|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Repatriation form for those patients affected by the temporary overnight closure of Weston Area Health Trust’s Emergency Department (including those seen and discharged from ED/inpatient wards) All fields to be completed and send this form to MPH Patient Flow at** [clinicalsitemanagers@tst.nhs.uk](mailto:clinicalsitemanagers@tst.nhs.uk)  **You can contact wph patient flow if needed at 01934 636363 Bleep 4079:** | | | | | | | | | | |
| [wnt-tr.PatientFlowTeam@nhs.net](mailto:wnt-tr.PatientFlowTeam@nhs.net) | | | | | | | | | | |
| **Patient Name:** | | | **NHS number:** | | | | | | | |
| **DOB:** | | | **Time and date of clinical acceptance:** | | | | | | | |
| **Was patient discharged from ED/inpatient ward?** | **Yes** | **No** | **If yes, are there any follow up requirements at WGH?**  **If yes, please specify:** | | | | | | | |
|  |  |
| **Is next day attendance needed at WGH?** | **Yes** | **No** | **If yes, please tick box below to denote attendance type:** | | | | | | | |
|  |  | **AEC (send referral form)** |  | **Trauma appt** |  | **POP appt** |  | **Other (specify)** |  |
| **Accepting specialty:** | | | **Bed requirement (specialty):** | | | | | | | |
| **Name of transferring consultant:** | | | **Name of receiving consultant:** | | | | | | | |
| **Date and time of admission:** | | | **Diagnosis:** | | | | | | | |
| **Minimum Dataset required for Repatriation:** | | | | | | | | | | |
| **Nursing information** | | | | | | | | | | |
| **Infection Control Status/potential risks**:  Bed/Side room requirement? | | | | | | | | | | |
| **Medications –** | | | | | | | | | | |
| **Test results -** | | | | | | | | | | |
| **Management plan –** | | | | | | | | | | |
| **Clinician confirmed patient is fit to be transferred?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Date, Time and Ward agreed for transfer to Weston General Hospital:** | | | | | | | | | | |
| **Date** | | | | | | | | | | |
| **Time:** | | | | | | | | | | |
| **Ward:** | | | | | | | | | | |