

## Appendix 3 – CF Pre-admission plan

USE STICKER

Patient Name:	Hospital No:
DOB:	NHS No:

### TIMING of admission

- Urgent <24 hours
- Soon <1 week
- Routine <4 weeks
- Planned future date (give date) -

### REASON for Admission

- Chest exacerbation for IV antibiotics
- Routine 3 monthly IV antibiotics
- Nutritional review
- Other (give reason) –

Decision to admit date:	Planned date of admission:
Actual date of admission:	Predicted duration:
Discharge plans (Stay RBHT / Home IVABs / local hospital)?	

### ANTIBIOTIC PLAN

If required, which IV antibiotics to be given -

#### IV Access

**Portacath**      yes / no  
**PICC**            yes / no.            If yes, requested on ICE? yes / no  
**Entonox**        yes / no  
**Sedation**        yes / no  
**GA**              yes / no.            If yes, for blind BAL? yes / no. If yes, inform physiotherapist? yes /  
no

#### Special procedures or investigations

(e.g. annual review, CGMS, CT scan, bronchoscopy)

#### Any other important information

#### Segregation issues

- Burkholderia* spp.
- M. abscessus*
- MRSA
- Multiresistant PsA
- Other -

NAME of person arranging admission -

SIGNED:

DATE: