



LauraLynn

IRELAND'S CHILDREN'S HOSPICE

LauraLynn Ireland's Children's Hospice

Referral Form

Child Information			
Child's Name			
Child's Address			
Address Eircode			
Current location of care:			
Date of Birth		Gender	
Nationality		Religion	
Main Language		PPS Number	
Interpreter required	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there any Child Protection concerns with this child and family?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>		
Medical Card Please include No if available.	Yes/No		
Parents/Legal Guardians			
Name:		Name:	
Relationship:		Relationship:	
Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>		Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address: tick the box below if the address is the same as above <input type="checkbox"/> otherwise, please include address and <u>Eircode</u> here:		Address: tick the box below if the address is the same as above <input type="checkbox"/> otherwise, please include address and <u>Eircode</u> here:	
Home Phone No:		Home Phone No:	
Mobile:		Mobile:	
Email:		Email:	
Referrer's details			
Name:			
Profession:			
Contact details:			

Consent for referral:

Please confirm you have spoken to this's child's legal guardians and that they give permission for this referral to proceed.

I have had a conversation with the people who are legal guardians for this child and confirm that they give permission for this referral to proceed. As part of that conversation, I have informed the parties that LauraLynn will make contact with them and that LauraLynn may seek further medical information from the referring clinician.

LauraLynn will hold the data included in this form in line with Data Protection legislation.

Signature:

Date:

Siblings/Significant Family Members

Name	Male / Female	Age (if under 18)	Additional (Health) Needs
1.			
2.			
3.			
4.			
5.			

Professional Involvement – Health Care Professionals

e.g. Specialist Palliative Care Team, Clinical Nurse co-ordinator for children with life-limiting conditions, Paediatrician, GP, Public Health Nurse, Social Worker, Physiotherapist.

Name	Title/Role	Email Address
1.		
2.		
3.		
4.		
5.		
6.		

Additional Services involved in the care of child and family

e.g. Disability Service, School, Nursing Agency, respite services, Neurology Team, Respiratory Team

E.g. Disability Service			

Paediatrician/Lead Clinician Details	
Name	
Address (please include Eircode number)	
Telephone Number	
Email Address	
G.P. Details	
Name	
Address (please include Eircode number)	
Telephone Number	
Healthmail address	

Medical Details – To be completed by Paediatrician	
Urgency of Referral	Routine <input type="checkbox"/> Soon <input type="checkbox"/> Urgent <input type="checkbox"/> <i>For urgent referrals please contact LauraLynn CNS on 01-289 3151 or email referrals@lauralynn.ie</i>
Diagnosis	
PLEASE PROVIDE COPIES OF ANY ADDITIONAL INFORMATION/REPORTS THAT YOU FEEL MAY BE RELEVANT TO THIS REFERRAL	
Brief Summary of Child's Current Condition and Description of Medical Needs: How would you assess this child's phase of illness at present?	Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Deteriorating <input type="checkbox"/> End of Life <input type="checkbox"/>
Reason for Referral - How do you think LauraLynn may best support this child and family? Please see https://www.lauralynn.ie/what-we-do/childrens-palliative-care for a description of available services. Please note, not all families will receive all aspects of the service offered by LauraLynn. Following acceptance to the service all families will have an holistic needs assessment completed to determine how to best meet their needs.	

Does this Child/Young Person have a Life-Limiting Condition?	YES <input type="checkbox"/> NO <input type="checkbox"/> Comments:
ACT Category (See appendix for categories)	Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4 <input type="checkbox"/> Category 5 <input type="checkbox"/>
Is this Child/Young Person expected to live beyond 18 years?	YES <input type="checkbox"/> NO <input type="checkbox"/> Comments:
Estimation of prognosis	Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>
Has this been discussed with the child's parents?	YES <input type="checkbox"/> NO <input type="checkbox"/> Details of discussion:
Has this been discussed with the child?	YES <input type="checkbox"/> NO <input type="checkbox"/> Comments:
Does this child have an Emergency Care Plan	YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: <p>Please attach Emergency Care Plan +/- Ambulance Control Directive if available.</p>
Does this child have a Symptom Management Plan?	YES <input type="checkbox"/> NO <input type="checkbox"/> <p>Please attach Symptom Management Plan if available</p>
Is this child known to Specialist Palliative Care	YES <input type="checkbox"/> NO <input type="checkbox"/> Details :

