**Transition to Adult Congenital Heart Disease Services**

**A Transition Assessment for Mid Stage Transition**

**(ages 14 years to 16 years)**

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

**Name:** Click or tap here to enter text.

**Hospital Number:** Click or tap here to enter text.

**Hospital Referred from:** Click or tap here to enter text.

**Lead Paediatric Cardiologist:** Click or tap here to enter text.

**Referral Received: Yes** [ ]  **No** [ ]

**Date of referral:** Click or tap to enter a date.**:**

**Contact List of relevant health professionals involved**

|  |  |  |
| --- | --- | --- |
| **MDT** | **Name** | **Contact details** |
| Transition Nurse (Key worker) |  |  |
| Paediatric Cardiologist |  |  |
| Dietician |  |  |
| Social Worker |  |  |
| Clinical Psychologist |  |  |
| Play Specialist |  |  |
| GP |  |  |
| School Nurse |  |  |
| Careers Connect |  |  |
| Learning Disability Team |  |  |
| Other(s) |  |  |

**Middle Stage Transition (age 14 years and up to age 16 years)**

**Introduced to teenage specific services: Yes** [ ]  **No** [ ]

**Known Learning Disability** **Yes** [ ]  **No** [ ]

**Contact SENCO at school**  **Yes** [ ]  **No** [ ]

Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Involved in educational Transitional process **Yes** [ ]  **No** [ ]

Health Action Plan available **Yes** [ ]  **No** [ ]

Traffic light passport filled in **Yes** [ ]  **No** [ ]

**Transition Appointments**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **N/A** | **Not able to do yet** | **Able to do** | **Date** |
| Able to describe their own heart condition |  |  |  |  |
| Describes what operations they had as a child |  |  |  |  |
| Know what medicines they take and what they are for |  |  |  |  |
| Beginning to take responsibility for taking medicines at home |  |  |  |  |
| If they are taking warfarin they are able to:Understand how to take it safely? **Yes** [ ]  **No** [ ]  **N/A** [ ]  Understand importance of regular INR appt **Yes** [ ]  **No** [ ] Knows how to record their INR **Yes** [ ]  **No** [ ] Understand what to look out for **Yes** [ ]  **No** [ ]  Can use POC test device as appropriate**Yes** [ ]  **No** [ ]  **N/A** [ ]  |  |  |  |  |
| Understands what their plan of care is |  |  |  |  |
| Understands what endocarditis is and is able to say how they can reduce their risks |  |  |  |  |
| Knows how to arrange appointments GP, Dentist and hospital |  |  |  |  |
| Discussed risk taking behaviours:Alcohol [ ] Drugs [ ] Smoking [ ] Sexual health [ ] Other [ ]   |  |  |  |  |
| Exercising regularly and have an active lifestyle |  |  |  |  |
| They are managing at schoolP.E. [ ]  School work [ ]  Friends [ ]  |  |  |  |  |
| Know what they want to do when they leave school |  |  |  |  |
| Feeling confident to be seen on their own without their parents for some/all of each clinic visit |  |  |  |  |
| Understand their right to privacy and dignity |  |  |  |  |
| 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****Detail any referrals made** |
|   |

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

**Healthcare Professional:**

**Patient:**