**REFERRAL FORMS FOR CONDITION ASSESSMENT TOOL**

**About this tool:** This form is to be used by trained health facility workers to measure the condition of referral patients on arrival at their facility. This tool has been used in the past to evaluate the condition of pregnant women on arrival at the health facility. (Note: Ethical approval may be required from the appropriate authorities prior to data collection of this sort).

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| --- | --- |
| **1. Unique Identification Number:** | <Insert Unique Identification Number> |
| **2. Date:** | <Insert Date> |
| **3. Health Centre:** | <Insert Health Centre Name> (If Self-Referral to Hospital answer SELF-REFERRAL) |
| **4. Name and signature of Health Worker:** | <Insert Name and signature of Health Worker> |
| **5. Patient’s name:** | <Insert Patient’s name> |
| **6. Patient’s address:** | <Insert Patient’s address> |
| **7. Time of Referral requested:** | <Insert time of referral requested> ...Hours/...Minutes AM/PM |
| **8. Time of Departure:** | <Insert time of departure> ...Hours/..Minutes AM/PM |
| **9. Time of Arrival at Final Referral Hospital:** | <Insert time of arrival at final referral hospital> ...Hours/ ... Minutes AM/PM |
| **10. Reason for referral:** | <Insert reason for referral> |
| **11. Vital Signs Assessment:** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Score** | **4** | **3** | **2** | **1** | **0** | **1** | **2** | **3** | | **Resp rate** |  |  | ≤8 |  |  |  |  |  | | **Neurology**  **Patient responds to ORGCS** |  | ≤8 | 9-13 | New agitation or confusion  14 | A (Alert)  15 | V  (Voice) | P  (Pain) | U  (Unresp.) | | **Systolic BP** | <80 | 81-90 | 91-100 | 101-110 | 111-199 |  | >200 |  | | **Pulse (BPM)** |  |  | <40 | 41-50 | 51-100 | 101-110 | 111-130 | >131 | | **Urine Output** |  | <10 ml/hr | <30 ml/hr |  |  |  |  |  | | **Temp** |  |  | <35.1 | <35.1-36 | 36.1-38 | 38.1-38.5 | ≥38.6 |  |   (Source: Royal United Bath Hospitals Trust, UK:<http://www.ruh.nhs.uk/about/policies/documents/clinical_policies/blue_clinical/Blue_776.pdf> )   |  |  | | --- | --- | | RESPS | <insert resp rate no.> | | NEURO | <insert neuro no.> | | BP | <insert BP no.> | | PULSE | <insert pulse no.> | | URINE | <insert urine output no.> | | TEMP | <insert temp no.> | | **TOTAL** | <insert total no.> | |