GSTT Prolonged Jaundice REFERRAL FORM for Community Midwives updated Dec 2021

|  |
| --- |
| * Only refer babies older than 21 days unless there are specific clinical concerns * Babies older than 42 days should be referred to the paediatric team at the ECH * Fill in all required fields of the form |
| * Send this referral form as an attachment to one of the group emails   **:prolongedjaundiceservice@gstt.nhs.uk** (GSTT midwives)  [**gst-tr.GSTTNeonatalUnit@nhs.net**](mailto:gst-tr.GSTTNeonatalUnit@nhs.net) (non- GSTT midwives)   * Expect an email from NNU ward clerks confirming referral receipt within 3 working days * Advise parents to contact you if no text message from the clinic received within 3 working days |
| * Order on EPR, take the sample or give parents paper form for **LFT** and **conjugated bilirubin** for the baby * Give parents Prolonged Jaundice Service leaflet |
|
| * Unless you take the blood sample yourself, advise parents to take the baby to the Evelina Blood Test Centre as soon as possible. Opening hours 8.30am-5.45pm, Monday to Friday. Tel 020 7188 4778 |

|  |  |  |  |
| --- | --- | --- | --- |
| Referral date | | Click here to enter a date. | |
| Referrer’s name | |  | |
| Referrer’s position | | Choose an item. | |
| Referrer’s contact number | |  | |
|  | | | |
| Parents agree to receive text messages from GSTT | | Choose an item. | |
| Parents given leaflet | | Choose an item. | |
| Arrangements made for blood tests (LFT + conj. bil) | | Choose an item. | |
|  | | | |
| Mother’s name | |  | |
| Mother’s telephone number | |  | |
|  | | | |
| Baby’s details | | | |
| Information required  for babies  **born at GSTT** | Baby’s name |  | |
| Date of birth | Click here to enter a date. | |
| Hospital no. |  | |
|  | | | |
| Additional information  required only for babies  **not born at GSTT** | Sex of the baby | Choose an item. | |
| Baby’s NHS number |  | |
| Home address |  | |
| GP details |  | |
| Mother’s date of birth |  | |
|  | | | |
| Clinical history | | | |
| Mode of feeding | | Choose an item. | |
| Is baby well? | | Choose an item. | If you answer NO  to any of these questions-  mark the referral as URGENT  in your email.  We will then contact the family urgently. |
| Is baby feeding well? | | Choose an item. |
| Has the baby regained the birth weight? | | Choose an item. |
| Is baby’s stool pigmented (yellow/green/mustardy)? | | Choose an item. |
| Is baby’s urine of normal colour (light yellow/straw)? | | Choose an item. |
| Has Newborn Blood Spot screening been performed? | | Choose an item. |
| Has VitK been given at birth? | | Choose an item. |
| Please state any other concerns | |  | |