**Stroke Discharge Team referral criteria:**

a) Confirmed diagnosis of stroke
b) Age 16 or over
c) Medically predictable and relevant diagnostics completed
d) Achievable rehabilitation goals can be identified and will be continued in the patients own/new home
e) The home environmental conditions are safe and suitable for rehabilitation
f) Patients who are safe at night and weekends, or who need the assistance of one carer, which may be a capable spouse or home care service, and can appropriately manage between visits
g) Patients who are able to transfer safely from bed to chair
h) Patients whose continence has been assessed in hospital; as manageable in the home environment with ongoing support and assessment. This may include continence aids or a catheter
i) Patients whose nutritional needs are able to be managed in the home environment following assessment in hospital (patients with PEG feed may be appropriate if supported by the Community Feeding Service, however those with NG, nil by mouth or on limited non-nutritive oral intake trials will be excluded)
j) Patients may be discharged with diagnostic tests being carried out in the Day hospital as an outpatient
k) The patient and family give consent to the team coming in and providing rehabilitation at home
l) The patient is from within North Bristol NHS Trust catchment area (for the initial period of the pilot scheme this will cover Bristol and South Gloucestershire)
m) Individual patients should be assessed on their merit and should meet MDT rehabilitation requirements.