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| **Consultants:**  Dr Mark Jackson MB FRCP Clinical Lead  Dr Praveen Molanguri FRCP  Professor Adrian Williams FRCP AASM  Dr Susanna Ng  **When completed please save this document to your device as a PDF and email it to:**  [**tqv-tr.qvhsleepinformation@nhs.net**](mailto:tqv-tr.qvhsleepinformation@nhs.net)  **or print and send via Royal mail if you would prefer** | | |  |  |  | QVH Trust RGB BLUE - Copy  Holtye Road | East Grinstead | West Sussex | RH19 3DZ  01342 414000 | tqv-tr.qvhsleepinformation@nhs.net  www.qvh.nhs.uk |  |  | | | | |  | |  | |  | |  | |
|  |  | | | | | | |  |  | QVH Trust RGB BLUE - Copy  Holtye Road | East Grinstead | West Sussex | RH19 3DZ  01342 414000 | tqv-tr.qvhsleepinformation@nhs.net  www.qvh.nhs.uk |  | |  | |  | |  | |  | |

**GENERAL MEDICAL QUESTIONNAIRE**

**A. Patient Details**

**Name:** Click here to enter text. **DOB:** Click here to enter text.

**Address line 1:** Click here to enter text.

**Address line 2:** Click here to enter text.

**Address line 3:** Click here to enter text.

**Address line 4:** Click here to enter text. **Postcode:** Click here to enter text.

**Daytime Tel No:** Click here to enter text. **Evening Tel No:** Click here to enter text.

**Occupation** Click here to enter text.

*We are now sending text reminders of appointments – if you do not wish*

*to receive such texts, please tick the box*

**Mobile Tel No:** Click here to enter text. **E-mail address:** Click here to enter text.

**In case of emergency contact: Name:** Click here to enter text. **Tel:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **B. Do you smoke?** | **Yes** |  | **No** |
| How long have you smoked**?** Click here to enter text. |  |  |  |

What and how many per day? Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **C. Do you drink alcohol?** | **Yes** |  | **No** |
| How many units per week? Click here to enter text.  1 unit = small glass of wine or half pint of beer/cider or 1 small measure of spirit |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Weight now?** | Click here to enter text. |  |  |
|  |  |  |  |
| **Weight 10 years ago** | Click here to enter text. |  |  |
|  |  |  |  |
| **Height?** | Click here to enter text. |  |  |
|  |  |  |  |
|  |  |  |
| **Collar size (if known)** | Click here to enter text. |  |

**IF YOU NEED TO COME IN FOR AN INPATIENT STAY THE FOLLOWING QUESTIONS WILL HELP US ENSURE THAT WE PROVIDE EVERYTHING YOU NEED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  |  |
| **Weight:** | Click here to enter text. | **Height:** | Click here to enter text. | **Collar Size if known:** | | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Are you a wheelchair user?** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you have any equipment which you need to bring with you to** | **Yes** |  | **No** |  |

**aid you?**

If Yes, please give details: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you have a carer who needs to accompany you and stay** | **Yes** |  | **No** |  |

**overnight?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you have a history of blackouts, falls or fits?** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you need to use Oxygen overnight?** Click here to enter text. | | | | |
|  | | | | |
| 1. **Have you had recent episodes of sleepwalking?** | **Yes** |  | **No** |  | |

If yes, how frequently does this occur? Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you have any of the following :- Speech difficulties** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hearing difficulties** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language difficulties** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Visual difficulties** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learning or comprehension difficulties** | **Yes** |  | **No** |  |

If you answered yes to any of the above, please give details: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Have you ever been diagnosed with MRSA?** | **Yes** |  | **No** |  |

If yes, when Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you now been tested clear? | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you have any infectious diseases which could be** | **Yes** |  | **No** |  |

**transferred to others?**

If yes, please give details: Click here to enter text.

|  |
| --- |
| 1. **If a member of staff were to wake you in the night how would you react?** |

Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Do you have any other specific needs (eg religious or** | **Yes** |  | **No** |  |

**personal** t**hat we should consider during your stay?**

If yes, please give details: Click here to enter text.

**THE EPWORTH SLEEPINESS SCALE**

Name: Click here to enter text.

Your age (Yrs): Click here to enter text. Sex: Choose an item. Date: Click here to enter a date.

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

Even if you haven't done some of these things recently, try to work out how they would have affected you.

