

COMPLEX CARE HUB Referral Form



The Royal **Children's**
Hospital Melbourne

Patient Details:

Referral date:

MRN:

D.O.B

Given Name:

Surname:

Address:

Suburb:

Post Code:

Telephone:

E-mail:

Referrer Details:

Given Name:

Surname:

Position Title:

Telephone:

**Hospital /
Community
service:**

Department:

E-mail:

Parent/Guardian Details:

Given Name:

Surname:

Relationship:

Telephone:

Main Consultant/ GP Details:

Given Name:

Surname:

Hospital:

Telephone:

I have informed the family of this referral and they have given consent for Complex Care Hub to gather information from the child's care team to assist in determining eligibility.

YES

NO

CHILD'S DIAGNOSIS/PAST MEDICAL HISTORY:

PSYCHOSOCIAL HISTORY/RISK FACTORS:

Are there any significant factors that you are aware of that may impact on the family's care of the child? e.g child at risk, family violence, drug or alcohol use, mental health.

Please use the Complex Care Hub [eligibility criteria](#) as a guide to completing this referral form.

ELIGIBILITY:

1. CHRONICITY: Is this child's condition expected to be present for 12 month?

YES NO

2a. COMPLEXITY - Medical: Will this child have more than 10 medical appointments in a year?

YES NO

2b. COMPLEXITY - Psychosocial: Does this child have significant difficulties in areas of carer health, geographical isolation or disability?

YES NO

3. INSTABILITY: Has this child had, or is expected to have more than one emergency admission in 12 months?

YES NO

4. FUNCTIONAL LIMITATION: Does this child's condition impact on participation in independent age appropriate activities?

YES NO

5. FRAGILITY: Has the child had more that 5 hospital admissions in 12 months or 30 inpatients days in 6 months?

YES NO

6. INTENSITY: Does this child have an interventional health care need and require a technology or a procedure in their home?

YES NO

If you have answered YES to "5. Fragility" or "6. Intensity", please complete the "Critical Care Needs" and "Additional Needs" sections below. If NO, please continue to the "Complexity Factors" section

CRITICAL CARE NEEDS:

NUTRITION:	Needs help Peg supplements All Peg, N/G, N/J TPN	NEUROLOGICAL:	Occasional Seizures Emergency Treatment needed Freq overnight events Life threatening episodes
SKIN:	Pressure risk Weekly treatments Daily dressings Life threatening	PSYCHOLOGY:	Low mood Reactive anxiety Self harm Risk to self and others
RESPIRATORY:	Medication Low Flow Oxygen/suction/physio Trace or Overnight support BiPap/CPAP/High Flow/Vent		

ADDITIONAL NEEDS:

COMMUNICATION:	Some support Only familiar can understand Rarely communicates needs No skills	MOBILITY:	Needs Support 1 Person transfer 2 person transfer Immobile/Hoist
CONTINENCE/ RENAL:	Stable,Stoma Clean intermittent catheters Incontinent despite Rx Dialysis dependent	MEDICATION:	Routine Variable and overnight Infusion Severe pain 2 hourly

COMPLEXITY FACTORS:

LANGUAGE:	Some Difficulty No English		
INTERPRETER REQUIRED?	No Yes		
CARER HEALTH:	Minor Concern Impact caring	HOUSING/ISOLATION/ ALTERNATIVE CARER:	Some factors Multiple factors
ADVERE LIFE EVENTS- CHILD/ FAMILY:	YES N/A		

COMMENTS:

**Detailed referral
reason:**

More information about Complex Care Hub can be found here: <http://www.rch.org.au/complex-care-hub/>