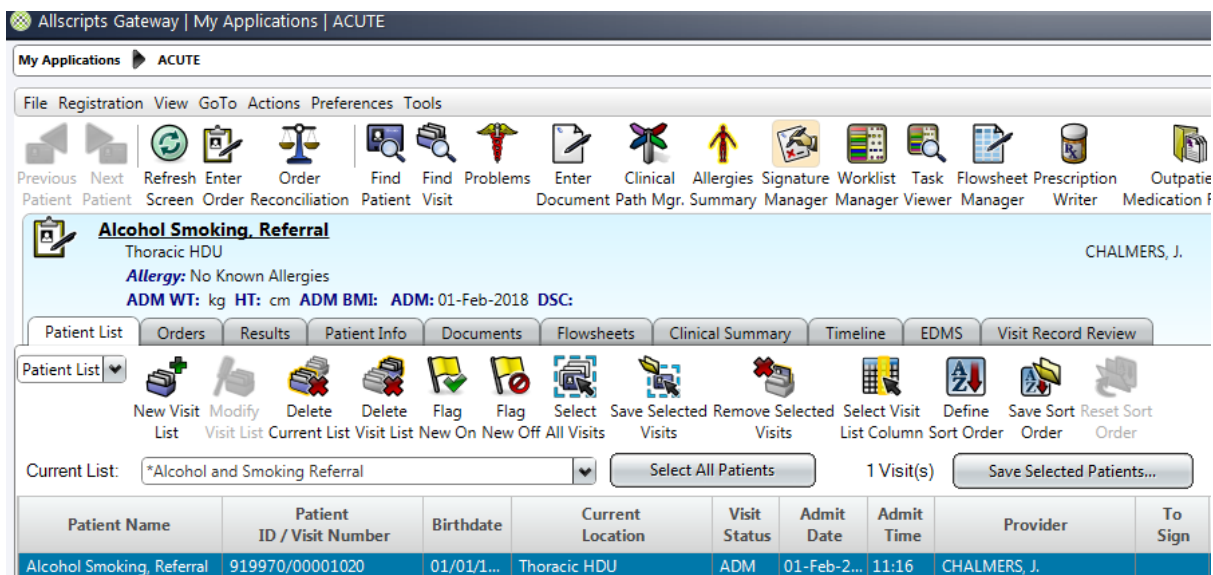


EPR Alcohol and Smoking Cessation Referral

- Select Patient from the patient list.



Alcohol Smoking Referral
Thoracic HDU
Allergy: No Known Allergies
ADM WT: kg HT: cm ADM BMI: ADM: 01-Feb-2018 DSC:

Current List: *Alcohol and Smoking Referral 1 Visit(s) Save Selected Patients...

Patient Name	Patient ID / Visit Number	Birthdate	Current Location	Visit Status	Admit Date	Admit Time	Provider	To Sign
Alcohol Smoking, Referral	919970/00001020	01/01/1...	Thoracic HDU	ADM	01-Feb-2...	11:16	CHALMERS, J.	

Nursing Admission

- When completing the Nurse Admission document, complete the significant fields in the “Healthy Lifestyle” section.

Healthier Lifestyle	
Guidance	If unable to complete any section please document why
Recommended Physical Activity	30 minutes per day, 5 days per week
<input checked="" type="checkbox"/> Achieves recommended physical activity per	<input type="radio"/> Yes <input type="radio"/> No... <input type="radio"/> No, due to limited mobility, disability or symptoms...
<input checked="" type="checkbox"/> Weight Management	<input type="radio"/> BMI <18.5 Underweight <input type="radio"/> BMI 18.5 - 25 Normal weight <input type="radio"/> BMI 26 - 29.9 Overweight... <input type="radio"/> BMI 30 - 40 Obese... <input type="radio"/> BMI > 40 Morbidly obese...
<input checked="" type="checkbox"/> Smoking Status	<input type="radio"/> never smoked <input type="radio"/> current smoker... <input type="radio"/> former smoker <3 months <input type="radio"/> former smoker... <input type="radio"/> unknown
<input checked="" type="checkbox"/> Does the patient consume any Alcohol	<input type="radio"/> Yes... <input type="radio"/> No
<input checked="" type="checkbox"/> Illicit Drug/Inhalant/Medication Use Status	<input type="radio"/> Illicit drug/inhalant/medication abuse current... <input type="radio"/> Illicit drug/inhalants/medication abuse past... <input type="radio"/> Illicit drug/inhalants/medication never used
<input checked="" type="checkbox"/> Other Health and Wellbeing Issues	<input type="checkbox"/> Mental Health <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Oral health <input type="checkbox"/> Sexual health <input type="checkbox"/> Other (specify)

- These will populate the Alcohol and Smoking Cessation Referral automatically, as will the Healthy Lifestyle Section in the Clinical Assessment on Admission documents.
- If patient gives consent to referral(s), provide the consent leaflet and complete referral document(s), the referral report(s) will be sent automatically on discharge to the GP.
- When the document is fully completed, save as usual.

