

To be completed by hospice staff during discussion with Referrer

Children's Hospice South West (CHSW) can accept urgent referrals for children and young people (under 18 years of age) who require urgent symptom control or end of life care, including the possibility of the child or young person and their family staying at the hospice for a few days for bereavement care. With prior discussion and planning, the hospice may also be able to accept families for urgent in-house bereavement care (including transfer of the child or young person to the hospice after they have died) in circumstances where end of life care has been discussed with the hospice but death then occurs at hospital or home.

Initial conversations must take place with the Hospice Team to discuss feasibility before the possibility of hospice involvement is discussed with the family.

Urgent referrals can come from family members or professionals.

## Eligibility (all must be met)

The child/young person must:

- be under the age of 18 at the time of referral, for those aged 16 to 18 a discussion will take place as, depending on the circumstances, a referral for support from adult services may be more appropriate
- live in South West England
- require urgent symptom control, end of life or after death care

## Urgent referral process

Urgent new referrals are by phone to the hospice in question, which will ordinarily be the hospice that is geographically closest to the child's home address. Exceptions may be made in specific circumstances such as if a child is at Bristol Children's Hospital and too unstable to travel to the hospice nearest their home, or where hospice capacity issues affect which hospice can respond most rapidly.

**Step 1** Referrer telephones the relevant hospice, Little Bridge House in Devon 01271 321 999, Charlton Farm in North Somerset 01275 866 611, Little Harbour in Cornwall 01726 65 555

**Step 2** Hospice Admin Team discuss the urgent referral with the Duty Manager and Doctor of the day.

**Step 3** Duty Manager and Doctor of the day discuss and return phone call to the Referrer as soon as possible.

In that phone call:

- the Referrer is asked to email through completed Parent consent (Form A)
- the Hospice Team (Hospice Doctor/Duty Manager or Senior Team Leader) complete the Urgent new referral (Form D). Please note, the Form D information is provided verbally by the Referrer and inputted onto the form by the Hospice Team
- the Referrer is asked to email through any supporting documentation, as listed in Form D

**Little Bridge House**, Redlands Road, Fremington, Barnstaple, Devon EX31 2PZ Phone: 01271 321 999

Email: [careteam.lbh@chsw.org.uk](mailto:careteam.lbh@chsw.org.uk)

**Charlton Farm**, Charlton Drive, Wraxall, North Somerset BS48 1PE Phone: 01275 866611

Email: [careteam.cf@chsw.org.uk](mailto:careteam.cf@chsw.org.uk)

**Little Harbour**, Porthpean Road, Porthpean, St Austell, Cornwall PL26 6AZ Phone: 01726 65 555

Email: [careteam.lh@chsw.org.uk](mailto:careteam.lh@chsw.org.uk)

## Step 4

The decision is made regarding the eligibility and feasibility of hospice support. The Referrer is informed of the outcome as soon as possible.

If transfer planned then arrangements are made in the usual ways, which may include convening an MDT +/- in reach to the current place of care.

Please note, urgent responses required for children and young people already known to CHSW are also effected by telephoning the hospice in question. The information required in those circumstances will be similar to that listed below.



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Date and time of referral:

## Referrer's details

Name:

Contact details:

## Details of child/young person

First name:

Surname:

Known as:

Date of birth:

Current location of care:

Address:

Gender:

NHS number:

Ethnic group, (if known):

Postcode:

Religion, (if known):

First language:

Interpreter required: ☐ Yes ☐ No

## Parent or carer 1 Parental responsibility: ☐ Yes ☐ No

First name:

Surname:

Address:

Relationship to child:

Home tel:

Postcode:

Mobile tel:

Email:

First language:

Interpreter required: ☐ Yes ☐ No

Additional/health needs:

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To be completed by hospice staff during discussion with Referrer

**Parent or carer 2** Parental responsibility: ☐ Yes ☐ No

First name:	Surname:
Address:	Relationship to child:
	Home tel:
Postcode:	Mobile tel:
Email:	
First language:	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Details of siblings

Sibling names and dates of birth:
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## Details of significant others

Names:
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## Ethnicity Please tick box as appropriate:

White British <input type="checkbox"/>	Pakistani <input type="checkbox"/>
White Irish <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
White (other) <input type="checkbox"/>	Asian (other) <input type="checkbox"/>
White and Black Caribbean (mixed heritage) <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
White and Asian (mixed heritage) <input type="checkbox"/>	Black African <input type="checkbox"/>
White and Black African (mixed heritage) <input type="checkbox"/>	Black other <input type="checkbox"/>
White and Pakistani (mixed heritage) <input type="checkbox"/>	Chinese/Far Eastern (all) <input type="checkbox"/>
Other mixed heritage <input type="checkbox"/>	Any other ethnicity <input type="checkbox"/>
Indian <input type="checkbox"/>	Declined to say <input type="checkbox"/>

## Faith, culture and belief Please tick box as appropriate:

Atheist/Agnostic <input type="checkbox"/>	Judaism (all denominations) <input type="checkbox"/>
Buddhism (all denominations) <input type="checkbox"/>	Muslim (all Islamic denominations) <input type="checkbox"/>
Christian (all denominations) <input type="checkbox"/>	Sikhism <input type="checkbox"/>
Hindu (all denominations) <input type="checkbox"/>	Other, please specify
Jehovah's Witness <input type="checkbox"/>	Declined to say <input type="checkbox"/>

