**Low risk**

Risk Assessment form assessed.

(to determine what admission arrangements are needed).

Poor P.S (4), serious health problems requiring specialist medical interventions, high oxygen requirement (more than 50% oxygen). Requires special assistance or is very poorly requiring supportive treatment.

**High Risk**

Good P.S (0-1), no health problems requiring monitoring or medical intervention needed. Alert and orientated.

Fully mobile/ minimal assistance. Stable observations (NEWS of 0-4).

**Medium Risk**

Borderline P.S (2-3), some health problems which require monitoring and/or medical interventions, oxygen requirement need (on less than 50% oxygen therapy). Require considerable assistance. NEWS of 5 or more.

Medium/high risk patients will be returned to bay/ward whilst waiting for treatment/ transport.

To inform the CIAB/Planned Bay as soon as possible regarding incoming urgent/emergency RT patients.

Patient successfully transported to CIAB Bay or Ward 14.

(Patient will be clerked in).

CIAB/Planning Bay Hand-over sheet MUST be completed and a discussion with the Bay team leader.

PRISM/ On-call CCO/ On-Call Team to arrange admission to CIAB Bay or Ward 14.

Patient successfully transported to JCUH RT department.

Radiotherapy treatment

Pre-treatment planning process to be complete.

Planning scan to be completed.

Patient consented for treatment.

**Reminder of the check list of what should be transported with patient:**

* Form of patient identification (hospital wrist band)
* List of medications and allergy status
* ANY DNAR forms
* Latest new score
* Any other important information

If patient is unsuitable to be transported- reject referral and feedback to the referring team.

All high-risk patients must be assessed by the on-call consultant.