**Referral Criteria**

**Clinical Nurse Coordinator Children with Life Limiting Conditions**

**A referral may be made to the Clinical Nurse Co-ordinator (CNC) for identified children (0-18yrs), with a diagnosis of an ACT category life limiting condition (see pg 3 of referral form), and who are under the care of a paediatrician, particularly those with the following criteria:**

* Newly diagnosed Life Limiting Condition with anticipated poor outcomes
* Deteriorating clinical condition
* Discussions about resuscitation status and advance care planning are being considered

**Referring professionals should consider carefully the timing of a child’s referral to the service.**

The timing of referrals should not be prescribed but be early enough to allow a therapeutic relationship develop between the CNC and the family and late enough to ensure the focus of that relationship is on the preparation for and management of the later stages of the child's illness.

Please note, the referral should be based to the CNC covering the child’s home address. Search on [www.hse.ie](http://www.hse.ie) for contact details.

Acceptance of referrals to the CNC service will be decided following discussion with the child’s primary paediatrician and a review of each individual case.

**A referral may be made by any professional. Please complete the form in full.**

|  |  |
| --- | --- |
| **Patients name:**  **Address:**  **ADDRESSOGRAPH**  **Eircode:** | **DOB: \_ / /\_\_\_ Gender: M / F**  **Consultant(s):**    **Hospital(s):**  **Hospital No: Religion:** |
| **Mother’s name:**  **Tel: Legal Guardian? Y / N** | **Father’s name:**  **Tel: Legal Guardian? Y / N** |
| **Siblings:** | **Interpreter required? Y / N**  **If Y, what language?** |
| **Primary Diagnosis:**    **Date of diagnosis:**  **ACT category (see pg3 of form):** | **Secondary Diagnosis:**  **Estimated Prognosis:**  **Days □ Weeks □ Months □ Years □** |

**\*Review of this referral will be delayed if insufficient information is provided\***

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| **CLINICAL INFORMATION:**  (Please include relevant clinical information on respiratory and neurological status, feeding issues/concerns, use of technology, current treatment plan, etc).  **REASON FOR REFERRAL:**  (for example new diagnosis, deteriorating condition/end of life, symptom management, or advance care planning)  Is the child currently an inpatient? Y / N Hospital/Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Y, is there an estimated date of discharge? **\_ / /\_\_\_**  If N, has discharge planning commenced? Y / N  Referrals to external organisations? Jack and Jill □ LauraLynn □ Hospice □ CDNT □ Others \_\_\_\_\_\_\_\_\_\_  Referrals to charitable organisations, eg Make A Wish or Cliona’s Foundation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plan for follow up following discharge – OPD appointment set? Date  **\_ / /\_\_\_** |

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| **Referred by: Role:**  **Organisation: Tel/bleep:**  **Signature** | **Date of referral: / /\_\_\_**  **Pre-referral phone call/email □ date: \_ / /\_\_\_**  **Consultant aware of referral □ date: \_ / /\_\_\_**  **Parents aware of referral □ date: \_ / /\_\_\_**  **Recent clinical letter attached □** |

**List of professionals involved with the child and family - to be completed by referrer.**

**Acute/Tertiary Hospital Professionals**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional | Hospital | Professional | Hospital |
| Primary Consultant: |  | Medical Social Worker: |  |
| Additional Consultants:  1. |  | Clinical Nurse Specialists:  1. |  |
| 2. |  | 2. |  |
| 3. |  | 3. |  |
| 4. |  | Other MDT members:  1. |  |
| Dietician: |  | 2. |  |
|  |  | 3. |  |

**Community Professionals**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional | Contact details | Professional | Contact details |
| GP: |  | Children’s Disability Network Team:  Key Contact Person: |  |
| PHN:  Complex Needs Nurse: |  | Community Paediatrician: |  |
| Pharmacy: |  | School: |  |
| Home Care Package Provider:  CNM: |  | Voluntary Services:  1.  2. |  |

**ACT Categories**

|  |  |
| --- | --- |
| 1. Life threatening conditions for which curative treatment may be feasible but can fail, where access to palliative care services may be necessary when treatment fails. Children in long-term remission or following successful curative treatment are not included (Examples: *malignancies, irreversible organ failures of heart, liver, kidney).* | 2. Conditions where premature death is inevitable, where there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities (Example: *duchenne’s muscular dystrophy*). |
| 3. Progressive conditions without curative treatment options, where treatment is exclusively palliative and may commonly extend over many years (Examples: *Batten disease, mucopolysaccharidoses, muscular dystrophy).* | 4. Irreversible but non–progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death (Examples: *severe cerebral palsy, multiple disabilities such as following brain or spinal cord insult).* |

**Official Use only**

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| **Date referral received: / /\_\_\_**  **Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ approval: Y € N €** | **Referral Accepted: Y € N €** |