

Pre-admission Checklist

Please download & save before completion

Settings at time of referral:

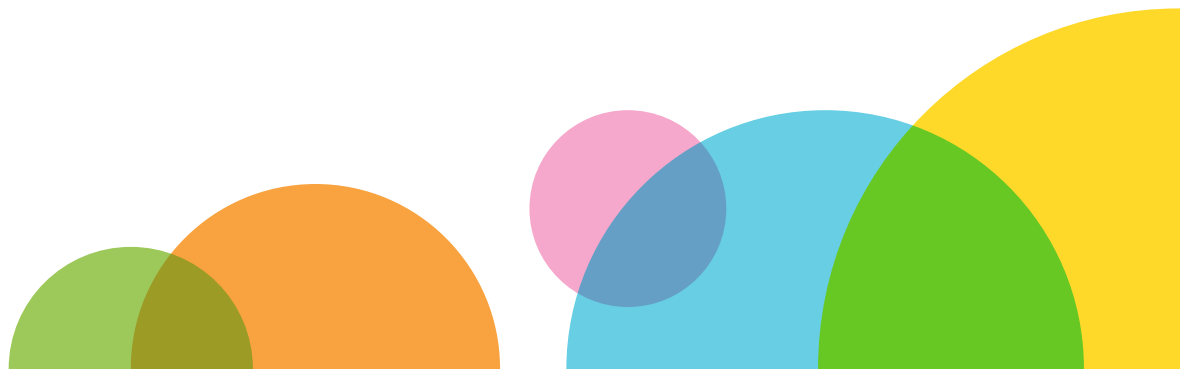
Interface?	Ventilator Settings – completed by referrer
Total Face Mask?	
Full Face Mask – type?	
Nasal Mask – type?	
Nasal Pillow – type?	
Nasal Prong?	

Pre-admission checklist

	Ordered By / Date	Purchased By	Servicing?	Delivery Date?
Ventilator 1				
Ventilator 2				
Saturation Monitor				
Humidifier 1				
Humidifier 2				
Oxygen	HOOF			
Enteral Feed Pumps				
Ventilator Batteries				
Suction Machine				
Nebuliser				

Consumables required

	Ordered By / Date	Purchased By	Size	Delivery Date?
Wet Circuit X				
Dry circuit X				
Saturation Probes				
Bacterial Filters				
Ventilator Filters				
Humidifier Sets				
Oxygen Ports				
Exhalation Valves				
Suction Catheters / Yankeurs				
Gloves				
Trachesotomy Tapes				
Trachesotomy Tubes				



Community referrals

	Referral made and date	Name	Contact details
Local Community Nursing Team			
Community Speech and Language			
Community Dietician			
Community Physiotherapist			
Paediatrician			
Education Provision (SEND OR EHCP)			
Social Worker			

Notes

