

# New admission/transfer form.

(must be completed within 24 hours of admission or transfer)

Name:

Date of Birth/CHI:

Date of form completion:

*The purpose of this document is to provide a means for safely handing over a resident and identifying that where possible they have been deemed clinically safe for transfer. Swab testing for coronavirus is not recommended for patients who do not have symptoms or are not unwell and so a clinical judgement on an individual's safety to be admitted into a nursing or residential home environment is key.*

NEWS Score:

Does the patient have symptoms of:

New and enduring cough?

**Y / N**

(Chronic cough does not count)

Fever?

**Y / N**

In the clinical judgement of the most senior medical decision maker this person does not have new medical or infective problems.

**Y / N**

Residents on admission should be isolated for 7 days to ensure that they do not develop new symptoms. This isolation period can include days in hospital spent in isolation. If they have already been in protective isolation, number of days: \_\_\_\_\_