed by:** | **Job Title:** |
|  |  |
| **Location:** | **Contact Telephone Number:** |
|  |  |
| **Signed:** | **Date:** |
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| **Australian Karnofsky Performance Scale** | |
| **100%** Normal, no complaints or evidence of disease. | **40%** In bed more than 50% of the time. |
| **90%** Able to carry on normal activity, minor signs or symptoms of disease. | **30%** Almost completely bedfast. |
| **80%** Normal activity with effort, some signs or symptoms of disease. | **20%** Totally bedfast and requiring extensive nursing care by professionals and / or family. |
| **70%** Cares for self, but unable to carry out normal activity or do active work. | **10%** Comatose or barely audible, unable to care for self, requiring hospital care, disease progressing rapidly. |
| **60%** Able to care for most needs but requires occasional assistance. | **0%** Dead |
| **50%** Considerable assistance and frequent medical or nursing care required. |  |

**\*Phase of Illness explanation**

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|  | **This is the current phase if…** | **This phase ends when…** |
| **Stable** | Symptoms are adequately controlled by established plan of care and further interventions to maintain symptom control and quality of life have been planned. Family/carer situation is relatively stable and no new issues are apparent. | The needs of the patient and of family/carer increase, requiring changes to the existing plan of care. |
| **Unstable** | An urgent change in the plan of care or emergency treatment is required because the patient experiences a new problem that was not anticipated in the existing plan of care **and/or** the patient experiences a rapid increase in the severity of a current problem **and/or** family’s/carer’s circumstances change suddenly impacting on patient care. | The new plan of care is in place, has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom/crisis has fully resolved but there is a clear diagnosis and plan of care. **And/or** death is likely within days. |
| **Deteriorating** | The care plan is addressing anticipated needs but requires periodic review as the patient’s overall functional status is declining and patient is experiencing gradual worsening of existing problems **and/or** the patient experiences a new, but anticipated, problem **and/or** the family/carer experience gradual worsening distress that impacts on the patient care. | Condition plateaus (i.e. patient is now stable) or an urgent change in the care plan or emergency treatment **and/or** family/carers experience a sudden change in their situation that impacts on patient care and urgent intervention is required or death is likely within days. |
| **Dying** | Death is likely within days. | Patient dies **or** patient condition changes and death is no longer likely within days. |

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| **Blue** | Years prognosis |
| **Green** | Months prognosis |
| **Amber** | Weeks prognosis |
| **Red** | Days prognosis |