**Transfer document: Acute Hospital to Tier 4**

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| **DATE COMPLETED:** |

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| **BOX A: Demographics and Measurements** | | |
| Patient Details | | Current |
| First name | | Weight |
| Surname | | Height |
| Address | | BMI |
| %BMI |
| COVID status |
| Hospital number | |
| NHS number | |
| **Parent details** | | |
| Name | Name | |
| Telephone Number | Telephone Number | |
| Parental Responsibility Y/N | Parental Responsibility Y/N | |

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| **BOX B: For Eating Disorder Transfers** | |
| Current Oral Intake  (Calories/ how much of meals are completed) |  |
| Meal plan number |  |
| Calories taken per day |  |
| Fluids |  |
| Ng Regimen |  |

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| **BOX C: Current mental and physical health issues** | |
| Problem list |  |
| Indication for transfer |  |
| Medication |  |
| Past medical history of note |  |
| Any rapid tranquilisation needed |  |
| Level of nursing support / supervision needed |  |
| Mental Health Act details |  |
| Relevant investigations |  |
| Outstanding investigations (results pending) |  |

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| **BOX D: Communication about transfer** | | |
| **Referring team** | | **Receiving team details** |
| Contact details for paediatric team  Salisbury Hospital 01722336262  Sarum ward extension 2561  Paediatric Registrar bleep 1165  Consultant bleep 1806  Named paediatric consultant:  Email: | | Hospital  Ward  Responsible Consultant |
| Contact details for local CAMHS team  Salisbury CAMHS 01722336262 ext 2779  [camhssalisburyteam@oxfordhealth.nhs.uk](mailto:camhssalisburyteam@oxfordhealth.nhs.uk) | |
| **Verbal handover to receiving team** | | Date/time |
| SITUATION | | |
| BACKGROUND | | |
| ASSESSMENT | | |
| RESPONSE | | |
| Signature/ Grade/ Bleep |  | |
| Nursing handover documentation: | | |

Documentation checklist

* Discharge summary (EDS)
* Observation chart photocopy (plus copies of recent food record charts where appropriate)
* Drug chart photocopy
* Original MHA paperwork (plus copy put in CAMHS and Hospital medical notes)
* Printed copy of this transfer tool(should also have been emailed to receiving team)

**TIER 4 transfer from acute paediatric ward process map:**

There are three occasions during the process of transfer of a patient where the above transfer tool should be completed and emailed by the paediatric team.

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| 1. **INITIAL REFERRAL AND SEARCH FOR TIER 4 BED AVAILABILITY**  * CAMHS team complete referral to tier 4 bed as per agreed pathway * Paediatric team complete transfer tool (Boxes A /B/C ) with as much information about current medical status as available (this will help the Access Assessment Unit find the most appropriate bed) * email to [ThamesValleyT4SPA@oxfordhealth.nhs.uk](mailto:ThamesValleyT4SPA@oxfordhealth.nhs.uk) * Copy to [Chris.anderson1@nhs.net](mailto:Chris.anderson1@nhs.net) and to [camhssalisburyteam@oxfordhealth.nhs.uk](mailto:camhssalisburyteam@oxfordhealth.nhs.uk) * Print off a copy for the hospital record |

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| 1. **ONCE A BED HAS BEEN FOUND**  * Once a patient has been accepted and a bed is expected to become available then an updated copy of the transfer document needs to be emailed to the receiving clinician. * A conversation needs to happen between referring paediatric team and receiving mental health team – and an agreement about when the receiving team is going to be updated about the patient’s progress. The relevant contact details for the receiving team should be documented in the hospital record. |

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| 1. **IMMEDIATELY PRIOR TO TRANSFER**  * Within 24 hours of transfer there should be a telephone conversation handing over the patient (See SBAR approach in Box D) which is then documented on the transfer tool. * The tool should then be finalised and emailed again to the receiving clinician * Copy to [Chris.anderson1@nhs.net](mailto:Chris.anderson1@nhs.net) and to [camhssalisburyteam@oxfordhealth.nhs.uk](mailto:camhssalisburyteam@oxfordhealth.nhs.uk) * A copy should be filed in the hospital record and should accompany the patient with the discharge summary and other relevant documents |