**REFERRAL PROFORMA FOR HOME MECHANICAL VENTILATION and VENTILATOR WEANING SUPPORT**

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| **ALL BOXES MUST BE COMPLETED.** **EMAIL TO: rbh-tr.svoutreachteam@nhs.net** |
| **REFERRER DETAILS** |
| **Name of referring hospital / service** | **Date of referral** |
|  |  |
| **Referring consultant name and contact details (mobile phone and email)** | **Patients current location:** |
|  |  |
| **PATIENT DEMOGRAPHIPCS** |
| **Patient Name** |  | **NHS number** |  |
| **Gender** |  | **D.O.B** |  |
| **Home address** |  |
| **Contact number** |  |
| **GP name and address** |  |
| **GP phone number** |  |
| **Carers/NOK Name & relationship** |  |
| **Contact number** |  |
| **CLINICAL DETAILS** |
| **Reason for referral** | Initiation of home NIV (inpatient set up) |  | Transfer of care / review of existing NIV |  |
| Long term home tracheostomy ventilation |  | Complex respiratory assessment inc. cough |  |
| Inpatient tracheostomy / ventilation weaning support |  | Outpatient sleep and ventilation referral*Please send via NHS e-referrals or a direct letter to a Sleep & Ventilation Consultant unless specific Outreach input required* |  |
| **Is the patient / NoK aware of this referral and accepting of treatment?**  | Yes / No |
| **Current medical condition and primary diagnosis**  |
|   |
| **COVID-19 PCR**  | **Date** |  | **Outcome** |  |
| **Date** |  | **Outcome** |  |
| **Relevant past medical history** |
|  |
| **Height** |  | **Weight** |  | **BMI** |  |
| **Resuscitation status / Ceiling of Care** |   |
| **Treatment to date** *Please include NIV usage and tolerance, weaning episodes and tolerance, oxygen usage* |
|  |
| **Relevant investigations** **(CT/CXR/ECG/sleep studies/spirometry/etc)**  |
|  |
| **Latest ABG results** |
| **Date** |  | **Date** |  |
| **Additional O2/RA** |  | **Additional O2/RA** |  |
| **ON ventilation** |  | **OFF ventilation** |  |
| **pH** |  | **pH** |  |
| **pCO2** |  | **pCO2** |  |
| **pO2** |  | **pO2** |  |
| **HCO3** |  | **HCO3** |  |
| **BE** |  | **BE** |  |
| **Sats** |  | **Sats**  |  |
|  |
| **Current ventilation (complete as appropriate)** |
| **Non-Invasive Ventilation** | **Invasive Ventilation** |
| **Mode** |  | **Mode** |  |
| **IPAP / PS** |  | **PS / PC / Volume set** |  |
| **EPAP** |  | **PEEP** |  |
| **BPM** |  | **RR set** |  |
| **Ti** |  | **FiO2** |  |
| **Rise** |  | **Trigger**  |  |
| **Oxygen** |  |  |  |
| **Target Vt (IVAPS / AVAPS)** |  |  |  |
| **Hours used in last 24 hours** |  |  |  |
|  |
| **Tracheostomy (if appropriate)** |
| **Tracheostomy make / model** |  | **Size** |  |
| **Date of insertion** |  | **Cuff status** |  |
| **Weaning to date** |  |