**ADMIRAL NURSE REFERRAL FORM**

**Role of the Admiral Nurse**

**1.** Provides support to families with complex needs caring for a person living with advanced dementia with or without co-morbidities.

**2.** Provides support for staff on the In-Patient Unit (IPU) or Brian House caring for someone with advanced dementia and complex needs with or without co-morbidities.

**3.** Provides advice, guidance and/or signposting for families and carers of people living with dementia.

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| **Referral Criteria** | **Tick** |
| Person has advanced dementia with or without co-morbidities and carer requires support. |  |
| Support required for staff caring for person admitted to the IPU or Brian House with advanced dementia. |  |
| Person, family or carer requires liaison/support/guidance or signposting. |  |

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| **Referrer Details** | **Tick** |  |  |
| Has the carer consented to the referral |  | Date of referral |  |
| Has the carer consented to information sharing |  | Date referral received |  |
| Name/ role of referrer |  | Contact Number |  |

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| **Carer Details** |  |
| Name | Relationship |
| Address | Telephone  Home  Work  Mobile |
| Date of Birth |  |
| Other Information |  |

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| **Other Family Members or Carers** |  |
| Name | Relationship |
| Address | Telephone  Home  Work  Mobile |

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| **Details of Person with Dementia** |  |
| Name | Date of Birth |
| Address | Telephone |
| Gender | Ethnicity |
| Type of Dementia | Co-Morbidities |
| GP Details |  |

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| **Risk** |
| Lone Worker |
| Safeguarding |
| Other |

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| **Other Agency Involvement** |
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| **Advanced Care Planning** | **Tick** |  | **Comment** |
| Power of Attorney  Health  Finances |  | On Gold Standards Framework Register  Stage - |  |
| Do Not Attempt Resuscitation (DNAR) |  | Preferred Place of Care (PPC) |  |
| Advanced Decision to Refuse Treatment (ADRT) |  | Preferred Place of Death  (PPD) |  |
| Best Interests |  | Other |  |

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| **Referral Details – Please indicate why you have referred this client at this time** |
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| **Please send or email referral to** [**trinity.referrals@nhs.net**](mailto:trinity.referrals@nhs.net) |
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| **Any queries please contact**  Lorna Webber, Admiral Nurse, Telephone 01253 358881, email: [lorna.webber3@nhs.net](mailto:lorna.webber3@nhs.net) |

Referral Form 1, October 2018