**Transfer of Care to Virtual Ward**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Transfer from: | | | | | | | | | | | Date: | | | Time: | | | |
| Name of Referrer: | | | | | | | | | | Contact number: | | | |  | | | |
| **Patient’s Details:** | | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | NHS Number: | | | | |  | | | | |
| Last Name: |  | | | | | | | Date of Birth: | | | | |  | | | | |
| Address: |  | | | | | | | Patient aware of transfer: | | | | | Yes  / No | | | | |
| **Relevant Previous Medical History (PMH):** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Allergies:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Reason for Transfer to Virtual Ward:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Recent Observations** | | | **Blood**  **Glucose** | | **NEWS2** | | **HR** | | **BP** | | **Resp** | **Temp** | | **Sats** | | | **O2 therapy** |
| Date:  Time: | | |  | |  | |  | |  | |  |  | |  | | |  |
| Print out of Observation Chart? | | | | | | | | | | | | | | | Yes  / No | | |
|  | | | | | | | | | | | | | | | | | |
| ReSPECT Form: | | | | Yes  / No | | ReSPECT form sent with patient? | | | | | | | | | | Yes  / No | |
| Details: no | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Skin Integrity: | |  | | | | | | | | | | | | | | | |
| Waterlow: | |  | | | | | | | | | | | | | | | |
| Any Access Issues to Property: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

E-mail completed form to [Shropcom.vw@nhs.net](mailto:Shropcom.vw@nhs.net)