Patient name: CHI number:

Leverndale Hospital Inpatient Referral SBAR

Referral Source:	Reason:	Date:

Patient Name:	GP Name:
CHI Number:	Phone Number:
Date of birth:	Address:
Address:	NOK:
	Phone Number:

Situation

Presentation to referral source:

What precipitated referral:

Alternatives tried/considered:

Home Secure: Y ☐ N ☐ if No - details:

Children: Y ☐ N ☐ - Care Arrangements:

Other Care Responsibilities: Y ☐ N ☐ - Care Arrangements:

Background

Past Psychiatric History:

(Diagnosis and Admissions)

Previous history of self harm:

Previous history of violence/forensic history:

Alcohol and Drug use:

Social Supports:

Physical Health considerations:

Assessment

Current Mental State ;

- Level of Distress
- Delusions/Hallucinations
- Disinhibitions/Insight
- Suicidal/Homicidal Ideation
- Specific plans or targets

Recommendations/Aims

Medication changes:

Risk of Absconding:

Legal Status:

Estimated Arrival Time:

Completed By :

Patient name: CHI number:

Medical and Nursing Assessment Form **Leverndale Hospital**	Date Time Assessors

Patient Name CHI number Date of Birth Address	GP Name Phone Number Address

Source and Reason for Referral

Presenting Complaint and History (including precipitants, source, duration etc)

Patient name: CHI number:

NHS Greater Glasgow and Clyde

History of Presenting Complaint (continued)

Patient name: CHI number:

Past psychiatric history (including previous self harm/admissions/detentions)
Past medical history (including head injuries, seizures, delirium tremens, falls in last 12 months, cardiac etc). Any physical conditions which may increase the risk of collapse or injury during Restraint.
Family history (mental illness, suicide, addiction)
Social history (including relationships, supports, dependents, employment, housing, finances)

Patient name: CHI number:

Personal history (birth, development, upbringing, schooling, abuse, relationships and employment)
Premorbid Personality
Forensic history (including violence, contact with criminal justice system)
Drugs, alcohol and smoking history (including features of dependents and previous misuse)

Patient name: CHI number:

Mental State Examination
Appearance and behaviour (self care, irritable, distractibility, rapport, eye contact)
Speech (quality, rate, volume, tone etc)
Mood and affect (sad, low, elated, anxious, labile, blunted etc)
Thought form (including flight of ideas, loosening of associations, circumstantiality, retardation etc
Thought content (including worries, ideas to sell harm and others, delusions, obsessions, phobias)
Abnormal perceptions (illusions, hallucinations etc)
Cognition (including orientation, consciousness, concentration, memory, current events)
Insight (including understanding of illness, need for treatment)

Patient name: CHI number:

NHS Greater Glasgow and Clyde

MEDICINES RECONCILIATION

Source (please tick all used, ideally at least two within the first 24 hours)

Check PIMS/ Clinical Portal for medication alert: Yes ☐ No ☐

Patient ☐	Relative/Carer ☐	Patient Order Slip ☐	Referral Letter ☐	ECS ☐ *	GP Phone Call ☐	Patient's Own Drugs ☐	Other ……

Admission Medicines			Plan for medicines (Dr must complete)				Comments
Name	**Dose**	**Freq**	**Continue**	**Amend**	**Suspend**	**Stop**	**Reason for Alteration / Other comments**

Adverse Reactions/ Allergies:
(Please specify)

Reviewed by pharmacist ……..…. Date ……

Patient name: CHI number:

Physical Examination: Chaperone Required **Yes ☐ No ☐**

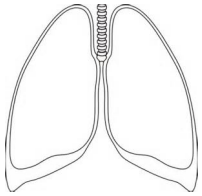
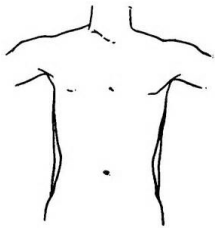
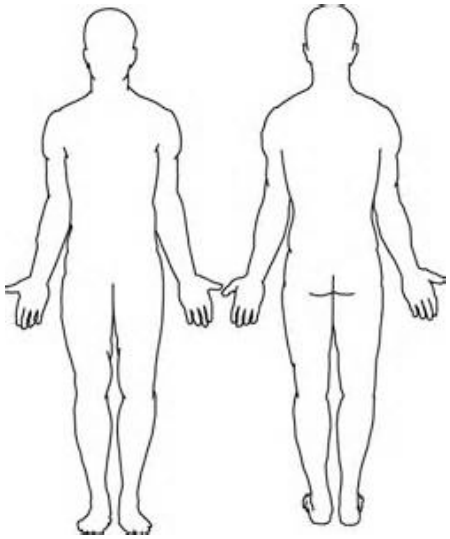
Potential safety issues regarding risk during restraint (place Blue Triangle here):

Systemic Enquiry (circle as appropriate)		
Endocrine	thirst polyuria weight loss Weight Gain Heat/Cold Intolerance Sweating	Normal
CVS	chest pain palpitations S.O.B ankle swelling	Normal
Resp	cough wheeze sputum haemoptysis	Normal
Gastro	abdo pain dyspepsia constipation diarrhoea nausea vomiting	Normal
GU	dysuria frequency haematuria nocturia incontinence discharge	Normal
CNS	headache dizziness vision hearing numbness fits/faints	Normal
MS	joint pain swelling weakness stiffness restlessness	Normal

Physical Examination	
Temperature Pulse BM BP Sats Resp	Other Comments e.g. Goitre, Clubbing, Pallor
Neurological Examination	
Observation(gait,tremor,dystonia,tardive dyskinesia,pakinsonism)	
Cranial Nerves	
Co-ordination	

	Power	Tone	Reflexes	Plantars	Sensation
RUL					
LUL					
RLL					
LLL					

Patient name: CHI number:

Cardiovascular Examination	
Heart Sounds: Peripheral Oedema: Peripheral Pulses:	ECG:
Respiratory Examination	Abdominal Examination
	
Skin/Muscoskeletal/Other	
	
Remarks and Inferences on Physical Examination	

Patient name: CHI number:

Patient and Carers Views (including collateral history)

Risk to self and others
GRS completed ☐ Yes ☐ No GRS Management Plan Completed ☐ Yes ☐ No

Impression and Recommendations (Use SBAR tool)
Situation
Background
Assessment
Recommendations

Differential diagnosis/provisional diagnosis

Patient name: CHI number:

Management Plan (including risk management, potential clinical risk scenarios, observation levels, Mental Health Act, investigations, medication)		
Number	Action	Name Responsible Person
1		
2		
3		
4		
5		
6		
7		
8		

Other interventions

Kardex completed ☐ Yes ☐ No

Physical exam completed ☐ Yes ☐ No If No: reason:

Physical concerns regarding Restraints ☐ Yes ☐ No If Yes: reason:

Discussed with Senior ☐ Yes ☐ No (if No please give reasons)

Signatures of Assessors: (name, designation)

Date and time: