WOLVERHAMPTON CITY PRIMARY CARE TRUST

NHS CONTINUING CARE

TERMINAL PHASE CARE – FAST TRACK FORM

This form is to be completed for each patient considered against the eligibility criteria for NHS Continuing Care -Terminal Phase (end of life stage).

The form must be signed by the Consultant or Clinical Nurse Specialist in Palliative Care, Ward Sister or Qualified District Nurse

1 Patient Details (complete or fix hospital label)

Name: ..... Address: .....

NHS No: ....

Hospital Number: ....

DOB: ..... Age: ....

Sex: ....

Ward: ....

MH Act status: ....

Ethnic Origin: ....

Consultant: ..... Post Code: .....

2	Contributors to fast track decision	Contact Details (Tel: No)
	Hospital Doctor	
	Nurse	
	Occupational Therapist	
	Physiotherapist	
	Social Worker	
	Patient	
	Family/Carers	
	General Practitioner	
	Clinical Nurse Specialist	
	Other please state	

3 Eligibility Criteria:

An individual with a rapidly deteriorating condition which may be entering a terminal phase with an increasing level of dependency. They may need NHS Continuing Care funding to enable their needs to be urgently met (e.g. to allow them to go home to die or to allow appropriate end-of-life support to be put in place. They have a primary health need because of the rate of deterioration.

(Please tick)

Meets the criteria **Yes** ☐ **No** ☐

4 Brief outline of reasons for the fast-tracking decision: This may include triggers such as diagnosis, prognosis in the minority of cases where this is available, and immediate or imminent needs.

5 Confirmation

I have assessed the patient and found that he/she meets the Terminal Phase Care criteria and requires fast-tracking for NHS Continuing Health Care provision.

Date of assessment

Consultant /Clinical Specialist Nurse/Ward Sister

Signature

Speciality

NAME
(To be printed)

Date

Contact Telephone Number:

6 Placement Decision (delete as appropriate)

Placement agreed YES / NO. If yes, where .....

Expected date of transfer/move .....

Remaining as an inpatient until arrangements have been made for placement YES / NO

Completed Form:

1 Send original to Administrative Support Officer(s), Wolverhampton City Primary Care Trust.
2 Retain a copy on case records

Tel: 01902 444858
Tel: 01902 445900

FAX: 01902 575197