# Urgent new referral

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## Lead Consultant

Lead Consultant:	Address:
Speciality:	
Tel:	Postcode:
Email:	

## Lead Nurse

Name:	Address:
Professional role:	
Tel:	Postcode:
Email:	

## GP

GP name:	Address:
Practice:	
Tel:	Postcode:
Email:	

## Other Professional

Name:	Address:
Professional role:	
Tel:	Postcode:
Email:	

## Medical details

Diagnosis:

Prognosis:

Current medications including routes of delivery and any plans to modify.  
Please request copy of current drug chart/TTO medications is emailed:

Please note, any child being transferred needs to come with a two week supply of medications – including a supply of 'just in case' medications for symptom control (list to be provided by Hospice Team)

Is oxygen being given? ☐ Yes ☐ No

Current weight:

Allergies:

Route of access:

Any infection control issues:

## Medical details continued

Resus decisions in place currently, please request copy to be emailed:

Advance Care Plan or other end of life paperwork in place, please request copy to be emailed:

Symptom control plan currently in place, please request copy to be emailed:

Any additional relevant plans such as ventilation, suction, seizures, please request copy to be emailed:

Any devices in situ such as VNS, baclofen pump, pacemaker:

What are the current plans in place around fluids and nutrition:

Have Parallel plans been discussed?

What would the Medical Team propose should be written on the death certificate?

Have any discussions taken place with the Medical Examiner Team?

Will a Coroner's post mortem or a hospital post mortem be required?

Have organ and/or tissue donation been discussed with the family?

Family's understanding of current situation:

## Medical details continued

Child/young person's understanding of current situation:

How urgently is hospice input required:

What arrangements are in place for transfer including who will be transferring the child or young person and what arrangements are in place for symptom control medications to be given during transfer if needed:

Has the possibility of deterioration or death on route to the hospice been discussed with the family:

## Family/social information

Relevant family/social issues, if this includes physical, psychological or mental health issues, please take down contact details for professionals currently supporting:

## Any other information

Please ensure the hospice Medical Team are aware of the referral and included in the decision about whether to accept and when transfer should take place. Symptom Management Planning must have been considered and the hospice medical team need to have informed the transferring team of any 'just in case' medications that should come with the child.

Please note, arrangements will need to be in place for the hospice medical team to be present to receive the child and a medical on-call rota will need to be in place for the foreseeable future. Consideration should be given to whether anticipatory prescribing onto the Symptom Management/End of Life Medicine Administration Record should have been completed before the child arrives (for example, this should be done for children with active symptoms and for those where a withdrawal of treatment is planned shortly after arrival).

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## To discuss with the Referrer (please tick)

- ☐ Ask Referrer to email completed Parent consent (Form A) and copies of any supporting paperwork (as above).
- ☐ Notify Referrer that our usual practice for urgent admissions is to convene an MDT before transfer to ensure all anticipatory planning has been addressed. In addition, weekly MDTs are pencilled in so that plans (including parallel plans) can be reviewed if/when needed.
- ☐ Notify Referrer that a child would not usually stay at the hospice for longer than 2 weeks unless their end of life phase is clearly ongoing. Therefore after 2 weeks a child would usually be either discharged home or transferred back to hospital if they are stable.
- ☐ Any child being transferred needs to come with:
  - ☐ 2 week supply of medications, including a supply of 'just in case' medications for symptom control (list to be provided by Hospice Team)
  - ☐ any anticipated equipment or supplies (list to be provided by Hospice Team)
  - ☐ copies of any resus or treatment escalation plans (if not already emailed in advance)
  - ☐ copies of any advance care plans that are in place (if not already emailed in advance)
  - ☐ medical and nursing transfer documentation
- ☐ Clarify what the arrangements will be for verbal medical and nursing handovers at the point of transfer, including verbal handover of medications, regular and prn.
- ☐ Family members can be invited to visit the hospice in advance if feasible. Alternatively, where logistics and time allow, the Hospice Team will visit the child or young person in their current setting as part of the planning phase.
- ☐ Explain the options if the child or young person dies before hospice transfer, including thinking through transfer arrangements and giving information about bereavement stays at the hospice.

## Outcome of referral

Form to be completed electronically, if the child is accepted then a copy to be stored in the child's electronic folder and a printed copy to go in their notes. If the child is not accepted then copy to be saved in Care>Referrals>Referrals for Decision Panel on Teams.

Name:

Signature:

Date and time:

## Checklist of tasks for Hospice Team to complete prior to family arrival (please tick)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Admin Team aware and completing the administrative aspects of acceptance | <input type="checkbox"/> Care Team have briefed the family about what the hospice is like and how it works, such as logistics, house rules, housing in arrangements, visitors for mealtimes |   |
| <input type="checkbox"/> Bedroom prepared   | <input type="checkbox"/> Housekeeping aware   | <input type="checkbox"/> Transport arranged |
| <input type="checkbox"/> Reception aware  | <input type="checkbox"/> Sibling Team aware   | <input type="checkbox"/> Kitchen aware      |
| <input type="checkbox"/> Contacts aware   | <input type="checkbox"/> Database updated   |   |

Name:

Signature:

Date and time: