|  |
| --- |
| **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 **You can contact wph patient flow if needed at 01934 636363 Bleep 4079:**  |
| 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:** |