# 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:

### IS THE FAMILY AWARE OF THIS REFERRAL

YES NO

## CHILD'S DIAGNOSIS/PAST MEDICAL HISTORY:

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.

**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 (please specify)

**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/