If you have any questions around Alcohol and Smoking Cessation Referrals please call the Cardiac Rehab Team on extn. 0151 600 1636 or email: Cardiac.rehab@lhch.nhs.uk

Completing Alcohol and Smoking Cessation Referral



Enter Document

- Enter Document for either or both, Alcohol / Smoking Cessation Referral.
- Nurses only manually input “Complex Care Needs...” and “Patient Risk to Lone Worker” fields in both the Alcohol and Smoking Cessation Referral documents. *
- The rest of the document(s) will be populated from the “Healthy Lifestyles” section of the Nurse Admission Document.
- When the documents are fully completed, save as usual.

Alcohol Screening Referral

Once complete please confirm Alcohol Screening Report contains the correct:

- Name
- Date of Birth
- Address
- Phone Number
- GP Name and Address
- Consultant
- Admission Date

Does the Patient have Complex Care Needs or Additional Support Requirements? Yes... No Unknown

Is the Patient a Risk to Lone Worker? Yes... No Unknown *

Smoking Status never smoked current smoker... former smoker <3 months former smoker... unknown

What time of the day do you have your first Sm

Substance Type cigarettes... cannabis shisha e cigarettes/Vape... cigars... pipe...

Number smoked per day **Number of years** **Pack years**

Patient has been informed that Hospital is a Smoke-Free site Yes No

Patient has been offered Pharmacotherapy Yes Declined

Brief intervention (VBA - Very Brief Advice) delivered (as part of MECC) Written Verbal Other (Give Details)

Has patient ever tried to Quit Before Yes No

What help have you tried before? No Help NRT Champix E-Cigarette Other (Give Details)

Does the patient consume any Alcohol Yes... No

How often does the patient have a drink containing Alcohol? Never Monthly or Less 2-4 Times Per Month 2-3 Times Per Week 4+ Times Per Week

How many units does the patient drink on a typical day when drinking? 0-2 3-4 5-6 7-9 10+

How often has the patient had 6 or more units (if Female) 8 or more units (if Male) on a single occasion in the last year? Never Less than Monthly Monthly Weekly Daily or Almost Daily

Audit C Score

Brief Intervention Delivered (...) Signposting Verbal Other (Give Details)

Does the patient consent to referral to Local Alcohol Service? Yes No

Illicit Drug/Inhalant/Medication Use Status

Other Health and Wellbeing Issues Mental Health Anxiety Depression Oral health Sexual health Other (specify)

Smoking Cessation Referral

Once complete please confirm Smoking Cessation Report contains the correct:

- Name
- Date of Birth
- Address
- Phone Number
- GP Name and Address
- Consultant
- Admission Date

Does the Patient have Complex Care Needs or Additional Support Requirements? Yes... No Unknown *

Is the Patient a Risk to Lone Worker? Yes... No Unknown

Smoking Status never smoked current smoker... former smoker <3 months former smoker... unknown

What time of the day do you have your first Sm

Substance Type cigarettes... cannabis shisha e cigarettes/Vape... cigars... pipe...

Number smoked per day **Number of years** **Pack years**

Patient has been informed that Hospital is a Smoke-Free site Yes No

Patient has been offered Pharmacotherapy Yes Declined

Brief intervention (VBA - Very Brief Advice) delivered (as part of MECC) Written Verbal Other (Give Details)

Has patient ever tried to Quit Before Yes No

What help have you tried before? No Help NRT Champix E-Cigarette Other (Give Details)

Does the patient consent to a Smoking Cessation Referral Yes... No

Have you provided consent leaflet Yes No

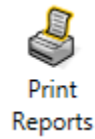
Illicit Drug/Inhalant/Medication Use Status

Other Health and Wellbeing Issues Mental Health Anxiety Depression Oral health Sexual health Other (specify)

rrals please call the Cardiac
ab@lhch.nhs.uk

Previewing Alcohol and Smoking Cessation Referral

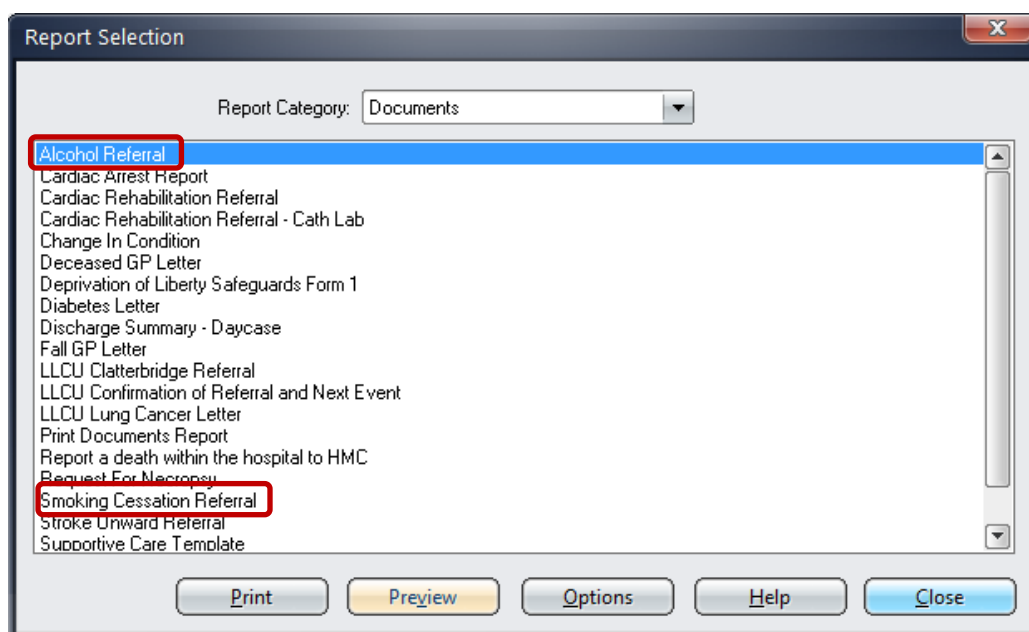
- To preview the Selection”.



