

Please phone Bed Manager to confirm referral

☎ 07 4120 6157 📠 07 4124 8061

Patient Referral for Admission

Patient Name:		Date of Birth:		
Date of Referral:		Doctor Referring:		
Expected Date for Admission:		Provider Number:		
Admission Type: Acute Rehab		Accepting Doctor:		
Reason for Admission / Diagnosis:				
Co-morbidities:				
Comments / Other:				
Health Fund:		Health Fund No:		
Referrer / Contact Name:		Contact Number:		
If current inpatient has the Private Health been used: Yes No				
If yes, what date were they admitted:				
Do any of the following apply:				
BMI >50 or Weight >150kg		Specialed in past 24-48hrs		
Requiring Telemetry		4AT Score:		
Isolation: Contact Droplet Other:				
Current Level of Dependence:				
Transfers	Independent	Supervision	Assist x ____	Equipment
Toileting	Independent	Supervision	Assist x ____	Equipment
Mobility	Independent	Supervision	Assist x ____	Equipment
Continence	Independent	Supervision	Assist x ____	Equipment
Last QADDS Time:			QADDS Score:	
Allied Health Involvement: PT Occ Therapy SLT Dietitian Other Notes attached				

St Stephen's Hospital Admission Criteria

Basic Hospital Admission Criteria	<ul style="list-style-type: none"> ■ Not requiring 1:1 nursing care e.g. due to acute delirium. ■ Patients, who are palliative, end of life and not for resuscitation or ■ Patients who are for Resuscitation must meet all of the following criteria: <ul style="list-style-type: none"> – NO Covid-19 confirmed cases – Glasgow Coma Scale >13 – Patient does not require air-born precautions – Hypotension i.e. systolic BP >100mmHg or MAP >70mmHg – Hypertensive crisis i.e. SBP < 240mmHg OR DBP <120mmHg – Brady-arrhythmia or HR > 45bpm – Sinus tachycardia <120bpm or sustained atrial tachyarrhythmia <150bpm. – Respiratory rate while awake > 10 or <24 breaths/minute, SaO₂ > 96% (may include patient on 6L oxygen via Hudson mask) – NO Severe acid-base or electrolyte abnormality or severe acute renal or liver failure – NO High risk acute coronary syndrome i.e. ongoing ischaemic pain, ischaemic ECG changes, troponin elevation or ventricular arrhythmias. – NO Suspected aortic dissection – NO Pulmonary embolism with BP <120mmHg or HR >110bpm or RR >20 – NO Suspected or confirmed ventricular arrhythmias – NO Tachy-Brady syndrome i.e. Paroxysmal AF with rapid ventricular responses alternating with sinus rates <40bpm – NO Active moderate or severe bleeding – QADD <3 – No dialysis dependent patients.
Cardiac Monitoring Admission Criteria	<p>Basic Hospital Admission Criteria applies.</p> <p>Additional criteria:</p> <ul style="list-style-type: none"> ■ Has been reviewed and directly referred by a Cardiologist if admitted via Emergency Care and not reviewed by Cardiologist. ■ Accepted by a Cardiologist, Internal Medicine or General Physician. ■ Normal Troponin or if Troponin raised a Cardiologist is aware.
Neutropenia Admission Criteria	<p>Basic Hospital Admission Criteria applies.</p> <p>Additional criteria:</p> <ul style="list-style-type: none"> ■ Has been reviewed and directly referred by a Oncologist or Internal Medicine or General Physician and ■ If febrile must have spent a minimum of 24 hours in a hospital. ■ Have a QADDS <3. ■ Evidence of increasing neutrophils. ■ Has had 24 hours of antibiotics.
Bariatric Admission Criteria (for Surgical Patients only)	<p>Medical – up to 200kg Surgical – < 150kg and < 50 BMI</p>
Mental Health Admission Criteria	<p>Patients with a known mental health condition requiring acute care for a medical or surgical reason can be admitted if their mental health condition is stable.</p>
Trauma Patients	<p>Must have a specialist Physician / Orthopaedic review prior to admission to ensure the patient is suitable for admission to St Stephens.</p>