

Epilepsy Transition Service Audit Proforma (currently undergoing transition or completed transition within the last year)

ID No:	Age:	Sex:
Mild Learning Disability	Moderate or Severe Learning Disability	Autism
<i>(circle if present)</i>		
Is the patient currently undergoing transition? If no, 'Completed transition section below'	YES	NO
Is there a designated Lead Clinician?	YES	NO
Does the CYP have access to an Epilepsy Nurse specialist?	YES	NO
Is there an Individual Transition plan	YES	NO
Are there agreed outcomes to achieve before transfer to adult services included in the Individual Transition plan?	YES	NO
Has the timing of transfer been discussed/agreed with the CYP, their family or carers?	YES	NO
Has the patient completed transition in the last year?	YES	NO
What was the duration of the period of transition?	<6month	6-11months
	12-24 months	>24 months
Did the CYP have access to an Epilepsy Specialist Nurse (or Community Paediatric Nurse if under the care of Community Teams)?	YES	NO
Was there an Individual Transition Plan?	YES	NO
Were there agreed outcomes to achieve before transfer to adult services included in the Individual Transition plan?	YES	NO
If Yes, did the CYP achieve the agreed transition outcomes before transfer to adult services?	YES	NO
Was the CYP seen jointly by Paediatric and adult services during transition to plan transfer?	YES	NO
Were other services outside secondary or tertiary paediatric services involved prior at the start of transition?	YES	NO
If yes, were these other services involved in transition?	YES	NO
If applicable, was a hospital passport completed before transfer?	YES	NO
If applicable, was consent for sharing information completed before transfer?	YES	NO
Was there an agreed plan in case of need for acute admission during transition and before first appointment in adult services?	YES	NO
Was there an agreed transfer destination in adult services for each paediatric service supporting the CYP during transition?	YES	NO

Was the CYP with epilepsy given a feedback questionnaire at the end of transition?	YES	NO
Was the family/carer given a feedback questionnaire at the end of transition?	YES	NO
<u>Notes:</u>		