

Please phone Bed Manager to confirm patient acceptance before sending referral

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## Patient Referral for Admission

|  |              |                            |               |              |
|--|--------------|----------------------------|---------------|--------------|
| URN:   |              |                            |               |              |
| Surname:   |              | Given Name:                |               |              |
| Date of Birth:   |              | Sex:    Female    Male     |               |              |
| Date of Referral:  |              | Doctor Referring:          |               |              |
| Expected Date for Admission:   |              | Provider Number:           |               |              |
| Admission Type:    Acute    Rehab  |              | Accepting Doctor:          |               |              |
| Reason for Admission / Diagnosis:  |              |                            |               |              |
| Co-morbidities:  |              |                            |               |              |
| Comments / Other:  |              |                            |               |              |
| Advanced Health Directive:   |              |                            |               |              |
| Resuscitation Plan:    Yes    No   |              | Details:                   |               |              |
| Health Fund:   |              | Health Fund No:            |               |              |
| Current Location:  |              | Contact Phone No / Unit:   |               |              |
| Referrer / Contact Name:   |              | Contact Number:            |               |              |
| Next of Kin / Emergency Contact Details:   |              |                            |               |              |
| If current inpatient has the Private Health been used:    Yes    No                            |              |                            |               |              |
| If yes, what date were they admitted:  |              |                            |               |              |
| Do any of the following apply:   |              |                            |               |              |
| BMI >50 or Weight >150kg   |              | Specialed in past 24-48hrs |               |              |
| Requiring Telemetry  |              | 4AT Score:                 |               |              |
| Isolation:    Contact    Droplet    Other:   |              |                            |               |              |
| Current Level of Dependence:   |              |                            |               |              |
| Transfers  | Independent  | Supervision                | Assist x ____ | Equipment    |
| Toileting  | Independent  | Supervision                | Assist x ____ | Equipment    |
| Mobility   | Independent  | Supervision                | Assist x ____ | Equipment    |
| Continence   | Independent  | Supervision                | Assist x ____ | Equipment    |
| Last QADDs Time:   | Temp:<br>RR: | Pulse:<br>BP:              | SPO<br>BGL:   | QADDs Score: |
| Allied Health Involvement:    PT    Occ Therapy    SLT    Dietitian    Other    Notes attached |              |                            |               |              |

## St Stephen's Hospital Acute Admission Criteria

|                |   |
|----------------|---|
| Medical        | <ul style="list-style-type: none"> <li>■ Stable cardiac patients including but not limited to; <ul style="list-style-type: none"> <li>– Telemetry monitoring as per guidelines</li> <li>– Atrial Fibrillation (AF)</li> <li>– TIA (Transient Ischemic Attack)</li> <li>– Stroke</li> <li>– Arrhythmias</li> <li>– Heart failure</li> <li>– Angina (stable and unstable)</li> </ul> </li> <li>■ All acute stable medical conditions</li> <li>■ Respiratory conditions <ul style="list-style-type: none"> <li>– COVID positive, RSV, influenza etc</li> <li>– Patients requiring High Flow Nasal Prongs up to 40/40 (HFNP)</li> </ul> </li> <li>■ Renal <ul style="list-style-type: none"> <li>– Chronic and acute renal failure</li> </ul> </li> <li>■ Endocrine <ul style="list-style-type: none"> <li>– Diabetes management</li> <li>– Electrolyte imbalance</li> </ul> </li> <li>■ Medical and surgical wound management</li> <li>■ Post fall management - medical and rehabilitation</li> <li>■ Pain management</li> <li>■ EOL pathway</li> <li>■ Geriatric evaluation and management</li> </ul> |
| Surgical       | <ul style="list-style-type: none"> <li>■ Acute orthopaedic cases (including work-cover)</li> <li>■ General surgery</li> <li>■ Acute urology</li> <li>■ Acute gynaecological procedures</li> </ul> <p>*Queensland emergency surgery priority categories (<a href="#">QH-GDL-440:2017</a>)<br/>- categories C, D &amp; E.<br/>Refer to: <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0033/635784/qh-gdl-440.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0033/635784/qh-gdl-440.pdf</a></p>   |
| Oncology       | <ul style="list-style-type: none"> <li>■ Febrile neutropenia</li> <li>■ Radiation planning and treatment</li> <li>■ Chemotherapy support</li> </ul>   |
| Rehabilitation | <ul style="list-style-type: none"> <li>■ Orthopaedic</li> <li>■ Respiratory</li> <li>■ Cardiac</li> <li>■ Reconditioning</li> <li>■ Stroke</li> </ul>   |