**St George’s Hospital Referral Criteria for Mary Seacole Ward**

**June 2021 (non-surge)**

Mary Seacole ward is a 42 bedded unit for the rehabilitation and sub-acute care of older adults with frailty. Patients will receive holistic MDT management in line with the principles of Comprehensive Geriatric Assessment (CGA). The main differences from the acute site is no medical cover overnight and reduced access to urgent radiology and bloods to guide immediate management.

Inclusion criteria:

Older adults with frailty syndromes:

* All boroughs
* Meets current IPC recommendations to transfer to yellow ward.
* Older adults with frailty syndromes who are deconditioned following an acute event but unable to have rehabilitation at home and have rehabilitation goals.
* Those with subacute medical needs (see exclusion criteria) who would benefit from Comprehensive Geriatric Assessment
* Non-urgent scans pending e.g. CT, MRI, US.

Medical Exclusion criteria:

* Overnight medical review required
* First 48 hours of intravenous antibiotics or iv fluids
* Oxygen requirement that is
	+ New or increasing (i.e. not yet stable) **or**
	+ >4L via nasal cannula
* End of life anticipated during current admission
* Cardiac monitoring needed.
* Nasogastric feeding on-going or anticipated.
* Blood gas monitoring required
* Needs urgent endoscopy or scan to guide management that might involve another team.
* Specialty opinion required for management e.g. psychiatry, surgical, palliative, respiratory, gastroenterology, lymphoedema etc.
* Immobilised patients e.g. non-weight bearing
* Tracheostomy management

Therapies Exclusion Criteria

* Those requiring specialist rehabilitation e.g. neurological or amputee rehab.

If you think that a patient might be suitable but does not meet the above criteria, please contact the MSW team therapists or medics during working hours to discuss or the Consultant Geriatrician on-call on 07500 607 636 out of hours.

For example:

* On *new* oxygen therapy but stable or weaning e.g. post covid, improving fluid overload
* Ongoing need for intravenous antibiotics but otherwise stable e.g. no suitable oral agent
* Unsure if rehabilitation or care needs can be met on MSW.