

Coventry Myton Nurse Led Unit	Referral Date:
Name of referrer: Designation: Contact Details:	CHC Funding in place: YES / NO If no, Fast Track applied for? YES / NO Date: If no, please explain:
Patient Name: DOB: NHS Number: Address: Postcode: Tel No:	GP Name: GP Practice: Postcode: Tel No:
Patient's present location:	Other agencies/services involved:

Primary Diagnosis: Medical History:	Estimated Prognosis:
Family/Carers: Name: Contact Details: NOK:	CPR Status: Please note all Nurse Led Unit patients MUST have a current DNACPR in place

Note to referrers:

The Nurse Led Unit is designed to meet the needs of patients who cannot be cared for in their own home and are not able to be cared for in an alternative place of nursing care due to their nursing or supportive care needs.

These patients should not be requiring medical assessment or regular medical intervention

Reason for admission/Patient's level of dependency:**Respiratory:**

Oxygen **Y/N** Number of Litres Secretions **Y/N** Suction **Y/N** Tracheostomy **Y/N**

Additional Comments:**Conscious level:**

Mental capacity **Y/N** Confusion **Y/N** Dementia **Y/N** Conscious **Y/N** Drowsy **Y/N**

Additional Comments:**Continence:**

Continent **Y/N** Urinary Incontinence **Y/N** Faecal Incontinence **Y/N**

Bowel action date: Catheter **Y/N** Size Type Date Insertion:

Stoma **Y/N** Functioning date:

Additional Comments:**Communication:**

S.A.L.T **Y/N** Interpreter needed **Y/N** Hearing **Y/N** Sight **Y/N** Speech **Y/N**

Additional Comments eg use of dentures/spectacles/hearing aid (please circle):

Infection status:

Previous/known (circle) MRSA Clostridium Difficile

Previous/other known infections/treatments, please state:

Additional comments:**Nutritional Status:**

Eating/drinking **Y/N** Supplements **Y/N** PEG **Y/N** Weight Bariatric/Cachexia/BMI

Oral Thrush **Y/N** Treatment **Y/N**

Additional Comments:**Mobility:**

Independent **Y/N** Bedbound **Y/N** Transfer **Y/N** Falls Risk **Y/N** Low/Med/High

Equipment requirements please state:

Additional Comments:

Skin:Waterlow score and date: Pressure areas intact **Y/N** Pressure Ulcers **Y/N**

State Grade and area:

Wound(s) **Y/N** Dressing(s) Type and renewal date:**Additional Comments:****Psychological status:**Anxiety **Y/N** Depressed **Y/N** Terminal Agitation **Y/N****Pain:**Pain **Y/N** Pain Score: **Date:** **Time:**
Syringe driver **Y/N** Opiates **Y/N** PO/SC/IV (circle)**Individual plan of Care for the Dying Person:****Y/N****Additional Comments:****Any additional information:**