Using the following scale to choose the most appropriate number for each situation, please fill in the left hand column and ask your partner to fill in the right hand column:-

0 = would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

|  |  |  |
| --- | --- | --- |
|  | Chance of dozing | |
| Situation | Patient | Partner’s Assessment of Patient |
| Sitting and reading | Please select | Please select |
| Watching TV | Please select | Please select |
| Sitting, inactive in a public place (eg a theatre or a meeting) | Please select | Please select |
| As a passenger in a car for an hour without a break | Please select | Please select |
| Lying down to rest in the afternoon when circumstances permit | Please select | Please select |
| Sitting and talking to someone | Please select | Please select |
| Sitting quietly after a lunch without alcohol | Please select | Please select |
| In a car, while stopped for a few minutes in the traffic | Please select | Please select |

Thank you for your co-operation

**STOPBANG**

**Screening Tool for Obstructive Sleep Apnoea**

Please answer the following questions below:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **S**noring: | Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? |  |  |
| **T**iredness or fatigue: | Do you often feel tired, fatigued or sleepy during the daytime – even after a good night’s sleep? |  |  |
| **O**bserved apnoea: | Has anyone ever observed you stop breathing during your sleep? |  |  |
| **P**ressure: | Are you being treated for high blood pressure? |  |  |
| **B**ody mass index over 35: | Height (meters): \_\_\_\_\_\_\_  Weight (kg): \_\_\_\_\_\_\_  BMI: \_\_\_\_\_\_\_ |  |  |
| **A**ge: | Are you older than 50 years? |  |  |
| **N**eck size: | Does your neck measure more than 40 cm around?  If yes, what is the measurement? \_\_\_\_\_\_\_ cm |  |  |
| **G**ender: | Are you male? |  |  |
|  |  |  |  |
|  | **Score** |  |  |

If you have answered Yes to 3 or more of these questions, there is a likelihood of Obstructive Sleep Apnoea.

******

Dear Patient,

All NHS Trusts are required by the Government to collect the ethnic category of each of their patients. This will help to identify the varying needs of the different communities and highlight any areas where there is a shortfall in service provision. On a more practical level, it can be used to implement multi-language signs and help provide food suitable for the needs of different ethnic groups.

This information is **STRICTLY CONFIDENTIAL** and will only be used by authorised staff. Please circle the letter which relates to your ethnic group.

Please return this letter with your questionnaire or hand it back to a member of staff.

Thank you for your time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | | ***Click here to enter a date.*** | **Hospital Number** | ***Click here to enter text.*** |
|  |  | | | |
| A | White - British | | | |
| B | White -Irish | | | |
| C | White - Any other White background | | | |
| D | Mixed - White & Black Caribbean | | | |
| E | Mixed - White & Black African | | | |
| F | Mixed - White & Asian | | | |
| G | Mixed - Any other mixed background | | | |
| H | Asian or Asian British - Indian | | | |
| J | Asian or Asian British - Pakistani | | | |
| K | Asian or Asian British - Bangladeshi | | | |
| L | Asian or Asian British - Any other Asian background | | | |
| M | Black or Black British - Caribbean | | | |
| N | Black or Black British - African | | | |
| P | Black or Black British - Any other Black background | | | |
| R | Other ethnic groups - Chinese | | | |
| S | Other ethnic groups - Any other ethnic group | | | |

Single patient risk factor assessment for exposure to carbapenemase-producing Enterobacteriaceae (CPE) for all in-patients.

|  |  |  |  |
| --- | --- | --- | --- |
| Questions (if “yes” to any, please give details) | Yes | No | Comments/notes |
| Do you have a history of CPE colonisation or infection? If yes, include dates of positive results |  |  | Click here to enter text. |
| Have you: (please give all relevant details) |  |  |  |
| Travelled abroad in the last 12 months? If yes, whilst abroad did the patient: |  |  | Click here to enter text. |
| 1. Receive hospital treatment or medical care, if so which town, city and country? |  |  | Click here to enter text. |
| 1. Undergo direct inter-healthcare transfer from the hospital abroad to a UK hospital? |  |  | Click here to enter text. |
| Have you: (please give all relevant details) |  |  |  |
| Been in a hospital within London or Manchester within the last 12 months? If yes, state hospital name and dates of stay |  |  | Click here to enter text. |
| Has the patient been tested for CPE?  If so, when (date specimen collected)?  What was the result? |  |  | Click here to enter text. |
| Had any other known exposure? |  |  | Click here to enter text. |

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Carbapenemase-producing Enterobacteriaceae (CPE):

I may be a carrier (or have an infection) - what does this mean?

