**Grampians Health Ballarat**

*Base Hospital*

1 Drummond Street North, Ballarat

(03) 5320 4000

*Queen Elizabeth Centre*

102 Ascot Street South, Ballarat

 (03) 5320 3700

PO Box 577, Ballarat VIC 3353

grampianshealth.org.au

**REFERRAL TO REHABILITATION / GEM**

|  |  |
| --- | --- |
| **TO:** |  |
| **FAX NUMBER:** |  |
| **DATE:** |  |
| **FROM:** |  |
| **NO OF PAGES** (including leader sheet)**:** |  |
| **SUBJECT:** |  |

Note: **MRSA & VRE Swab & COVID – 19 swab results & completed COVID questionnaire are required prior to transfer**.

**Referral requirements to be completed:**

* The patient registration sheet
* Detailed medical assessment must be provided and Consultant Rehabilitation or Geriatrician assessment if available
* Social history
* Allied health assessments (including premorbid and current level of function, home set up)
* Infection issues, recent pathology and radiology results, medication list
* Dietary information and weight. Patients >100kg must have Bariatric Risk Assessment Tool completed (see below)
* Cognition assessment, with behavioural concerns noted/
* Patient and family goals and expectations
* Continence status
* Wound information, if relevant

Please provide a key contact and/or ward number for contact. Please do not hesitate to contact our service if you have any questions. Fax the completed referral to 03 53203632.

Regards,

Sue Clifford

Subacute Liaison Nurse

**COVID 19 Risk Screening for Referrals from Private and Public Hospitals**

**outside Grampians Health**

In addition to the usual vetting processes regarding suitability for GEM or inpatient rehabilitation, please complete the following screening.

**Does the patient have any of the following?**

1. Cough Yes / No
2. Fever Yes / No
3. Malaise Yes / No
4. Other systemic upset, rhinitis, dyspnoea Yes / No
5. Had contact with recent overseas travellers,

cruise liner passengers or COVID 19 patients Yes / No

1. Have not had visitors (as visitor policy of

referring institution is known to be strict Yes / No

1. Temperature measured as normal Yes / No
2. One recent negative COVID 19 swab Yes / No
3. The patient been on a high-risk ward Yes / No
4. The patient been in a single room Yes / No
5. The patient been exposed to COVID positive patients Yes / No
6. Length of stay in referring institution Yes / No

|  |  |
| --- | --- |
| **Bariatric Risk Assessment Tool (BRAT)**Complete on all patients who meet the minimum **two** of the following Weight > 100kg; BMI >35; Pt width>500mm (widest point)  | Score |
| Weight  | 1. 100-129kgs
 | 2) 130-159kgs | 3) 160-179kgs | 4) 180kgs + |  /4 |
| Assistance  | 1. Independent
 | 1. Supervised
 | 1. Able to assist
 | 1. Not able to assist
 |  /4 |
| Pt Width  | 1. 500-599mm
 | 1. 600-749mm
 | 1. 750-849mm
 | 1. 850mm+
 |  /4  |
| **BRAT Scoring Key Low Risk: Score 3 – 5** **Medium Risk: Score 6 - 8**  **High Risk: Score 9 - 12**  | Total  /12 |

|  |  |  |
| --- | --- | --- |
| **Low** Care needs can be met utilising regular hospital equipment. Usually able to assist. | **Medium**Can use regular hospital equipment re bed/lifters but require some extra bariatric equipment (chair/ shower chair with extra width and SWL). May be unable to assist. | **High** Width/weight exceeds most hospital beds/lifting equipment. Will require bariatric specific lifting equipment/ bed and room to allow for this. Will require extra staff ratio to meet care needs if unable to assist.  |