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| **Prosthetic Joint Infection Service - Referral Form** | | |
| **Patient Details** | | |
| Name: | | Surname: |
| Date of Birth: | | **NHS Number:** |
| **Referral Details** | | |
| Date of referral : | | **Joint involved:** |
| Referring Hospital & Ward: | | Referring Consultant: |
| Contact telephone numbers (office & mobile): | |  |
| **Clinical Information** | | |
| Main Clinical Problem: | | |
| Primary surgery date & location: | | |
| Primary joint implants & sizes: | |  |
| Past Medical History/ Surgery/ Medical co-morbidities: | |  |
| Treatment given so far: | |  |
| Organism/s cultured: YES / NO  If YES, please specify: | | Patient on antibiotics: YES / NO  If YES, please specify: |
| VAC dressing: YES / NO  If YES, please specify: | | Plastics informed: YES / NO  If YES, please specify: |
| Blood Tests – WCC/CRP: | | Relevant imaging: |
| **For Infection Services Co-ordinator to complete** | | |
| **MDT discussion:** YES / NO | **Outcome:** | |
| MDT date: | | Chair’s signature: |

Please complete this from prior to referral and email it to [**nbn-tr.jointinfection@nhs.net**](mailto:nbn-tr.jointinfection@nhs.net) **and** call the Joint Infection Co-Ordinator in-hours to confirm referral. Joint Infection Services Co-ordinator Tel: 01174147923 / 01174141605.

ALL PATIENTS REQUIRING URGENT TRANSFER WITH ACUTE SEPSIS NEED TO BE REFERED TO NBT VIA SOUTHMEAD ORTHOPAEDIC-ON-CALL.

If urgent advice is required please contact Southmead switchboard and ask for the Orthopaedic Doctor-on-call.

Switchboard Tel: 01179 505050.

**PLEASE ENSURE RADIOLOGY IMAGES ARE TRANSFERRED TO NORTH BRISTOL PACS BY THE TIME OF REFERAL. PACS Tel: 0117 414 3508**

**Out-of-hours a ‘pushed’ image package will automatically be accepted by NBT.**