**Clinical Urgency Update Form**

**For patients awaiting Cardiac Surgery or Intervention**

**at Alder Hey**

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| --- | --- |
| **Name** |  |
| **DOB** |  |
| **NHS Number** |  |
| **Diagnosis** |  |
| **Planned Surgery or Intervention** |  |
| **Is patient currently fit for surgery / intervention** |  |
| **Any active signs of infection?** |  |
| **Date on Waiting List** |  |
| **Category 2 (< 2 weeks)  Category 4 (< 4 months)**  **Category 3 (< 6 weeks)  Category 5 (< 12 months)** | |
| **Clinical Concerns**  (eg observations, feeding/growth concerns etc) | |

Please email this form to [**ahc-tr.cardiology@nhs.net**](mailto:ahc-tr.cardiology@nhs.net) for review by the consultant of the week and the surgical team (please call the on call team at the weekend or out of hours).