

## Transfer checklist for B2 Light touch beds

Name:

Consultant:

CHI:

Ward:

Date of admission:	Date of transfer to B2:	Please initial when done
Medical problems/ongoing issues:		
All planned investigations are completed		
Reason for delayed discharge eg awaiting package of care:		
Ensure patient is known to the patient flow coordinator		
Does the patient have any significant nursing or supervision needs? If yes discuss with B2 to ensure that able to accommodate patient before proceeding		
Current mobility/ADLs. If daily AHP input is needed eg rehab or complex OT assessment then patient is not suitable for light touch bed.		
AWI in place ? Yes/No If yes must have accompanying treatment plan and review date documented in notes.		
CPR status and TEP clearly documented and checked filed in notes		
Medically stable with NEWS of 2 or less for over 24 hours		
The patient does not require any IV treatment		
Immediate discharge letter is prepared by home team and pharmacy review has occurred in view of discharge, prior to transfer (own team are then available to advise)		
If discharge is planned for the next 48 hours either to home or community hospital then please ensure the following are done: Transport booked <input type="checkbox"/> District nurse and other referrals done <input type="checkbox"/> Nurse to nurse handovers done <input type="checkbox"/>		
Next of kin has been informed regarding plan to move to a light touch bed. Please document name :		
Nurse to nurse handover given to B2 nursing staff after all above completed		
<b>Completed by</b>		
Name:	Signature:	Date:

### Lines of responsibility:

1. Patients in light touch beds will not be routinely seen by medical staff of any grade.
2. For minor illness/interventions e.g. pyrexia, analgesia, B2 F1 doctor can review.
3. If patient unwell can be escalated to Dr Conley within hours Mon, Tues, Weds, Fri; Dr Cambeen in hours Wednesday, OOH team if OOH.
4. If patient becomes acutely unwell and escalation of care appropriate, they should be referred to and accepted by the home team. Bed managers should facilitate transfer back.
5. IDL must be completed by home team prior to transfer. Minor updates only by B2 FY1.
6. CAU patients must be agreed with Dr Connelly prior to being moved to a light touch bed.