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

**Debbie.field1@nhs.net**

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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:** |