**Clinical Urgency Update Form**

 **For patients awaiting Cardiac Surgery or Intervention at Alder Hey**

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| **Name** |  |
| **DOB** |  |
| **NHS Number** |  |
| **Diagnosis** |  |
| **Planned Surgery or Intervention** |  |
| **Is patient currently fit for surgery / intervention** |  |
| **Any active signs of infection?**  |  |
| **Date on Waiting List** |  |
| **Category 2 (< 2 weeks)** [ ]  **Category 4 (< 4 months)** [ ] **Category 3 (< 6 weeks)** [ ]  **Category 5 (< 12 months)** [ ]  |
| **Clinical Concerns** (eg observations, feeding/growth concerns etc) |

Please email this form to **ahc-tr.cardiology@nhs.net** for review by the consultant of the week and the surgical team (please call the on call team at the weekend or out of hours).