Appendix 10

**Bariatric Patient Discharge Information.**

1. Who will this information be for?

The information collected by staff will be distributed amongst health and social service agencies including the ambulance service that may at some time be involved in the patients transport requirements.

2. What is the purpose of this information?

From time to time many of us require ambulance transportation. All employers have a duty of care towards their staff, which includes manual handling activities associated with moving and handling of bariatric patients. The information sheet which has been compiled will enable participating agencies to share details of risk assessments which have been conducted on the heavier patient. As part of safer manual handling management for our staff we along with other agencies across the Salisbury NHS Foundation Trust will work together to ensure a seamless pathway.

3. Why do we require/store personal information?

We require basic information about your weight (accurate or estimated) and details of your mobility, plus any medical conditions, which may affect either. This information may be forwarded to the Ambulance service, health and social care or any other transport provider in order for the best possible outcome.

This information will be placed on their systems to enable an appropriate response to any future calls for assistance. If a call for ambulance assistance should be made on your behalf, the normal service response will be enacted whilst at the same time having been alerted by the stored information. An ambulance containing specialist handling equipment of the heavier person would be alerted. This ensures the most suitably equipped vehicle is sent to assist as early as possible.

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| **Salisbury NHS Foundation Trust**  **Bariatric Patient Discharge Assessment.**  Patient Name-..……………………………………Hos Number………………..  Address-…………………………………………………………………………….  ……………………………………………………………………………………….  ……………………………………………………Post code-…………………….  Contact Number………………………………………Age…………Sex………  Details of persons Physical Characteristics (Please give as much information as possible)  Weight…………….Height………….BMI…………Body Shape…………….Mobility…………. |
| Details of home environment/access  Consider widths of – garden gates, doorways, thresholds, hallways, stairs, room size, drives  Consider other factors - pets, flooring, lighting, grab rails, |
| Details of relevant medical conditions |
| Equipment available on scene |
| Form completed by – ………………………………………………………………………………  Designation - …………………………………………………………………………………………. |
| **Individual consent:**  I hereby give my consent for the information on this form to be circulated to agencies that are or maybe involved in my immediate or future ambulance transportation  Patients Name-………………………………………. Date signed-………………………… |