

NORTH AYRSHIRE CHLN Referral

Appendix 4

For CLINICAL SUPPORT REQUIRED WITH INDIVIDUAL RESIDENTS.

Resident's CHI	
Resident's Name	
Care Home & GP SURGERY	
REASON FOR REFERRAL TO CHLN	
Can this wait for next CHLN planned visit or is this more urgent? (telephone CHLN with details 07921492166 or 01294 323337 (office))	
Any other relevant information – for example; Past Medical History, current medications, allergies, known to AHP (Podiatrist. Dietician, SALT Parkinson's nurse, MS Team)? DNACPR? ACP? TEP? AWI? KEY WORKER'S NAME/NAMED NURSE	
ANY OTHER COMMENTS (for example; what is normal for this person, recent deterioration) (RESTORE2 SBAR, Vital signs taken, please record in space provided below + anything you feel is relevant to the referral)	
SKIN: Current pressure damage: Yes/No *delete as appropriate If yes, what Grade is this? CONTINENCE: Does the person use continence products or do they have a urinary catheter? Yes/No *delete as appropriate If yes please provide more details	