The Royal Children's Hospital Melbourne

Name
UR:
DOB:

Request for approval to admit an adult patient

Patient: ☐ **New** **Age:** _____

☐ **Existing**

Please complete details below to request approval to admit an adult patient to RCH facilities

- The relevant Chief's approval is required for all patients who have reached their 18th birthday.
- Forms not filled in completely or clearly will be returned without approval.

Please note that approval is only valid for a *single* admission within the *next 12 months*.

Request date:	
Primary Clinical Unit:	
Requesting (treating) Consultant	
Surgical Admission - Clinical Urgency	☐ CAT 1 ☐ CAT 2 ☐ CAT 3
Medical Admission - Required timeframe & reason	
Intended Procedure/treatment:	
Is the patient required to stay overnight?	☐ NO ☐ YES – why?:
Is a parent or carer required to stay overnight?	☐ NO ☐ YES – why?:

Purpose of Admission:

- ☐ To complete care – no transition of care subsequently required
- ☐ Requires care not possible in an adult facility
- ☐ Other: _____

Provide detailed explanation as to why this adult patient requires admission to the RCH:

Please detail alternate adult service options explored and the response received (include contact name, email trail, notes of telephone conversations, etc):

-

What is needed for future such patients to be treated in an adult service:

-

Transition Plan:
Provide details as to transition plan for this patient: location, timing, coordination

-

Admission of an adult patient to RCH requires the following to be available:

- Single room availability for inpatient admission
- Screening for forensic warrants or court orders
- Patient advised and has accepted limitations on what is being offered at the RCH – this treatment/ procedure, then subsequent transfer to adult facility

  (Discussion and patient agreement must be documented in the medical record)

Approvals

Requesting Consultant:	**Signature:**	
Head of Department Support: **Yes ☐ No ☐**	**Name:**	
	Signature:	
	Date	

Supported by Chief: **Yes ☐ No ☐**	**Name:**	
	Signature:	
	Date:	
	Rationale for Decline:	
	Review Date:	