**This information is for patients, relatives and carers. It explains what CPE is and how it affects us, how it spreads and what we can do to stop it spreading.**

What does ‘carbapenemase-producing Enterobacteriaceae’ mean? Enterobacteriaceae are bacteria that usually live harmlessly in the gut of humans. This is called ‘colonisation’ (a person is said to be a ‘carrier’). However, if the bacteria get into the wrong place, such as the bladder or bloodstream they can cause infection. Carbapenems are one of the most powerful types of antibiotics. Carbapenemases are enzymes (chemicals), made by some strains of these bacteria, which allow them to destroy carbapenem antibiotics and so the bacteria are said to be resistant to the antibiotics.

Why does carbapenem resistance matter?

Carbapenem antibiotics can only be given in hospital directly into the bloodstream. Until now, doctors have relied on them to successfully treat certain ‘difficult’ infections when other antibiotics have failed to do so. Therefore, in a hospital, where there are many vulnerable patients, spread of these resistant bacteria can cause problems.

Does carriage of carbapenemase-producing Enterobacteriaceae need to be treated?

If a person is a carrier of carbapenemase-producing Enterobacteriaceae (sometimes

called CPE), they do not need to be treated. As mentioned, these bacteria can live harmlessly in the gut. However, if the bacteria have caused an infection then antibiotics will be required.

How will I know if I am at risk of being a carrier or having an infection?

Your doctor or nurse may suspect that you are a carrier if you have been in a hospital abroad, or in a UK hospital that has had patients carrying these bacteria, or if you have been in contact with a carrier elsewhere. If any of these reasons apply to you, screening will be arranged for you and you will be accommodated in a single room with your own toilet facilities at least until the results are known.

How will I be screened for carbapenemase-producing Enterobacteriaceae? Screening usually entails taking a rectal swab by inserting it just inside your rectum (bottom). Alternatively, you may be asked to provide a sample of faeces. The swab / sample will be sent to the laboratory and you will normally be informed of the result within two to three days. If the result is negative, the doctors or nurses may wish to check that a further two samples are negative before you can be accommodated on the main ward. These measures will not hinder your care in any way. If all results are negative no further actions are required.

Advice for patients who have a positive result

What happens if the result is positive?

If the result is positive, do ask your doctor or nurse to explain this to you in more detail. You will continue to be accommodated in a single room whilst in hospital. If you have an infection, you will need to have antibiotics. However, if there are no signs of infection

and you are simply ‘carrying’ the bacteria, no treatment is required.

How can the spread of carbapenemase-producing Enterobacteriaceae be prevented?

Accommodating you in a single room, if the result is positive, helps to prevent spread of the bacteria. Healthcare workers should wash their hands regularly. They will use gloves

and aprons when caring for you. The most important measure for you to take is to wash your hands well with soap and water, especially after going to the toilet. You should avoid touching medical devices (if you have any) such as your urinary catheter tube and

your intravenous drip, particularly at the point where it is inserted into the body or skin. Visitors will be asked to wash their hands on entering and leaving the room and may be

asked to wear an apron.

What about when I go home?

Whilst there is a chance that you may still be a carrier when you go home, quite often this will go away with time. No special measures or treatment are required; any infection will have been treated prior to your discharge. You should carry on as normal, maintaining good hand hygiene. If you have any concerns you may wish to contact your GP for advice.

Before you leave hospital, ask the doctor or nurse to give you a letter or card advising that you have had an infection or been colonised with carbapenemase-producing

Enterobacteriaceae. This will be useful for the future and it is important that you make

health care staff aware of it. Should you or a member of your household be admitted to hospital, you should let the hospital staff know that you are, or have been, a carrier and show them the letter / card.

Where can I find more information?

If you would like any further information please speak to a member of your care staff, who may also contact the Infection Prevention and Control Team for you. The Public Health England website is another source of information:<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/CarbapenemResistance/>

**Further Questions:**

**The hospital has an infection Prevention and Control Team (IPACT) who can be contacted on 01342 414341.**

**Should you have any further concerns or questions, please speak to the wards staff who will contact a member of the team for you, alternatively you may telephone us directly:**

Please ask if you would like this leaflet in larger print or an alternative format.

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[**tqv-tr.qvhsleepinformation@nhs.net**](mailto:tqv-tr.qvhsleepinformation@nhs.net) **or print and send via Royal mail if you would prefer as email is not a secure method of communication/transfer and is therefore used at your own risk.**