Affix patient sticker here

Hospital admission date:

Date of assessment:

Time of assessment:

Discussed with referring team consultant (name): Please document source of information: [ablent, family member or someone close to patient, advance core plon etc] Discussed with referring team consultant (name): Recommendation Obtain a review to plan care in the event of deterioration Obtain a review to plan care in the event of deterioration Othat in a review to plan care in the event of deterioration Othat in a review to plan care in the event of deterioration Othat in a review to plan care in the event of deterioration Other (please specify) Has the patient or a person close to them been given an information sheet regarding referration Other (please specify) Has the patient or a person close to them been given an information sheet regarding referration Other (please specify) Has the patient or a person close to them been given an information sheet regarding referration Other (please specify) Has the patient or a person close to them been given an information sheet regarding referrat to intensive care? Discussed with ICU team member: Name: Signature: Role: GMC number:	
Background: Patient's medical history and evidence regarding ability to recover from critical illness (e.g. frailty score, trajectory of illness, physiological reserve, etc.) Patient's values and wishes: (What is important to the patient about outcomes of their care?) Please note any ReSPECT form/ advance decision to refuse treatment.) Please document reasons if no information available. Please document source of information: [patient, family member or someone close to patient, advance care plan etc] Discussed with referring team consultant (name): Recommendation To obtain a review to consider admission to ICU/HDU for full or limited organ support To obtain a review to plan care in the event of deterioration Other (please specify) Has the patient or a person close to them been given an information sheet regarding referral to intensive care? Discussed with ICU team member: Name: Role: Date Signature:	
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	Role: Date
	Name:Signature:

This project was funded by the NIHR HS&DR programme (project number 13/10/14)

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