**iCommunity Nursing / Wound /Continence/IV SBAR Referral Form**

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| **Patient**  **Name:** |  | | | | | **Next of Kin Address:** |  |
| **NHS No.:** |  | | | | |
| **Patient**  **Address:** |  | | | | | **NOK Telephone No:** |  |
| **Post code:** |  | | | | | **Preferred Contact:** |  |
| **Telephone No:** |  | | | | | **Referred by:** |  |
| **DOB & Age:** |  |  | |  |  | **GP/Practice Name:** |  |
| **Day** | **Month** | | **Year** | **Age** | **Do you visit this patient**  **at home?** | **Yes/No** |
| **Patients current MRSA & COVID Status (inc date of last test)** | | |  | | | **Can patient answer door?** | **Yes/No** |
| **Is the patient known to have D&V/ Any other infectious condition?** | | |  | | | **Key Code:** |  |
| **Is this an urgent referral?**  **If YES – must be phoned through via CCC or MEDDOC out of office hours.** | | | **YES/NO** | | | **Does this referral include a medication update or request?**  **If YES this must be phoned through to a clinician.** | **YES/NO** |

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| **S** | **SITUATION**  What is the current need? | Please describe the current situation with the patient: |
| **B** | **BACKGROUND**  What is the relevant history, acute and chronic? What is the reason for their recent admission? | Past medical/social history: |
| What medications are they on?  Please confirm if generic prescription in residence if required | Medications/complications: |
| Image result for mchWhat are the risks around this patient e.g. Safe-guarding? | Risks: |
| **A** | **ACTIONS** | Action to date: |
| **R** | **RECOMMENDATIONS**  What do you think needs to happen next? | Next steps: |

**Housebound patients please refer to community nursing team and for mobile patients that require wound care please refer to wound clinics (details below).**

**Community nursing referrals for support to patients 18 years or over with a Medway GP who have a health need and are housebound (the term ‘housebound’ means that a patient is physically unable due to illness or surgery to leave their home. A patient’s ‘housebound’ status can vary over time).**

**Method of referral** Email SBAR referral to [medch.cccadults@nhs.net](mailto:medch.cccadults@nhs.net)):

**Please note this inbox is monitored Monday to Friday between the hours of 8.00 a.m. and 4.00 p.m. and is not checked on Bank Holidays. This email address is intended for general communications and non urgent referrals.  
  
As this account is not checked at weekends or Bank Holidays, please do not send discharge notifications/referrals which require a Community Nurse visit until you have contacted the MedOCC Service on 01634 891900 to advise them that a visit is also required in these time periods.**

**For any urgent enquiries requiring assistance or support from the Community Nursing Team outside of these hours contact should be made with the MedOCC Service on**

**01634 891900.**

**Community Nursing Exclusion Criteria:**

* Assessment including dopplers on well legs
* Assessment of cellulitis with no wounds present
* Fleet enemas (refer to management of constipation in adults pathway)
* BT/BP on non-housebound patients/ Travel vaccinations
* Contraception /Smear/high vaginal swabs
* Application of prescribed medications i.e. creams etc. where no other nursing intervention is required (i.e. wounds/dressings etc.)
* Assessment of dermatological conditions i.e. rashes, swelling etc.
* Breast examinations
* Over 75yr checks/diabetic checks (foot checks etc.)
* Non-housebound wounds should be referred directly to wound clinic in the first instance
* Application of hosiery where no other nursing intervention is required (i.e. wounds/dressing etc.). Refer directly to social services for care package
* Weekly catheter bag changes where no other nursing intervention is required. Refer directly to social services for care package
* Routine ear irrigation (refer to ear care leaflet)

**Medication Clinic Referrals**

**Method of referral** Email SBAR referral to [medch.cccadults@nhs.net](mailto:medch.cccadults@nhs.net))

For mobile and housebound patients who require medication administration including intravenous antibiotics and injectable medications, refer to the Community Nursing services

Medication Clinic Exclusion Criteria:

- Intravenous antibiotics that requires more than twice a day administration

- Intravenous antibiotics that requires daily monitoring before administration

- Non- intravenous antibiotics infusion

- Iron infusion

**Wound Clinic Referrals**

**Methods of referral email** [woundclinic.medway@nhs.net](mailto:woundclinic.medway@nhs.net) or 03001233444

**Wound Clinic Exclusion Criteria:**

* Non-mobile patients
* Patients without a wound
* Acute diabetic foot ulcers
* Acute burns
* Lymphoedema or leg oedema with no wounds

**Wound therapy clinics held at Rochester, Lordswood, Balmoral, Rainham Healthy Living Centres, Keystone centre and Walter Brice.**

**Continence Referral**

**Method of referral** Email SBAR referral to [Medch.continencecare@nhs.net](mailto:Medch.continencecare@nhs.net)