**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 Injury  and  Non-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:  ………………………………………………….. |