University Hospital Llandough (UHL)
Penlan Road, LLandough, CF64 2XX
02920715379

All Wales Invasive Ventilation and Rehabilitation Unit

Referral Form

Please complete fully and email to Mark.Smithies@wales.nhs.uk and Nick.Stallard@wales.nhs.uk

Patient Name		Gender	DOB	NHS Number
Date of Referral	Referring Hospital	Ward and contact details		
Referring Consultant		Contact Number		
Primary Diagnosis/Reason for referral				
Date of admission to hospital		Date of intubation		
History of Present Condition				
Tracheostomy Surgical / Percutaneous Performed on:		Type / Make	Tube Size	Cuffed Uncuffed
Ventilation Settings:				
Current Weaning Plan				

Latest ABG Date: FiO2	pH	PaO2 (kPa)	PaCO2 (kPa)	HCO3 mmols/l	BE

Patients weight and height	How is the patient fed?	Oral (IDDSI level)	NGT	PEG	JEJ

Bowel Management		
How does the patient communicate?		
Is there evidence of delirium?	Concerns with low mood?	Concerns about anxiety?
How does the patient mobilise?		
Relevant medical history (including mental health)		
Infection Status: Please state CRE and MRSA status (swab must be sent prior to transfer) and any other infection control needs (e.g. C diff/Acinetobacter)		
Is the patient/family aware of referral? Does the patient have capacity?		
Referrers name and contact number		