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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.