report select from the main icon ribbon to view “Report

- Select “Documents” from the “Report Category” drop-down, then choose either “Alcohol Referral” or “Smoking Cessation Referral” and click “Preview”.

There is no need to “Print”, the referral report(s) will be sent automatically on discharge to the GP.



If you have any questions around Alcohol and Smoking Cessation Referrals please call the Cardiac Rehab Team on extn. 0151 600 1636 or email: Cardiac.rehab@lhch.nhs.uk

Example Alcohol and Smoking Cessation Referrals

Alcohol Referral includes both Smoking and Alcohol referral details.

Both Smoking and Alcohol Referrals include Discharge Medications



Alcohol Referral

Phone Contact: Jan Naybour
Lead Nurse CVD Services
0151 600 1455

Patient: Alcohol Smoking, Referral (Female)
DOB: 1/1/1950
NHS No:
MRN: 919970
Address: CARDIOTHORACIC CENTRE NHS TRUS, THOMAS DRIVE,
LIVERPOOL, L14 3PE
Phone no: () ()
Next of Kin: ()
Adm Date: 01/02/2018 **Discharge Date:**
Ward: Thoracic HDU
Consultant: CHALMERS, J.

GP Name and Address

Dr S KURUVILLA
 PILCH LANE SURGERY
 PILCH LANE, HUYTON
 LIVERPOOL
 L14 0JE

Does patient have complex care needs: None

Is patient a risk to lone worker: No

Alcohol Consumption Details:

Consumes Alcohol: Yes...
Regularity: 2-3 Times Per Week
Typical No of units: 5-6
Excessive drinking in year: Monthly
Alcohol Score (Based on Audit C): 7
Brief intervention: Signposting, , ,
Patient consent to alcohol referral: Yes (4/29/2019 11:50:02 AM)

Smoking Details:

Status: current smoker
First smoke of the day: 8am
Substance: cigarettes
Per day: 20 **Years:** 35 **Pack Years:** 35
Offered Pharmacotherapy: Yes
Brief intervention: Written
Tried to quit before: Yes
Previously tried: No Help

Other Health & Wellbeing Issues:

n/a, ,

Discharge Medication:

Medication	Summary
Nicotine 2mg sublingual tablets sugar free	Give 2 milligram(s) SubLingual Morning
Salbutamol 100microgram s/dose inhaler CFC free	Give 1 to 2 Puff(s) Inhaled Four times a day PRN for Shortness of Breath

END OF REPORT

Smoking Cessation Referral
 Phone Contact: Jan Naybour
 Lead Nurse CVD Services
 0151 600 1455

Patient: Alcohol Smoking, Referral (Female) **GP Name and Address**
DOB: 1/1/1950 Dr S KURUVILLA
NHS No: PILCH LANE SURGERY
MRN: 919970 PILCH LANE, HUXTON
Address: CARDIOTHORACIC CENTRE NHSTRUS, THOMAS DRIVE, LIVERPOOL
 LIVERPOOL, L14 3PE L14 0JE
Phone no: () ()
Next of Kin: ()
Adm Date: 01/02/2018 **Discharge Date:**
Ward: Thoracic HDU
Consultant: CHALMERS, J.

Does patient have complex care needs: None

Is patient a risk to lone worker: No

Smoking Details:

Status: current smoker
First smoke of day: 8am
Substance: cigarettes
 Per day: 20 Years: 35 Pack Years: 35
Offered Pharmacotherapy: Yes
Brief intervention: Written
Tried to quit before: Yes
Previously tried: No Help
Patient consent to cessation referral: Yes (4/29/2019 11:27:08 AM)
Have you provided consent leaflet: Yes

Other Health & Wellbeing Issues:

n/a, ,

Discharge Medication:

Medication	Summary
Nicotine 2mg sublingual tablets sugar free	Give 2 milligram (s) SubLingual Moming
Salbutamol 100micrograms/dose inhaler CFC free	Give 1 to 2 Puff(s) Inhaled Four times a day PRN for Shortness of Breath

END OF REPORT