



## **CLAIRWOOD HOSPITAL**

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Physical Address: 1 Higginson Highway, Mobeni, 4060  
Tel.: 031 4515180/5179 Fax.: 031 4622882

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### **CLAIRWOOD HOSPITAL ADMISSION & DISCHARGE CRITERIA**

#### **THE FOLLOWING REQUIREMENTS MUST BE FULFILLED:**

1. All patient records, case sheets, investigations, X-rays etc from the referring hospital must accompany the patient.
2. A detailed discharge summary with clear indication of the treatment the patient is to receive at Clairwood Hospital.
3. The referring institution, ward and name of the referring doctor (including the contact details) is to be clearly recorded in the referring letter.

#### **THE REFERRING DOCTOR SHOULD COMPLY WITH THE FOLLOWING:**

1. Contact the receiving doctor at Clairwood Hospital PRIOR to transferring the patient and obtain authority for the admission of the patient to Clairwood Hospital.
2. The doctor at Clairwood Hospital can be contacted through the hospital. Medical Manager can be contacted on tel. no 031 4515181.

#### **THE REFERRING HOSPITAL SHOULD CONFIRM THAT A BED IS AVAILABLE ON THE DAY OF TRANSFER.**

The Patient Care Matron (tel 031 4515176) should be contacted as early as possible on the day of transfer.

#### **THE FOLLOWING PATIENTS CANNOT BE ACCEPTED:**

1. Acutely ill patients
2. Fresh burns
3. Psychiatric patients

#### **PLEASE NOTE THE FOLLOWING:**

1. Patients who deteriorate clinically at Clairwood Hospital will be referred back to the referring hospital in exchange for a stable patient.
2. Patients who are referred for "terminal care only" must have this clearly indicated in their clinical records and family should have been notified.
3. The number of hemiplegic/paraplegic/quadriplegic patients and prisoner patients that can be admitted at any one time will be limited.

*Dr D.S. Dorasamy*

**MEDICAL MANAGER 14/08/2008**