Is this child known to the Clinical Nurse Coordinator for Children with Life-limiting Conditions service	YES <input type="checkbox"/> NO <input type="checkbox"/> Details :
<p style="text-align: center;">Palliative Care needs in children with complex neurodisability</p> <p>When referring children with complex <u>neuro-disability</u>, the onus is on the referrer to demonstrate palliative care needs.</p> <p style="text-align: center; color: #e91e63;">When referring children with neurodisability (in particular children who conditions in ACT category 4) please complete the following section which is a helpful guide to illustrate additional vulnerabilities</p> <p>Children in ACT category 4 may be physically dependent but stable. LauraLynn focuses on providing care to children and families most likely to benefit from all elements of the hospice service, including direct care, care, symptom management, family support, end of life care and bereavement care.</p> <p style="text-align: center; color: #e91e63;">Please complete this and the following section with as much detail as possible. Failure to do so may result in a delay in the child and family accessing services. Please include any recent medical or clinic reports.</p>	
<p style="text-align: center;">Neuro-disability</p> <p>Does the child have an inherited or metabolic condition causing severe Neurodisability?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>OR</p> <p>Do they have severe acquired Neurodisability?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">Please complete the checklist below</p> <p style="text-align: center;">Is the neurodisability associated with any of the following:</p>	
A vulnerable airway	YES <input type="checkbox"/> NO <input type="checkbox"/>
Apnoeas requiring intervention	YES <input type="checkbox"/> NO <input type="checkbox"/>
Scoliosis compromising respiratory function or causing severe pain	YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>Frequent or prolonged hospitalization, for example</p> <ol style="list-style-type: none"> 3 or more hospitalisations for severe illness over the past 6 months. Hospitalisation of > 3 weeks without clinical improvement as determined by the clinical team Admission to Paediatric intensive care for > 1 week 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please provide etails</p>
<p>An ongoing need for oxygen therapy or ventilatory support:</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Escalating medical intervention (This may include increasing dependence on medical technology, recurrent hospitalisations, or frequent symptom assessment)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please provide details below.</p>
<p>Gut failure / progressive feed intolerance</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Autonomic dysfunction or Instability of brain stem function (temperature, circulation or breathing)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Intrathecal Baclofen pump</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Severe pain/discomfort without identified reversible cause</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Any other comments/details relating to the above please include here:</p>	
<p>Seizure Disorder</p>	<p>Are seizures life-threatening? (Please note the risk of SUDEP is not sufficient to meet criteria.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are seizures poorly controlled requiring frequent hospital admissions?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Has the child been admitted to PICU due to poor seizure control?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is the seizure disorder progressive?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>Long-term Ventilation</p>	<p>Are they aged under 5? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are they over the age of 5 with progressive respiratory failure? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Does this child present with behaviours that can be challenging to manage?</p> <p>Please describe.</p>	<p>Yes No</p>
<p>Note:</p>	<p>Some children may present with highly complex and specialist nursing needs that may not be within the competency of LauraLynn to manage safely. Other children may present with behaviours that can be challenging to manage, may pose a risk to themselves and other children in the service and the environment of LauraLynn House may not be suitable for their needs and safe care.</p>
<p>System Failure (Any organ failure leading to a life-threatening condition)</p>	<p>Organ failure awaiting transplant: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Severe gut failure requiring TPN: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Unstable cardiac condition awaiting surgery or not suitable for further cardiac surgery: YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Other</p>	<p>Deterioration in condition which highlights the life-limiting or threatening nature of diagnosis loss of independent mobility in boy with Duchene Muscular Dystrophy Progressive respiratory failure in child with Cystic Fibrosis: YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>PLEASE PROVIDE COPIES OF ANY ADDITIONAL INFORMATION/REPORTS THAT YOU FEEL MAY BE RELEVANT TO THIS REFERRAL</p>	
<p>Paediatrician's Signature: Date:</p>	

Please complete and return to:
Referrals Panel
LauraLynn Ireland's Children's Hospice,
Leopardstown Road, Foxrock Dublin 18, D18 X063.
referrals@lauralynn.ie

Appendix 1: Together for Short Lives: Categories of Life Limiting Conditions 2018

Category 1	Life-threatening conditions for which curative treatment may be feasible but can fail. Access to palliative care services may be necessary when treatment fails or during an acute crisis, irrespective of the duration of threat to life. On reaching long-term remission or following successful curative treatment there is no longer a need for palliative care services. Examples: cancer, irreversible organ failures of heart, liver, kidney.
Category 2	Conditions where premature death is inevitable. There may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities. Examples: cystic fibrosis, Duchenne muscular dystrophy.
Category 3	3 Progressive conditions without curative treatment options. Treatment is exclusively palliative and may commonly extend over many years. Examples: Batten disease, mucopolysaccharidoses.
Category 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 injury, complex health care needs, high risk of an unpredictable life-threatening event or episode.
Category 5	Unborn children with major health problems who may not live through birth, infants who may survive for only a few hours/days, infants with birth anomalies that may threaten vital functions, and infants for whom intensive care has been appropriately applied but developed an incurable diseases.