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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](mailto: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.