

# Transition 10 Steps to Adult Services: Transition Plan

(Update at each clinic visit: master copy on Medisec print off for patient and family)



Young person's details	
<b>Name:</b>	<b>Date of birth:</b>
<b>Address:</b>	<b>AH number:</b>
	<b>Hospital number:</b>
	<b>Home telephone:</b>
<b>Postcode:</b>	<b>Mobile Number:</b>
<b>Email :</b>	<b>Next of Kin:</b>
<b>Religion:</b>	
<b>GP:</b>	<b>GP Contact number:</b>
<b>GP address:</b>	
<b>Families first language: Interpreter required Yes/NO</b>	
<b>Main diagnosis:</b>	
<b>Medication:</b>  (Highlight those prescribed by specials at trust pharmacy)	
<b>Allergies:</b>	
<b>Capacity:</b>	
<b>Care Package:</b>	
<b>Consent :</b>	
<b>Communication:</b>  <b>Communication of Pain:</b>	
<b>Comfort:</b>	
<b>Consumables:</b>	
<b>Dental:</b>	
<b>Equipment:</b>	
<b>Finance and Benefits:</b>	
<b>Hearing and Vision:</b>	
<b>Home:</b>	
<b>Immunisation's: including COVID &amp; FLU</b>	
<b>Neuro:</b>	
<b>Nutrition and Dietetics:</b>	
<b>Physio:</b>	
<b>Puberty and Sexual Health:</b>	

# Transition 10 Steps to Adult Services: Transition Plan

(Update at each clinic visit: master copy on Medisec print off for patient and family)



Young person's details	
Name:	Date of birth:
Respiratory:	
Reasonable adjustments:	
Respite & short breaks:	
School and Social:	
Technology dependence:	
Welfare Concerns:	
Wheelchair:	
Miscellaneous:	
Transition Exception Register TER:	
Planning the Transition Journey	
Expected level of self-management after transition	
Main professionals ( <i>more information in Circle of Support</i> )	<input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input checked="" type="checkbox"/> Fully supported
Level of GP involvement	Telephone Email
Level of GP involvement	Children's services <input type="checkbox"/> GP led <input type="checkbox"/> Shared Care <input checked="" type="checkbox"/> Speciality led
Level of GP involvement	Adult services <input type="checkbox"/> GP led <input type="checkbox"/> Shared Care <input type="checkbox"/> Speciality led
Circle of support commenced (date)	
Children's services	
Lead Consultant:	Telephone Email
Keyworker:	Telephone Email
Other key professionals :	<b>Contact details</b>
Secondary care clinicians:	
Children's community nurse/ANP:	
Occupational therapist:	

# Transition 10 Steps to Adult Services: Transition Plan

(Update at each clinic visit: master copy on Medisec print off for patient and family)



Young person's details						
Name:		Date of birth:				
Physio therapist:						
CAMH's:						
Social worker:						
School Nurse:						
Voluntary or 3 <sup>rd</sup> sector providers/CVS:						
		Telephone				
		Email				
Adult services						
Lead Consultant:		Telephone				
		Email				
Keyworker:		Telephone				
		Email				
Other key professionals:		Telephone				
		Email				
		Telephone				
		Email				
Transition plan supporting information						
Special Transition Register From (date)		Review date(s)				
To (date)						
Education Health Care Plan		Date				
Advance Care Plan (ACP)		Date		<input type="checkbox"/> Not applicable		
Health Information Passport (HIP)		Date		<input type="checkbox"/> Not applicable		
Other Care plan (specify)		Date		<input type="checkbox"/> Not applicable		
Mark topics discussed – add detail overleaf						
Transition progress review (T)		Planning transition (1-4)	N/A specify overleaf	Starting out (5&6)	Moving on (7&8)	Settling in (9&10)
1. Understands concept of transition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Review circle of support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Review Education Health and Care Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Review Advance Care Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Review Health Information Passport		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term condition management (L)						
1. Describes condition, effects and prognosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands medication/treatment purpose & effects		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Takes some/complete responsibility for medication/other treatment e.g. physiotherapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses self-management plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Orders repeat prescriptions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knows how to make/alter appointments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-advocacy (S)						
1. Part/whole clinic appointment on their own		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sees GP independently		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Transition 10 Steps to Adult Services: Transition Plan

(Update at each clinic visit: master copy on Medisec print off for patient and family)



Young person's details					
Name:			Date of birth:		
3. Understanding of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understands their role in shared decision-making with the healthcare team e.g. Ask 3 Questions*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Role of Advocate/ Concept of Best Interests</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Moving into adulthood</b>					
<b>Health and lifestyle (H)</b>					
1. Understands importance of diet/exercise/dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands impact of smoking/alcohol/substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understands how their condition can affect how they feel and function e.g. sexual function, fertility, fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understands sexual health issues/ pregnancy/STIs/ parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Activities of daily living (A)</b>					
1. Self-care/meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Independent travel/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trips/overnight stays away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Equipment and consumables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vocational (V)</b>					
1. Current education/work, impact of condition on career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. College/university/work attendance and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work/volunteering experience, how to access careers advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Outside activities and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disclosure to college/university/employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychosocial (P)</b>					
1. Self-esteem/self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Body/self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support networks/family/disclosure to friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Coping strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Co-ordination and continuity of care (C)</b>					
1. Knows key team members and their roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Uses Health Information Passport and/or ACP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knows where to get help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Accesses urgent care including A&amp;E and ward visit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Understands role of Lead Consultant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Understands changing role of GP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Understands role of Keyworker</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Planning transition (1-4)</b>	Signature			Date	
<b>Starting out (5&amp;6)</b>	Signature			Date	
<b>Moving on (7&amp;8)</b>	Signature			Date	
<b>Settling in (9&amp;10)</b>	Signature			Date	
<b>Transition discussion notes (e.g. goals, exceptions, discussion points, signposting &amp; to whom)</b>	Signature			Date	
<b>Consent to refer to adult services</b>	Signature			Date	
<b>Section</b>					
	<b>Notes</b>			<b>Date</b>	<b>Initial</b>

