**REQUEST FOR URGENT HOME VISIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details** | | | | |
| Name of Home: |  | | | |
| Patient Name: |  | | | |
| Concern: |  | | | |
| Could this wait for ward round? |  | | | |
| **Background** | | | | |
| Observations today & NEWS Score |  | | | |
| Escalation pathway (Hospital admission?) |  | | | |
| Current presentation |  | | | |
| Normal presentation |  | | | |
| **Assessment** | | | | |
| I think the problem is: |  | | | |
| So have (stopped treatment, etc): |  | | | |
| **I don’t know what is wrong, but resident is deteriorating, rapidly deteriorating, I am worried** | | | |  |
| What has happened? |  | | | |
| How long has this been going on? |  | | | |
| Have they been seen recently? |  | | | |
| By who? Outcome? |  | | | |
| Prognosis for resident without intervention? |  | | | |
| **Recommendation** | | | | |
| Home visit |  | Time frame? |  | |
| Telephone consultation |  |  | |

**Plan while waiting:**

Observations as per NEWS score

**NEWS 1-4** FOUR hourly observations

**NEWS 3 in one area** HOURLY observations

**NEWS 5** HOURLY observations & inform surgery in hours or out of hours services

**NEWS 7 AND ABOVE** seek URGENT review & admission to hospital if attended for resident

Inform family of concern  
Escalate if patient deteriorates

**PLEASE ATTACHED PHOTOS** (Excluding private areas) if you would like a review