



**Sunshine Coast University
Private Hospital**
Part of Ramsay Health Care

New Admission Advice

OQ: _____
Surname: _____
Given Name: _____
DOB: _____ Sex: _____
(please affix Patient Identification label here, if available)

Date: _____	Time of Call: _____
Admitting VMO: _____	Ward: _____
Private Health Fund: DVA: <input type="checkbox"/>	Membership No. _____

Workcover Approved: Yes No **Item No.** _____

I Age: _____ Gender: Male Female Indeterminate

S Diagnosis Diff. DX			
		Referral	Transfer
O Observations	Time taken:		
	Temp:		
	Pulse:		
B Relevant medical history; Relevant drug history	BP:		
	RR:		
	O ₂ sats		
	Oxygen Lmin:		
A Relevant exams; Results of investigations	Delivery:		
	GCS:		
	BSL:		
R Summary of treatment to date	Q-ADDS:		
	Delerium:		

Infection Screens: COVID MRO

TRANSFERRED FROM:
Hospital: _____ DEM Ward
 VMO Rooms _____ GP Rooms _____ Home

Date of Admission to Transferring Hospital (If known): _____

Contact Name: _____ **Contact Number:** _____

Bariatric Risk
Patient Weight: _____ kg **Height:** _____ cm **BMI:** _____
Refer over page for further information

Re-admission: Yes No **Related to previous admission:** Yes No

Name of person taking admission (print): _____
Signature: _____
Contact Details: Phone: _____ Fax: _____

BINDING MARGIN - DO NOT WRITE

NEW ADMISSION ADVICE



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BARIATRIC RISK LEVEL

Where a patient scores a BRL of 0 this is to be documented in the patient's medical records Standard hospital equipment and procedures will be used as appropriate to the patient's requirements unless based on the patient's size, shape, or functional ability bariatric equipment is required.

For patients that are assigned a BRL of 1 or above the Bariatric Risk Score must be calculated and the Bariatric Patient Handling Admission Assessment completed

BARIATRIC RISK LEVEL (BRL) MATRIX

Bariatric Risk Level (BRL)	Patient Characteristics	Required Actions
BRL 0	100 kg to 120 kg AND BMI < 30 AND WIDTH < 50 cm AND SUPINE APEX < 50 cm AND ABLE TO ASSIST	<ul style="list-style-type: none"> Document patient's measurements in their medical records notes Ensure all standard equipment has the capacity (SWL) to safely manage the patient's weight
BRL 1	120 kg to 200 kg OR 100 kg to 120 kg AND UNABLE TO ASSIST OR BMI > 30 OR WIDTH > 50 cm OR SUPINE APEX > 50cm	<ul style="list-style-type: none"> Notify NURSE UNIT MANAGER/ TEAM LEAD and/or THEATRE NUM (if applicable) of admission or expected admission BRL to be calculated Review available and required equipment i.e. based on patient's weight and Safe Working Load (SWL) of available equipment Organise additional equipment as required i.e. hire, loan etc. Review anticipated diagnostic and treatment requirements.
BRL 2	200 kg to 280 kg	As per above for BRL 1 AND <ul style="list-style-type: none"> Notify WHS Co-ordinator in hours Notify Facility Executive on call
BRL 3	Greater than 280 kg	As per BRL2

BINDING MARGIN - DO NOT WRITE

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