

Patient Label

Active Problems and GSF Status	Blue	Green	Yellow	Red
	Years	Months	Weeks	Days

Escalation Status on Admission	Yes	No
Is the patient for resus? If no, please enclose DNACPR form if already in place*		
Are observations to be carried out? (e.g. regular BP/Oxygen/BMs)		
If the patient develops a urine/chest infection, should this be treated?		
If the patient falls should they go to A&E?		
If the patient has a sudden change of condition, is transfer to an acute ward appropriate?		
Has the above been discussed with the patient/family?		
<small>*Escalation status will be discussed with the patient/ family by unit staff on/ following admission or where appropriate i.e. when there is an unexpected change in the patient's condition.</small>		

Any other know possible emergencies that you wish to plan for?

Referrer's Signature	
Referrer's Name	
Date	

Referral Information received by:	Name:
Date:	Job title:

# Grantham Hospice in the Hospital

St Barnabas Hospice Trust, South West Lincolnshire Clinical Commissioning Group and United Lincolnshire Hospitals have commissioned a nurse-led community Inpatient service for those living with life-limiting or terminal illness.

The Hospice in a Hospital service offers 24-hour holistic, registered nursing care that includes on-going assessment, pain control and symptom management. In addition, the nursing team are able to offer clinical assessment, syringe driver care, advance care planning, verification of expected death and support advanced communication with patients, families and carers.

The nursing team are supported by general practitioners and refer to the patient's own GP and the unit is supported by the St Barnabas Consultant in Specialist Palliative Medicine for additional advice and specialist support.

Please see referral criteria overleaf.



## Referral

The referral criteria for admission to the Hospice in the Hospital are as follows:

The patient is 18 years old or over and has needs identified under one of the following four categories of life care:

- Assessment and symptom management
- Palliative rehabilitation
- Crisis care, only available to prevent an acute admission
- End of life care

Referrals can be accepted from the patient's own General Practitioner, Key Worker, Specialist nurse or nominated health or social care professional.

The Clinical team will be happy to support any registered professionals through the referral and admission process. Please find the attached referral form.

**Hospice in the Hospital**  
**Grantham Hospital**  
**Manthorpe Road**  
**Grantham**  
**NG31 8DG**

**01476 464 989**  
**enquiries@stbarnabashospice.co.uk**

**StBarnabasHospice.co.uk**  
 @StBarnabasLinc StBarnabasLinc



Registered charity no. 1053814

## Referral form for Hospice in the Hospital



Patient Name:					
NHS Number:		DOB:			
Address:		Location:			
Patient Phone Number:					
1st Contact/NOK (include address)		Contact No:			
GP:		Contact No:			
GP Practice:					
Name of Referrer:		Contact No:			
Job Title:		Date:			
Please tick					
Reason for Admission:	Symptom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	End of Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Prevent Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Palliative Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnosis/Prognosis:					
Is the patient/family aware?					
	Yes	No		Yes	No
Has patient got a valid DNACPR?	<input type="checkbox"/>	<input type="checkbox"/>	Syringe Driver in situ?	<input type="checkbox"/>	<input type="checkbox"/>
CD1 Form (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	Known Infection?	<input type="checkbox"/>	<input type="checkbox"/>
Has patient got ACP/ADRT?	<input type="checkbox"/>	<input type="checkbox"/>	Known Pressure Damage?	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen (please delete as appropriate) Continuous/intermittent/High Flow	<input type="checkbox"/>	<input type="checkbox"/>	Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Any Additional Information					