**Guidelines for Specialist Rehabilitation Referrals in West Yorkshire**

**The patient must:**

1. **Have a primary neurological condition / deficit**
2. **Be medically fit to transfer to the receiving unit**
3. **Have both the potential to respond to and actively participate in their rehabilitation**
4. **Have an NHS number and be registered with a GP practice**
* All patients in Leeds outside of the neurosciences bed base must be screened by the LGI or SJUH rehabilitation team, please see contacts below.
* Dr Smith (LGI), Dr Halpin (SJUH) and Professor O’Connor and the acute rehab teams at LGI and SJUH can provide advice on rehabilitation pathways and referrals within West Yorkshire.
* Please ensure that this document is completed fully before sending to avoid delays in acceptance. Please also check receipt of the document using the telephone numbers below. Please keep the receiving unit updated with ward changes and ensure a medical summary is sent with the patient on the day of transfer. Please ensure any images are transferred via PACS to the receiving unit.
* Chapel Allerton ward C1 and Woodlands (York) cannot accept patients with an NG tube.
* Patients from Harrogate need to be transferred to Oakdale ward
* Patients with a tracheostomy who need to transfer to specialist rehabilitation should be discussed with the acute rehabilitation teams within LTHT as there are limited units who can accept.
* Barnsley neurorehabilitation unit (NRU) can accept patients with funding agreed by CCG from Mid Yorks, Kirklees and Calderdale regions as well as patients with a tracheostomy from any area. Please liaise with the relevant CCG facilitate funding - the acute rehab teams in Leeds can support this process. Patients from Barnsley do not require individual funding agreements.
* Calderdale stroke unit (ward 7c) can accept patients for stroke rehabilitation but do not provide specialist neurorehabilitation. Please contact the CCG or Leeds acute rehab teams for advice

**CONTACTS:**

* **LGI Rehabilitation team:** Dr Matthew Smith: matthewsmith@nhs.net, 07792 554 303, PT: Madeleine Kenny/Claire Hammond: madeleinekenny@nhs.net, claireehammond@nhs.net, OT: lyndsay.mclean@nhs.net
* **SJUH Rehabilitation team:** Prof O’Connor (ro’connor@nhs.net) PT: Denise Ross/Christy Holland: Denise.Ross@nhs.net, christyholland@nhs.net, OT: Chris Walshaw: Chris.Walshaw@nhs.net

**REFERRALS:**

* **Chapel Allerton Hospital**: tel: 0113 39 24501. Leedsth-tr.wardc1referrals@nhs.net
* **Ward 5, Airedale General Hospital**: Dr Stoppard, tel: 01535 29 2051
* **Ward 6, Bradford Royal Infirmary**: Dr Busby, tel: 01274 36 3206/4364
* **Woodlands Rehabilitation Centre, York**: Dr Platts: marina.platts@nhs.net
* **Ward 5&6, Stroke & Neuro Rehab Unit, Dewsbury Hospital**: Tel: 01924 319458 (ward reception). Referrals must be emailed to: krithik.ranganathan2@nhs.net (Dr Krithik Ranganathan, consultant), c.dunford@nhs.net (OT), Rachael.fuller@nhs.net (PT) AND janet.tennant@nhs.net (ward manager)
* **Harrogate Oakdale**: Please liaise with Dr Buccoliero r.buccoliero@nhs.net, Dr Davey richard.davey1@nhs.net and Dr Sansam k.sansam@nhs.net
* **Barnsley NRU, Kendray Hospital**: tel: 01226 644325 swy-tr.barnsleynrureferrals@nhs.net

Patient Name:

Date of Birth:

Unit no: NHS no:

Home Address:

* West Yorkshire
* WF10 5UD

Tolerance of treatment session: None [ ]  <30mins [ ]  30mins-1hr [ ]  >1 hour [ ]

Patient/relatives aware of referral? Yes [ ]  No [ ]  Safeguarding issues? Yes [ ]  No [ ]

Active DOLS in place? Yes [ ]  No [ ]  1:1 Nursing Special? Yes [ ]  No [ ]

Instances of aggression? Yes [ ]  No [ ]  Absconding risk? Yes [ ]  No [ ]

Significant Anxiety/Depression? Yes [ ]  No [ ]  Mental Health Condition? Yes [ ]  No [ ]

**Notes:**

*(include any*

*communication*

*issues between*

*patient/family*

*and the MDT)*

Rehabilitation Prescription for Referrals to Specialist Units

Ward: Ward tel:

Hospital:

Consultant:

Date of Referral:

**MEDICAL COMPLETED BY:**

**Where is the patient being referred to?**

Airedale [ ]  Bradford [ ]

Barnsley [ ]  Dewsbury [ ]

