

South Yorkshire, Bassetlaw and Mid Yorkshire Stroke Pathway **TOC Form 2**

Inpatient Stroke Service (HASU/ ASU/SRU/) to Community Stroke Service Transfer of Care Form 2 V6

Guidance Notes: Please complete this summary transfer of care document for transfers from an inpatient stroke service (HASU, ASU or SR) to community stroke services

SECTION 1: PERSONAL DETAILS:		
Full Name:	NHS Number:	
Date of Birth:	Next of Kin:	
Address:	Preferred Contact Number:	
Ethnicity:	Religion:	
Date of Admission:	Date of Transfer:	
GP DETAILS:		
Address including postcode:	Telephone no:	
SECTION 2: REFERRAL DETAILS		
Name of Consultant/referrer:		
Has patient consent been gained for the referral?	YES / NO	
Does the patient have capacity to consent?	YES / NO	
If the person does not have capacity, was the decision made in a best interest meeting?	YES / NO	
If no, give details:		
DNACPR in place: YES / NO	Date of issue:	Review date:
COVID STATUS		
Has the person tested positive for COVID-19? YES / NO		
Is the person a suspected case of COVID-19 ? YES / NO		
Is the person shielding ? YES / NO		
Is this person in self-isolation ? YES / NO		
Is anyone in your home symptomatic / Shielding / positive (circle as appropriate)		
Referral destination:	Service required (Please indicate if high / medium or low priority- H/M/L – circle as appropriate)	Professions required:
<input type="radio"/> Barnsley	<input type="radio"/> Acute Stroke Unit H/M/L/	<input type="radio"/> Clinical Psychology
<input type="radio"/> Bassetlaw	<input type="radio"/> Stroke Rehab Ward H/M/L	<input type="radio"/> Dietetics
<input type="radio"/> Chesterfield	<input type="radio"/> Early Supported Discharge H/M/L	<input type="radio"/> Medical
<input type="radio"/> Doncaster	<input type="radio"/> Community Stroke Team H/M/L	<input type="radio"/> Nursing
<input type="radio"/> Rotherham	<input type="radio"/> Intermediate Care H/M/L	<input type="radio"/> Occupational Therapy
<input type="radio"/> Sheffield	<input type="radio"/> 6/52 review H/M/L	<input type="radio"/> Physiotherapy
<input type="radio"/> Other/OOA	<input type="radio"/> 6/12 review H/M/L	<input type="radio"/> Speech & Language Therapy
	<input type="radio"/> Other H/M/L	<input type="radio"/> Social care
	<input type="radio"/> Stroke Association	<input type="radio"/> Other
SECTION 3: MEDICAL HISTORY		
Date of Stroke:		
Details of Stroke: (Thrombolysis / CT / MRI / Diagnosis)		

Past Medical History:															
Current Medication Type and Dosage:															
Allergies or Sensitivities:															
Known Risks: (e.g. Falls / Infection / Safeguarding Concerns)															
Social History/Circumstances:															
Other Services Involved and Onward Referrals to date: (e.g. Social Care / Orthotics / Spasticity Clinic / Splinting / FES / Wheelchairs)															
SECTION 4: PATIENT PRESENTATION															
Medical Status: BP/Pulse: Skin Integrity/ Waterlow Score: Infection status (MRSA, Clostridium Difficile, Loose stools):															
Swallow: Aspirating YES/NO Please expand: Respiratory status:															
<table border="0"> <tr> <td>Eating and Drinking:</td> <td>Enteral feeding:</td> <td>YES /NO</td> </tr> <tr> <td>MUST score:</td> <td></td> <td></td> </tr> <tr> <td colspan="3"><u>IDDSI Framework</u> (Please delete as applicable)</td> </tr> <tr> <td colspan="3">Fluids: 0 Thin (normal) 1 Slightly thick, 2 Mildly thick, 3 Moderately thick, 4 Extremely thick</td> </tr> <tr> <td colspan="3">Diet: 7 Regular (normal), 6 Soft & bitesized, 5 Minced & moist, 4 Pureed, 3 Liquidised.</td> </tr> </table>	Eating and Drinking:	Enteral feeding:	YES /NO	MUST score:			<u>IDDSI Framework</u> (Please delete as applicable)			Fluids: 0 Thin (normal) 1 Slightly thick, 2 Mildly thick, 3 Moderately thick, 4 Extremely thick			Diet: 7 Regular (normal), 6 Soft & bitesized, 5 Minced & moist, 4 Pureed, 3 Liquidised.		
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Communication: Receptive Dysphasia YES/NO Please expand: Expressive dysphasia YES/NO Please expand: Dysarthria YES/NO Please expand: Other:															
Continence: Catheter YES/NO If YES state rationale for catheter in situ:															
Physical Ability: Modified Rankin Score: Transfer ability: Mobility:															
Functional Ability: Barthel Score: Assistance required for Wash/Dress/Toileting:															
Cognition: MOCA score: OCS: Other:															
Behaviour and Emotions: Mood score: Any special requirements (e.g. 1:1, observations, visible bay, etc.):															
Sensory: Vision: Hearing: Touch/proprioception: Other:															
Other:															

SECTION 5: IDENTIFIED PATIENT NEEDS / GOALS		
1. 2. 3.		
Secondary Prevention:		
SECTION 6: EQUIPMENT AND CARE PROVISION REQUIRED BEFORE TRANSFER		
Equipment in place:	Equipment outstanding:	Action/date:
SECTION 7: LIFE AFTER STROKE SUPPORT (tick as applicable)		
<input type="checkbox"/> The patient has been advised about their local Stroke Association service.	<input type="checkbox"/> The patient has consented to referral to their local Stroke Association service and a referral has been sent.	<input type="checkbox"/> The patient has not been advised about their local Stroke Association Service <input type="checkbox"/> The patient has declined referral to their local Stroke Association Service. <input type="checkbox"/> The patient would benefit from further information.
SECTION 8: PATIENT AND CARER INFORMATION (tick as applicable)		
<input type="checkbox"/> The patient has been given a Regional HASU information leaflet	<input type="checkbox"/> The patient has been given verbal information about their stroke and pathway.	<input type="checkbox"/> The patient has been given verbal information about their local stroke services.
SECTION 9: REFERRER DETAILS		
Full Name:		Profession:
Contact Number/email:		Date/time of completion:
<i>Please attach any additional relevant information/documents.</i>		

TOC 2 forms should be emailed using the following Contact Email Addresses		
Place	Team	Email Address
Barnsley	Kendray Stroke Rehabilitation Unit	BarnsleySRUReferrals@swyt.nhs.uk
	Barnsley Integrated Stroke Community Team	barnsleycommunity.stroketeam@swyt.nhs.uk
Rotherham	Rotherham Integrated Community Stroke Team	rgh-tr.rotherhamstrokerehabilitationteam@nhs.net
Bassetlaw	Bassetlaw Community Neuro Rehab and Stroke Services	bhp.singlepointaccess@nhs.net
Doncaster	Doncaster Community Stroke Rehabilitation Team	Rdash.Rehabservices@nhs.net
Sheffield	Community Stroke Service	sth.communitystrokeservice@nhs.net