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| Newham Specialist School Nursing Team – Referral Form |

**Section A: Details of child**

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| Surname: | Date of birth: | | **Male / FEMALE** |
| Forenames: | Also known as: | | NHS No.  RiO No. |
| Address: | | | Post code: |
| Ethnicity:  Religion:  Language: | Parent/Carer name:  Relationship to child:  Telephone/Mobile: | | Parent/Carer name:  Relationship to child:  Telephone/Mobile: |
| Interpreter Required:  Language: | Weight: | | Alerts/Allergies: |
| Paediatric Consultant: | Base: | | Hosp No. |
| GP: | Address: | | GP Tel No. |
| School/Nursery: | School Nurse/Health Visitor: | | Newham CCNS services involved: |
| Child Safeguarding issues? **CIN / CP Plan / None**  *(circle)* | | Social Worker Contact: | |
| Have you discussed referral with parents? **Yes / No**  *(circle)* | | Do they agree to referral? **Yes / No**  *(circle)* | |

**Section B: Reason for referral**

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| Diagnosis: | |
| Reason for referral (including any medical devices, feeding plan or details of equipment needed while in school):    Discharge letter/ other report attached **Yes / No** | |
| For hospital referrals: Date of hospital admission/attendance: | Planned date of discharge: |

**Section C: Details of person making referral**

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| Name: | Job Title: |
| Base: | Telephone Number: |
| Email: | Fax Number: |
| Referral Date | Signed: |

**Section D:** **OUR OFFICE USE ONLY**

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| Date referral received: | Team: | Triaged by: |
| Initial contact date/time: | Contact with: | Named Nurse: |
| Associate Nurse: | Planned date for visit: | Long Term Short Term *(circle)* |
| Priority |  |  |

**SSNT Criteria**

* Cover all school in Newham
* Individuals aged between 5-19 with complex needs and requiring medical support in school.
* Care plans for medical device (e.g Enteral feeding device, Trachy, NGT, Catheter, 02 therapy and stoma, suctioning and nebuliser)
* Training and competencies for school staff
* Attend CIN/CP and safeguarding meetings
* Health Care package meetings effecting school hours
* EHCP support
* Work jointly with other teams from CCNS.

Exclusion for SSNT

* Diabetic
* Epilepsy with no other complex nursing intervention needs
* Oncology
* Asthma
* Children attending school out of borough

EVERY CHILD SHOULD BE UNDER SCHOOL NURSING TEAM AS THEY ARE ENTITLED TO THE HEALTHY CHILD PROGRAMME WHICH IS PROVIDED BY LOCAL AUTHORITIES.