PRACTICE NAME:

Appendix B Pilot Management Plan and Actions Required Upon Discharge of Ipswich Hospital Paediatric Patients with Acute Asthma/Wheeze

Monitoring Form – IDEALLY TO BE COMPLETED BY ALL PRACTICES PARTICIPATING IN THE 3 MONTH PILOT

(NB – THIS DOCUMENT COULD ALSO BE USED BY PRACTICES TO SUPPORT EVIDENCING USE OF THE QOF QP14 PATHWAY)

This monitoring form supports the 3 month pilot with Ipswich Hospital for patients who are discharged from paediatrics with acute asthma/wheeze.

- It is expected that the parent/guardian will contact their GP practice to arrange a follow up appointment if required, stating the timescale required.
- So patients are not missed, practice staff are asked to contact the parent/guardian if no appointment is made.
- Practices are asked to record the data on discharge management plans received using this monitoring form in order to capture any areas for improvement in the future.
- Once a month practices are asked to update the asthma clinic data and fax back to 01473 770201

NHS Number	**Discharge Date**	**Date discharge form received**	**Follow-Up Outcome:** *-Follow up at IHT -Routine follow up at IHT -Routine follow up at GP practice*	**Timescale indicated by IHT for routine follow-up in GP practice**	**Was contact made by parent/guardian? (Y/N)**	**If no, date practice contacted parent/guardian**	**Comments**
Example: 454423465	*15/06/2012*	*17/06/2012*	*Routine follow up at GP practice*	*2 weeks*	*No*	*25/06/2012*	

Please fax this form at the end of each month to Emily Thurston on 01473 770201