

## Notification of Repatriation from Brighton Major Trauma Centre

Demographics			
Patient:		DOB:	
Hospital No:		NHS No:	
Postcode:		GP:	
Current Clinical Team			
Consultant:			
Speciality:			
Location of patient:			
Injury	Management	Follow up details	
Reason for admission			
Any ongoing medical needs or recent medical management to be aware of			
Infection:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Tracheostomy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Specialised:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details:
Current mobility and transfer			
Able to Mobilise and Transfer Independently without aids: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Weight Bearing status:			
If no state type of aid:			
Level of Assistance required if not Independent:			
Supervision <input type="checkbox"/> Assistance of 1 <input type="checkbox"/> Assistance of 2 <input type="checkbox"/> Stand Aid <input type="checkbox"/> Full Sling Hoist <input type="checkbox"/> Other <input type="checkbox"/>			
Therapy Input		Medical Specialty Required on transfer	
Seen By:	Orthopaedics <input type="checkbox"/> Surgical <input type="checkbox"/>		
PT Yes <input type="checkbox"/> Still Requires <input type="checkbox"/> N/A <input type="checkbox"/>	Medical <input type="checkbox"/> Neurology <input type="checkbox"/>		
OT Yes <input type="checkbox"/> Still Requires <input type="checkbox"/> N/A <input type="checkbox"/>	Other <input type="checkbox"/> please state:		
		Major Trauma Signposting Partnership	
SALT Yes <input type="checkbox"/> Still Requires <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/>	
Discharge destination e.g. aim home/IPR (Intermediate Care)			
Needs further inpatient assessment: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Aiming for home: Yes <input type="checkbox"/> No <input type="checkbox"/>			
IPR (IMC): Yes <input type="checkbox"/> No <input type="checkbox"/>			
<ul style="list-style-type: none"> <li>• Has a referral to IPR been made: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• If so where to:</li> </ul>			
Please attach rehab prescription			



	Date	Time
Patient identified suitable for repatriation		
Repatriation form sent		
<b>Consultant allocated</b>		
<b>Name of consultant</b>		
<b>Speciality</b>		
Ongoing Progress Notes. Please record date, information and source		