**Due to patient safety issues highlighted from previous transfers, we will**

**NOT ACCEPT a transfer unless BOTH of the below actions have been undertaken.**

If you are requesting patient transfer to the Royal Shrewsbury Hospital or The Princess Royal Hospital in Telford, then we require:

1. Verbal Doctor to Doctor discussion. (Please bleep on call registrar)
2. Completion of this form. Please email to: **sath.traumarepatriation@nhs.net**

|  |  |
| --- | --- |
| **Referring Hospital:****Hospital Address:** |  |
| **Hospital & Ward Contact Number:** |  |
| **Current Ward:** |  |
| **Date of Referral:** |  |
| **Patient Name:****Date of Birth:****Address with postcode:** |  |
| **NHS number:** |  |
| **Referrers details:** | Name: Job Role:Email:Telephone / Bleep: |
| **Consultant on call at Referring Hospital:** |  |

**IMPORTANT:**

**Incomplete forms will result in delay in accepting transfer**

|  |  |
| --- | --- |
| **Brief History of Injury.**Please note that the next page of this document asks for specific information on each Orthopaedic InjuryandNon-orthopaedic Injury |  |
| **Are there any current** **medical concerns?****Were there any medical problems during this admission?**e.g. AKI, chest infection / Respiratory, UTI, Cardiac issues, Gastro issues, diabetes, neuro etc. | **Plan for Follow up:** |
| **Does the patient have mental capacity?**If no, is this due to the injury? |  |
| **Is there anything else that you think you we should know about?** |  |

|  |  |
| --- | --- |
| **Orthopaedic Injury 1** | Injury:Consultant in charge of this injury:Date Surgery performed:When to remove sutures?:Weight bearing status:When can fully weight bear?:Wound: Healthy / oozing / infected.Any specific rehab instructions:Plan for Follow up: |
| **Orthopaedic Injury 2** | Injury:Consultant in charge of this injury:Date Surgery performed:When to remove sutures?:Weight bearing status:When can fully weight bear?:Wound: Healthy / oozing / infected.Any specific rehab instructions:Plan for Follow up: |

|  |  |
| --- | --- |
| **Other injury 1**Details of non orthopaedic injury.e.g. max fax, plastic, abdominal, vascular, head injury etc | Injury:Consultant in charge of this injury:Surgery performed:When to remove sutures?:Wound: Healthy / oozing / infected.Any specific rehab instructions:**Plan for Follow up:** |
| **Other injury 2**Details of non orthopaedic injury.e.g. max fax, plastic, abdominal, vascular, head injury etc | Injury:Consultant in charge of this injury:Surgery performed:When to remove sutures?:Wound: Healthy / oozing / infected.Any specific rehab instructions:**Plan for Follow up:** |

**SATH Checklist. (FOR SATH INTERNAL USE ONLY)**

|  |  |
| --- | --- |
| **Trauma Consultant informed:** | Date:Name of person who spoke to the Trauma Consultant:Name of Consultant: |
| **Is this patient appropriate for SATH** **or do they need specialist centre care?** | **SATH / Specialist Centre** |
| **Which Site?** | **RSH / PRH** |
| **Trauma nurse informed?** |  □ |
| **Is this patient appropriate for a trauma ward or are the current medical issues more appropriate for another speciality at SATH?** | **Other Speciality / Trauma** |
| **Patient added to Bluespier?** |  □ |
| **Trauma Ward informed?** |  □ |
| **Therapies Informed?** |  □ |
| **Copy of this form sent to trauma ward?** |  □ |
| **Site Manager Informed** |  □ |
| **Does this patient need to be admitted** **under a specific consultant** **or** **admit under the trauma consultant on call** **on the day of transfer?** | **Admit under Consultant on Call****on day of transfer:****Yes / No**If No, which Named Consultant:………………………………………………….. |