

Outpatient Services Ambulatory Treatment Unit Referral Ext: 33242

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| Situation | Name: | <u>Infusion</u> | <u>Blood Transfusion</u> | <u>Trial Without Catheter</u> | <u>Biopsy</u> | <u>Endocrine Test</u> | | |
| | CHI: | Type: Prescribed: Pre-med: Frequency: Previous reactions: | Cross Match: Prescribed: | Accepted by Urology? Flip flow catheter for 1/52? | On Warfarin? Stopped? Consent: | Prescription: Biochemistry Forms: | | |
| Background | Summary of Treatment Required | | | | | | | |
| | Medical Diagnosis | | | | | | | |
| | Relevant Brief Medical History | | | | | | | |
| Situation | Alert Status | Infection Status | | | DNA CPR Status Confirmed and Communicated | Y | N | Accepting Consultant: |
| | Height | O ₂ Therapy in situ | Y | N | Referring Unit: | | Office use only: Nurse Booking Patient: Notes: | |
| | Weight | Consent | Y | N | Date of referral: | | | |
| | Mobility | Paperwork Completed | Y | N | Time of Referral: | | | |
| | Transport Requirements | Medication Supplied | Y | N | Professional Referring Patient: | | | |
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| Recommendation | | | | | | | | |

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