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| **Newham Children’s Community Asthma Nurse Specialists** **Call 0203 738 7063** |
| **Details of Patient Referred**: (Place sticker)**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NHS No**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender: (circle) MALE****D.O.B**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/ Carer 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Carer 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Home Address***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Telephone number**:*1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***GP***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Nature of referral***:*  | ***Details of person making the referral:****Name of referrer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ward/Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date referral sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Is the CYP under safeguarding? Y/N**  *Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Supporting documents****: Please provide*Discharge summary:  Or comprehensive explanation of why referral is needed.**Parental /Carer discussed and permission given for referral:** Y / N(if this section is not completed the referral will be rejected and sent back) |
| **Criteria** – Please indicate why you are referring the child:PICU Admission  or previous PICU Admission  When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of admissions/ED attendances in the last 12 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IV Rescue Medication e.g. Magnesium? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_New Diagnosis of asthma this admission? **Y/N**Adherence to treatment issues or concerns? **Y/N** |
| **Medications:**Current Medications/treatment: **\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Medications/Spacer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weaning Plan Provided  Asthma/Wheeze Action Plan Given to family  48hr GP review been booked Follow up booked/Referral to Respiratory team at NGH:  RLH:   PTO Page 2  |
| ***Reason for referral/medical history/other issues:*** |
|  |
| *For CCNT USE ONLY:**Date referral received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Triaged by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Contact made: Y/N Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned Visit\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Priority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Named Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin staff admitting patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**RIO Diary entry Case load  Personal diary*  |

Please return both pages of this form to:

Email: elt-tr.CCNSNewham@nhs.net

**Criteria**

Eithera definitive Asthma diagnosis or Wheeze and meet one or more of the criteria below:

* PICU Admission in the last 12 month
* Required IV therapy this admission (e.g IV magnesium, IV Salbutamol, IV aminophylline) Not antibiotics
* 2+ attendances to A&E or admissions in the last 12 months
* Newly diagnosed asthmatic this admission or attendance
* Any child with asthma where there are concerns with adherence and compliance (by parents/child) leading to multiple attendances, poor school attendance or poor quality of life with asthma symptoms.