

Evelina @Home Children’s Community Nursing Referral Form

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| **Area** | **Telephone Mon - Fri** | **Working Hrs** | **E- mail referral to** |
| Lambeth and Southwark | 020 3049 7585 | 08.00 -18.00 | [**gst-tr.evelinalondonccnteam@nhs.net**](mailto:gst-tr.evelinalondonccnteam@nhs.net) |

# Date of referral: Planned discharge date

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| **First Name:** | | **Surname:** | | **D.O.B: Sex:**  **Weight:** |
| **Address:**   **Postcode: NHS Number:** | | | | |
| **Parent/Carer**  **Mobile No:** | **Parent/Carer Parent/Carer Email:**  **Mobile No:** | | | |
| **Continuing Care Assessment Required:** | | | **Language:** | |

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| **Key Professionals Involved**  **Designation** | **Name** | | **Contact Details** |
| **Consultant** |  | |  |
| Social Worker |  | |  |
| CNS |  | |  |
| Allied Professionals |  | |  |
| Health Visitor/School Nurse |  | |  |
| Other |  | |  |
| **GP Name and Address:** | | **Any Safeguarding Concerns:** | |

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| **Diagnosis and Relevant Previous History** | | | | | | |
| **Treatment on this Admission** | | | | | | |
| **Reason for Referral:**  **First Visit required on:**  **PLEASE EMAIL DRUG CHART WITH REFERRAL FORM FOR ALL MEDICATIONS** | | | | | | |
| **Any Additional Details:** | | | | | | |
| **Monitoring Referrals: What are the Parameters?** | | | | | | |
| **Blood Pressure:**.  **SAO2:**  **Other:** | | | | | | |
| **Respiratory Referrals: PPLOG Discharge Bundle Commenced?** | | | | | | |
| Oxygen requirement:  Method of administration:  Nasal cannula: | | | Tracheostomy Y/N  Ventilated Y/N | | | |
| ***IVAB and injection administration referrals: At least 24 hours’ notice required*** | | | | | | |
| Drug name: | | Dose (mg): | | | Frequency: | |
| When is the first dose required?  Date: \_\_\_ / \_\_\_ / \_\_\_  Time: ­­ \_\_ : \_\_ | | Date of last dose:  \_\_\_ / \_\_\_ / \_\_\_  Time: \_\_:\_\_ | | | Tick to confirm complete TTA has been dispensed. *This includes: drug chart, drug, diluent, flushes.* ☐ | |
| *Access? Peripheral Central (indicate type)* | | | | | | |
| ***Wound care referrals:*** | | | | | | |
| Description of wound: | Dressing details: | | | Frequency of changes: | | Tick to confirm supplies for 3 dressing changes have been given. ☐ |
| Last changed:  \_\_\_ / \_\_\_ / \_\_\_ | |

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| ***Nasogastric tube referrals: Has Risk Assessment been completed if o/n feed?*** | | | |
| ***Tube size and length*** | ***Date of insertion:*** | ***Length inserted to:*** | ***Date of next tube change*** |
| ***\_\_\_\_\_\_Fr \_\_\_\_\_\_cm*** | \_\_\_ / \_\_\_ / \_\_\_\_ | cm | \_\_\_ / \_\_\_ / \_\_\_\_ |
| Tick to confirm 14 days (minimum) of supplies have been given including spare NG tube and tapes ☐ | | | |
| ***Gastrostomy referrals:*** | ***Gastrojejunostomy referrals:*** | ***Buttons* *referrals:*** | ***Freka referrals:*** |
| *Please tick appropriate box:*   * Mic-Key (Button) * Mi-Ni (Button) * PEG (Freka) * Medicina * Other (*please specify)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Please tick appropriate box:*   * Mic-Jej (Button) * G-Jej (Button) * Peg-J (Freka) * Other (*please specify)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of insertion:  \_\_\_ / \_\_\_ / \_\_\_ | Date of insertion:  \_\_\_ / \_\_\_ / \_\_\_ |
| Date of next water change (weekly):  \_\_\_ / \_\_\_ / \_\_\_ | Date of first rotation:  \_\_\_ / \_\_\_ / \_\_\_ |
| Date of first advance:  \_\_\_ / \_\_\_ / \_\_\_ |
| Tick to confirm 14 days (minimum) of supplies have been given including spare button if relevant ☐ | | | |

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| **Referred by:** | **Designation:** | | **Tel No:** |
| **Ward:** | | **Hospital:** | |

**ETHNICITY MONITORING**

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| **Ethnicity** |  |  |  |  |  |
| **White** |  | **Asian** |  | **Other Ethnic Groups** |  |
| British |  | Indian |  | Chinese |  |
| Irish |  | Pakistani |  | Any other group |  |
| Any other white background |  | Bangladeshi |  | Not stated |  |
|  |  | Any other Asian background |  |  |  |
| **Mixed** |  |  |  |  |  |
| White and Black Carribean |  | **Black or Black British** |  |  |  |
| White and Black African |  | Carribean |  |  |  |
| White and Asian |  | African |  |  |  |
| Any other mixed background |  | Any other black background |  |  |  |