Harrogate [ ]  Leeds [ ]

York [ ]  Other please specify:

Date of admission: Date of onset (If different):

Diagnosis:

Past Medical History:

Details of admission

(*including procedures*

*performed and full*

*injury list if applicable)*

Investigation results

(please attach):

MRSA screen: +ve [ ]  -ve [ ]  Date of last screen: Covid status: +ve [ ]  -ve [ ]

Source Isolated? Yes [ ]  No [ ]  Details:

Allergies:

**SOCIAL HISTORY COMPLETED BY:**

Current housing: No fixed abode [ ]  House [ ]  Flat [ ]  Owner occupied [ ]  Rented [ ]

Social and employment Hx

Has UK residency: Yes [ ]  No [ ]  RSD sent: Yes [ ]  No [ ]  Interpreter required: Yes [ ]  No [ ]

**REHABILITATION (OT/PT/SLT) COMPLETED BY:**

Ward: Ward Tel:

Hospital:

Consultant:

Date of referral:

Patient Name:

Date of Birth:

Unit no: NHS:

Home Address:

**NURSING CARE NEEDS COMPLETED BY:**

**Continence**

Continent of faeces? Yes [ ]  No [ ]  If NO is there a bowel regime? Yes [ ]  No [ ]

Continent of urine? Yes [ ]  No [ ]  Catheter: None [ ]  Urethral [ ]  Subrapubic [ ]

**Nutrition:**

Entirely Oral [ ]  Artificial top-up [ ]  Oral tasters only [ ]  Nil by mouth [ ]

No feeding tube [ ]  NG [ ]  PEG [ ]  RIG [ ]  TPN [ ]  Other (specify) [ ]  :

**Level 7** *regular food* [ ]  **Level 7EC** *Easy to Chew food* [ ]  **Level 6** *soft & bite-sized food* [ ]

**Level 5** *minced & moist food* [ ]  **Level 4** *pureed food* [ ]  **Level 3** *liquidised food* [ ]  **Nil** [ ]

 **Level 0** *thin drinks* [ ]  **Level 1** *thick drinks*  [ ]  **Level 2** *thick drinks* [ ]  **Level 3** *thick drinks* [ ]  **Nil** [ ]  Assistance/Supervision required? Yes [ ]  No [ ]

**Skin**

Pressure sore(s)? Yes [ ]  No [ ]  Datix? Yes [ ]  No [ ]  Dressing: Yes [ ]  No [ ]

Details:

**Other**

Family requiring

additional support Tracheostomy? Yes [ ]  No [ ]

**PHYSICAL ABILITIES (PT) COMPLETED BY:**

**Sitting**: Standard chair/wheelchair [ ]  Specialist chair/wheelchair [ ]  Unable [ ]

**Standing:** Independent [ ]  Assistance [ ]  Unable [ ]  Number of nurses required?

**Transfers:** Standing [ ]  Stepping [ ]  Hoist [ ]  Number of nurses required?

**Walking**: Independent [ ]  Physical assistance [ ]  Unable [ ]

**Comments including**

**weight bearing status:**

**COMMUNICATION (SLT) COMPLETED BY:**

Expressive aphasia?: Yes [ ]  No [ ]  Receptive aphasia? Yes [ ]  No [ ]  Dysarthria? Yes [ ]  No [ ]

Cognition related communication deficit? Yes [ ]  No [ ]  Able to communicate basic needs? Yes [ ]  No [ ]

**Notes**:

**COGNITIVE / PRECEPTUAL ABILITIES (OT) COMPLETED BY:**

**Does the patient have:**

Deficits of orientation? Yes [ ]  No [ ]  Post Traumatic Amnesia? Yes [ ]  No [ ]

Difficulty attending to tasks? Yes [ ]  No [ ]  Memory problems? Yes [ ]  No [ ]

Object recognition problems? Yes [ ]  No [ ]  Risk taking behaviour? Yes [ ]  No [ ]

Disinhibited behaviour? Yes [ ]  No [ ]  Impaired Insight? Yes [ ]  No [ ]

Unilateral spatial neglect? Yes [ ]  No [ ]  Visual field defect? Yes [ ]  No [ ]

**Comments:**

**CURRENT REHABILITATION GOALS COMPLETED BY:**

**1:**

**2:**

**3:**

**4:**

**5:**

**6:**

**REFERRALS MADE (include appt. dates if possible) COMPLETED BY:**

**1:**

**2:**

**3:**

**4:**

**5:**

**6:**

**ACTIONS FOR RECEIVING CENTRE COMPLETED BY:**

**1:**

**2:**

**3:**

**4:**

**5:**

**6:**

**Patient/Family Comments:**