

Please phone Bed Manager to confirm referral

 **07 4120 6157**  **07 4124 8061**



**ST STEPHEN'S**  
HOSPITAL

## Patient Referral for Admission

<b>Patient Name:</b>		Date of Birth:	
Date of Referral:		<b>Doctor Referring:</b>	
<b>Expected Date for Admission:</b>		<b>Provider Number:</b>	
Admission Type: <input type="checkbox"/> Acute <input type="checkbox"/> Rehab		Accepting Doctor:	
Reason for Admission / Diagnosis:			
Co-morbidities:			
Comments / Other:			
<b>Health Fund:</b>		<b>Health Fund No:</b>	
		<b>DVA GOLD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Admitted From:			
Referrer / Contact Name:		Contact Number:	
If current inpatient has the Private Health been used: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what date were they admitted:			
Do any of the following apply:			
<input type="checkbox"/> BMI >50 or Weight >150kg		<input type="checkbox"/> Specialed in past 24-48hrs	
<input type="checkbox"/> Falls Risk		<input type="checkbox"/> Wandering / Absconding risk	
<input type="checkbox"/> Pressure injury risk		<input type="checkbox"/> Requiring Telemetry	
<input type="checkbox"/> Cognition: <input type="checkbox"/> Alert <input type="checkbox"/> Confusion <input type="checkbox"/> Short term memory loss <input type="checkbox"/> Depression			
<input type="checkbox"/> Isolation: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> Other:			
<b>Current Level of Dependence:</b>			
Transfers	<input type="checkbox"/> Independent	<input type="checkbox"/> Supervision	<input type="checkbox"/> Assist x ____ <input type="checkbox"/> Equipment
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Supervision	<input type="checkbox"/> Assist x ____ <input type="checkbox"/> Equipment
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Supervision	<input type="checkbox"/> Assist x ____ <input type="checkbox"/> Equipment
Continence	<input type="checkbox"/> Independent	<input type="checkbox"/> Supervision	<input type="checkbox"/> Assist x ____ <input type="checkbox"/> Equipment
Last QADDS Time:		QADDS Score:	
Allied Health Involvement: <input type="checkbox"/> PT <input type="checkbox"/> Occ Therapy <input type="checkbox"/> SLT <input type="checkbox"/> Dietitian <input type="checkbox"/> Other <input type="checkbox"/> Notes attached			

## St Stephen's Hospital Admission Criteria

<p>Basic Hospital Admission Criteria</p>	<ul style="list-style-type: none"> <li>■ Not requiring 1:1 nursing care e.g. due to acute delirium.</li> <li>■ Patients, who are palliative, end of life and not for resuscitation or</li> <li>■ Patients who are for Resuscitation must meet all of the following criteria:             <ul style="list-style-type: none"> <li>– NO Covid-19 confirmed cases</li> <li>– Glasgow Coma Scale &gt;13</li> <li>– Hypotension i.e. systolic BP &gt;100mmHg or MAP &gt;70mmHg</li> <li>– Hypertensive crisis i.e. SBP &lt; 240mmHg OR DBP &lt;120mmHg</li> <li>– Brady-arrhythmia or HR &gt; 45bpm</li> <li>– Sinus tachycardia &lt;120bpm or sustained atrial tachyarrhythmia &lt;150bpm.</li> <li>– Respiratory rate while awake &gt; 10 or &lt;24 breaths/minute, SaO<sub>2</sub> &gt; 96% (may include patient on 6L oxygen via Hudson mask)</li> <li>– NO Severe acid-base or electrolyte abnormality or severe acute renal or liver failure</li> <li>– NO High risk acute coronary syndrome i.e. ongoing ischaemic pain, ischaemic ECG changes, troponin elevation or ventricular arrhythmias.</li> <li>– NO Suspected aortic dissection</li> <li>– NO Pulmonary embolism with BP &lt;120mmHg or HR &gt;110bpm or RR &gt;20</li> <li>– NO Suspected or confirmed ventricular arrhythmias</li> <li>– NO Tachy-Brady syndrome i.e. Paroxysmal AF with rapid ventricular responses alternating with sinus rates &lt;40bpm</li> <li>– NO Active moderate or severe bleeding</li> <li>– QADD &lt;3.</li> </ul> </li> </ul>
<p>Cardiac Monitoring Admission Criteria</p>	<p>Basic Hospital Admission Criteria applies.</p> <p>Additional criteria:</p> <ul style="list-style-type: none"> <li>■ Has been reviewed and directly referred by a Cardiologist if admitted via Emergency Care and not reviewed by Cardiologist.</li> <li>■ Accepted by a Cardiologist, Internal Medicine or General Physician.</li> <li>■ No dialysis dependent patients.</li> <li>■ Normal Troponin or if Troponin raised a Cardiologist is aware.</li> </ul>
<p>Neutropenia Admission Criteria</p>	<p>Basic Hospital Admission Criteria applies.</p> <p>Additional criteria:</p> <ul style="list-style-type: none"> <li>■ Has been reviewed and directly referred by a Oncologist or Internal Medicine or General Physician and</li> <li>■ If febrile must have spent a minimum of 24 hours in a hospital.</li> <li>■ Have a QADDS &lt;3.</li> <li>■ Evidence of increasing neutrophils.</li> <li>■ Has had 24 hours of antibiotics.</li> </ul>
<p>Bariatric Admission Criteria (for Surgical Patients only)</p>	<p>Medical – up to 200kg Surgical – &lt; 150kg and &lt; 50 BMI</p>
<p>Mental Health Admission Criteria</p>	<p>Patients with a known mental health condition requiring acute care for a medical or surgical reason can be admitted if their mental health condition is stable.</p>
<p>Trauma Patients</p>	<p>Must have a specialist Physician / Orthopaedic review prior to admission to ensure the patient is suitable for admission to St Stephens.</p>