

Rehabilitation and Assessment Directorate
Vale Of Leven Hospital Catchment

Referral Criteria:

1. Age ≥ 65
2. Need for Comprehensive Geriatric Assessment (Medical and/or MDT). Suggest using the ward based OT and Physiotherapy and Community care team review first aiming for direct discharge if possible.
3. Pre AMBLE Score- Please complete

Score/ Parameter	3	2	1	0	1	2	3
Heart rate	≤ 30	31-40	41-50	51-110	111-130	>130	
Respiratory rate	≤ 8		9-11	12-20	21-30	31-40	>40
AVPU	WILL ONLY	RESPOND	TO	Alert	Voice	Pain	Unresponsive
Systolic BP	≤ 70	71-80	81-95	96-199	>199		

4. Stable recent dated blood results and saturation

U&E----- FBC-----Saturation-----

5. Documentation of Consultant decision of referral in medical notes.-----

<u>Patient Details; (Sticker)</u>	
Name of patient;	Current ward number-----
DOB	Consultant-----
Address	Name of referring doctor-----
CHI number	Contact bleep number -----
	Date of referral-----

6. Details related to the referral;

- Reason for admission-----
- Details of any Procedures performed-----
- Date of procedure-----
- Significant other medical problems-----

- **AMT (Abbreviated Mental Test score) of the patient** -----
- **Social background/Mobility;**
- Lives alone----- Yes/No
- If from a care home----- Residential home/ Nursing home
- Preadmission mobility level- Independent/ use of Stick/ Zimmer frame/ Trolley/ other-----
Current Mobility level -----

7. Reason for referral -----

8. VOL Consultant Assessment plan (to be completed by VOL Consultant and Document in case notes) Date _____

Referral accepted/or reasons for not accepting-----

Transfer to RAH ward 5 or 6/Transfer to VOL ward 14 or 15/for further review