**ALL BOXES MUST BE COMPLETED THEN EMAIL TO:**

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| --- | --- | --- | --- |
| **Referral Proforma: Long term respiratory care**  **SLEEP AND VENTILATION TEAM RBHT**  (for Non-invasive assessment, Invasive ventilation support/weaning/ Tracheostomy support) | | | |
| **Referral details** | | | |
| **Referrers name:** | | **Date of referral:** | |
| **Name of referring hospital / GP / service:** | | **Ward (if hospital):** | |
| **Name of responsible consultant/HCP:** | | **Contact number:** | |
| **Reason for referral:** | | **Patients location:** | |
| **Patient demographics** | | | |
| **Patient Name:** | | **NHS number:** | |
| **Sex: Male / Female** | | **D.O.B:** | |
| **Home address:**  **Contact number:** | | | |
| **GP name:**  **Surgery address: Phone number:** | | | |
| **Carers/NOK Name: Relationship Contact number:** | | | |
| **Clinical details** | | | |
| |  |  | | --- | --- | | **COVID-19 SWAB DATE** | **RESULT** | |  |  | |  |  | |  |  | |  |  |   **Primary Diagnosis (including recent events/HPC):** | | | |
| **Past Medical History:** | | | |
| **Resuscitation status / Ceiling of Care:** | | | |
| **Current Condition/treatment to date:** | | | |
| **Current NIV compliance**  **(e.g hrs used each night)** | **Able to put own mask on and off?** | | **Requires package of care at home due to NIV?** |
| **Relevant investigations** **(CT/CXR/ECG/Sleep study/Spirometry):** | | | |
| **Latest ABG result:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date** | **Time** | **FiO2** | **On/off NIV** | **Ph** | **PaCO2** | **PaO2** | **HCO3** | **BE** | **SaO2** | |  |  |  |  |  |  |  |  |  |  |   **If NIV - Current non-invasive ventilation settings:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Mode** | **IPAP / PS** | **EPAP** | **BPM** | **Ti** | **Rise** | **FiO2** | **Target Tv (if iVAPS/AVAPS)** | **Hrs used last 24 Hrs** | |  |  |  |  |  |  |  |  |  |   **If TIV - Current invasive ventilation settings:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Mode** | **PS** | **PEEP** | **BPM** | **FiO2** | **Avg RR** | **Avg VTE** | |  |  |  |  |  |  |  |   **Tracheostomy tube make/model:**  **Date of insertion:**  **Cuff up/down:** | | | |