



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

ACCELERATED TRANSFER TO DIE AT HOME NURSING TRANSFER LETTER

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

This document is placed in the patient's notes and forms part of the patient's health care record. Please ensure a completed copy is sent with the patient on discharge.

Identification / Introduction

Family/carer contact name: _____

Does the patient have an Enduring Guardian: Yes No

Address: _____

(If 'No' details of Person Responsible)

Phone: _____

Name: _____

GP name: _____

Phone: _____

GP aware of transfer: Yes No

Situation

Allergies: _____

Infection status: _____

Any home visiting risks identified: Yes No

Details: _____

Advance Care Directive: Yes No

Sent with patient: Yes No

Palliative Care Phase: stable unstable deteriorating terminal
(see guidance notes overleaf)

Background (relevant presenting problems & clinical history)

Diagnosis:

Comorbidities:

Medications: oral subcutaneous:
 intermittent syringe driver

Wound: _____ Pressure injury risk: Yes No

Nutrition/hydration:

Continence:

Mobility/falls: _____ Fall risk: Yes No

Equipment:

Sensory:

Cognition:

Social/carer issues:

Other services involved:



SMR010061

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH700142 280417

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SMR010.061

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Assessment

Symptoms: pain nausea vomiting dyspnoea constipation other

Management plan: Note time, dose and medication given prior to transfer; if syringe driver insitu note time of new syringe replacement

Recommendation

Please find attached documents such as medication charts, ACD, and other documents pertaining to the care of this patient.

In the event that care at home is no longer possible the goals of care remain as documented even if place of care changes

Print name: _____ Signature: _____

Designation: _____ Date: ____/____/____ Contact number: _____

Guidance notes for assessment of Palliative Care Phase

PALLIATIVE CARE PHASE

Staff rated: Choose one phase only.

1. **Stable:** Patient problems and symptoms are adequately controlled by established plan of care
2. **Unstable:** Development of a new problem or a rapid increase in the severity of existing problems
3. **Deteriorating:** Gradual worsening of existing symptoms or the development of new but expected problems
4. **Terminal:** Death likely within days

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