**Transition to Adult Congenital Heart Disease Services**

**Transition Readiness and Transfer to Adult services**

**(ages 16 years to 18+ years)**

***To be completed and updated by The Transition Nurse***

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Hospital: Click or tap here to enter text. |
| DOB: Click or tap to enter a date. | NHS Number: Click or tap here to enter text. |
| Patient Address: | Click or tap here to enter text. |
| ACHD Team Referred to:  Click or tap here to enter text. | |
| Transition Nurse:  Click or tap here to enter text. | ACHD Nurse Specialist:  Click or tap here to enter text. |

**Contact List of Relevant Health Professionals Involved in Care:**

|  |  |  |
| --- | --- | --- |
| **MDT** | **Name** | **Contact details** |
| Paediatric Cardiologist | Click or tap here to enter text. | Click or tap here to enter text. |
| Dietician | Click or tap here to enter text. | Click or tap here to enter text. |
| Social Worker | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical Psychologist | Click or tap here to enter text. | Click or tap here to enter text. |
| Play Specialist | Click or tap here to enter text. | Click or tap here to enter text. |
| GP | Click or tap here to enter text. | Click or tap here to enter text. |
| School Nurse | Click or tap here to enter text. | Click or tap here to enter text. |
| Careers Connect | Click or tap here to enter text. | Click or tap here to enter text. |
| Learning Disability  Team | Click or tap here to enter text. | Click or tap here to enter text. |
| Youth Worker | Click or tap here to enter text. | Click or tap here to enter text. |
| Next of Kin  (Indicate if patient happy for them to be communicated with)  Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. |

**Visited Adult Congenital Heart Disease Centre:** Yes  No

Date of Visit: Click or tap to enter a date.

**Transition**

Ready to transfer care to adultsYes  No

**Transfer Via**

Formal Hand Over Clinic Date Click or tap to enter a date.

Direct transfer Date Click or tap to enter a date.

**Anticoagulation**

Patient on warfarin Yes No

Plan to transfer warfarin management to adult services Yes No

Patient owns POC testing device Yes No

Patient transferred to: Click or tap here to enter text.

Target INR Click or tap here to enter text.

Any history of non-compliance Yes No

Please give details:

Click or tap here to enter text.

**Transition Appointments**

|  |  |  |
| --- | --- | --- |
| **Date** | **Where** | **With whom** |
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|  |  |  |
|  |  |  |
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|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **N/A** | **Not able to do yet** | **Able to do** | **Date** |
| Understands medical terms/words used and can describe their heart condition |  |  |  |  |
| Describes what operations/treatments they had as a child |  |  |  |  |
| They know what medicines they take including the name, dose and how often |  |  |  |  |
| Able to order their own repeat prescriptions and are responsible for managing their own medication at home |  |  |  |  |
| Understands what their plan of care is and that they will be seen in a formal transition clinic to hand over care to adult services |  |  |  |  |
| Understands what symptoms to be aware of and how and when to access specialist advice including emergency treatment |  |  |  |  |
| Understands what Endocarditis is and is able to say how they can reduce their risks |  |  |  |  |
| Discussed risk taking behaviours  Alcohol  Drugs  Sexual health  Other |  |  |  |  |
| Know how to access reliable and accurate advice about sexual health/contraception |  |  |  |  |
| Exercising regularly and have an active lifestyle |  |  |  |  |
| Understand the importance of a healthy diet that is good for their heart |  |  |  |  |
| Managing at school/college  P.E.  School work  Friends |  |  |  |  |
| Have plans to enter FE or employment |  |  |  |  |
| Know how to access support from a disability employment advisor |  |  |  |  |
| Know how to access support from specialist connexions advisors up to the age of 25yrs |  |  |  |  |
| Know how to access welfare rights advice as appropriate |  |  |  |  |
| Feel confident to be seen on their own without their parents for some/all of each clinic visit |  |  |  |  |
| Understand their right to privacy and dignity |  |  |  |  |
| Understand that they can make decisions and consent to treatment themselves |  |  |  |  |
| Describes their right to confidentiality and how this will be protected |  |  |  |  |
| Know how to access support from local and national support groups |  |  |  |  |
| Have someone they can talk to about how they are feeling and how they are coping with things |  |  |  |  |
| Would like to see someone without their parents |  |  |  |  |
| If not met – please discuss actions taken | | | | |

|  |
| --- |
| **Identify goals + plan supportive interventions as they enter adult services** |
|  |

ACHD Management plan given to patient Yes  No

ACHD Handheld file given to patient Yes  No

**Documentation to be sent to Adult Service to include (minimum):**

Clinic Letter

***(To include the formal cardiac diagnosis, summary of surgical procedures, cardiac catheter results. Include the date and key points of relevant specialist investigations (MRI/CT). List of current medication, comorbidities and current status at time of referral)***

Operation Notes

Cardiac catheter reports

CT/MRI/CPET results

Other

Please state other:

|  |
| --- |
| **Please include any important additional information here** |
|  |

**Signatures: Date:** Click or tap to enter a date.

**Healthcare Professional:**

**Patient:**