LAURALYNN IRELAND'S CHILDREN'S HOSPICE REFERRAL FORM

CHILD INFORMATION

Child's Name		Known as	
Child's Address			
Eircode			
Current location of care			
Date of Birth		Gender	
Nationality		PPS Number	
Ethinicity	Please select	Religion	
Main language		Interpreter required	Yes ☐ No ☐
Are there any Child Protection concerns with this child and family	Yes ☐ No ☐ Unknown ☐		
Medical Card	Yes ☐ No ☐	Please include No. if available	

LauraLynn
IRELAND'S CHILDREN'S HOSPICE

PARENTS / LEGAL GUARDIAN

Name		Name	
Relationship		Relationship	
Legal Guardian	Yes ☐ No ☐	Legal Guardian	Yes ☐ No ☐
Address	Tick the box if the address is the same as child's ☐	Address	Tick the box if the address is the same as child's ☐
Otherwise, please include address and Eircode here		Otherwise, please include address and Eircode here	
Home Phone No.		Home Phone No.	
Mobile		Mobile	
Email		Email	

REFERRER'S DETAILS

Name		Profession	
Email		Phone No.	

CONSENT AND AUTHORISATION OF 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.

Please confirm that the information included in this Referral Form is accurate.

☐ I confirm that the information included by me in this Referral Form is accurate and up-to date.

Signature		Date	

SIBLINGS/SIGNIFICANT FAMILY MEMBERS

	Name	Male/Female	Age (if under 18)	Additional (health) needs
1				
2				
3				
4				
5				
6				

PROFESSIONAL INVOLVEMENT – HEALTHCARE 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	Phone	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

	Service Name	Contact Person & Title	Phone	Email Address
1				
2				
3				
4				
5				
6				

PAEDIATRICIAN / LEAD CLINICIAN DETAILS

Name

Address
(Please include eircode)

Telephone Number

Email

GP DETAILS

Name

Address
(Please include eircode)

Telephone Number

Healthmail Address

SOCIAL CARE LEAD

Name

Address
(Please include eircode)

Telephone Number

Healthmail Address

MEDICAL DETAILS – TO BE COMPLETED BY PAEDIATRICIAN

Urgency of Referral	Routine ☐ Soon ☐ Urgent ☐	For urgent referrals please contact LauraLynn CNS on **01 289 3151** or **email referrals@lauralynn.ie**
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 ☐ Unstable ☐ Deteriorating ☐ End-of-life ☐
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 ☐ No ☐	
ACT Category See Appendix 1	Category 1 ☐	Category 2 ☐ Category 3 ☐ Category 4 ☐ Category 5 ☐
Is this Child/Young Person expected to live beyond 18 years?	Comments:	
Estimation of prognosis	Days	Weeks Months Years
Has this been discussed with the child's parents?	Yes ☐ No ☐	
	Details of discussion:	

Has this been discussed with the child?

Yes ☐ No ☐

Details of discussion:

Does this child have an Emergency Care Plan?

Yes ☐ No ☐

Comments:

Please attach Emergency Care Plan +/- Ambulance Control Directive if available.

Does this child have a Symptom Management Plan?

Yes ☐ No ☐

Please attach Symptom Management Plan if available

Is this child known to the Clinical Nurse Coordinator for Children with Life-limiting Conditions service

Yes ☐ No ☐

Details:

Is this child known to a Paediatric Palliative Care service or Specialist Palliative Care

Yes ☐ No ☐

Details:

PAEDIATRICIAN/CONSULTANT DETAILS

Name

Title/Speciality

Email

Phone No.

AUTHORISATION OF REFERRAL

Please confirm that the medical information included in this Referral Form is accurate.

☐ I confirm that the information included by me in this Referral Form is accurate and up-to date.

Signature

Date

PALLIATIVE CARE NEEDS IN CHILDREN WITH COMPLEX NEURODISABILITY

When referring children with complex neuro-disability, the onus is on the referrer to demonstrate palliative care needs.

When referring children with neurodisability (in particular children with conditions in ACT category 4) please complete the following section which is a helpful guide to illustrate additional vulnerabilities.

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.

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.

Neuro-disability

Does the child have an inherited or metabolic condition causing severe neurodisability?	Yes ☐	No ☐
Or		
Do they have severe acquired neurodisability?	Yes ☐	No ☐

Please complete the checklist below

Is the neurodisability associated with any of the following:

A vulnerable airway	Yes ☐	No ☐
Apnoeas requiring intervention	Yes ☐	No ☐
Scoliosis compromising respiratory function or causing severe pain	Yes ☐	No ☐
Frequent or prolonged hospitalisation, for example 1. 3 or more hospitalisations for severe illness over the past 6 months. 2. Hospitalisation of > 3 weeks without clinical improvement as determined by the clinical team 3. Admission to Paediatric Intensive Care or PICU for > 1 week	Details:	
An ongoing need for oxygen therapy or ventilatory support	Yes ☐	No ☐

Escalating medical intervention (This may include increasing dependence on medical technology, recurrent hospitalisations, or frequent symptom assessment)	Yes ☐	No ☐
	Details:	
Gut failure / progressive feed intolerance	Yes ☐	No ☐
Autonomic dysfunction or instability of brain stem function (temperature, circulation or breathing)	Yes ☐	No ☐
Intrathecal baclofen pump	Yes ☐	No ☐
Severe pain/discomfort without identified reversible cause	Yes ☐	No ☐
Any other comments/details relating to the above please include here:		

Seizure Disorder

Are seizures life-threatening? (Please note the risk of SUDEP is not sufficient to meet criteria.)	Yes ☐	No ☐
Are seizures poorly controlled requiring frequent hospital admissions?	Yes ☐	No ☐
Has the child been admitted to PICU due to poor seizure control?	Yes ☐	No ☐
Is the seizure disorder progressive?	Yes ☐	No ☐

Long-term Ventilation

Is this child under 5 years of age?	Yes ☐	No ☐
Is this child over the age of 5 years with progressive respiratory failure?	Yes ☐	No ☐

Behavioural Concerns

Does this child present with behaviours that can be challenging to manage?	Yes ☐	No ☐
	Please describe.	

Note: 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.

System Failure

(Any organ failure leading to a life- threatening condition)

Organ failure awaiting transplant	Yes ☐	No ☐
Severe gut failure requiring TPN	Yes ☐	No ☐
Unstable cardiac condition awaiting surgery or not suitable for further cardiac surgery	Yes ☐	No ☐

Other

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 ☐	No ☐

PLEASE PROVIDE COPIES OF ANY ADDITIONAL INFORMATION/REPORTS THAT YOU FEEL MAY BE RELEVANT TO THIS REFERRAL

☐ I confirm that the information included by me in this Referral Form is accurate and up-to date.

Name			
Email		Phone No.	
Signature		Date	

Please complete and return to:

Referrals Panel

LauraLynn Ireland's Children's Hospice
Leopardstown Road, Foxrock, Dublin 18.

E referrals@lauralynn.ie

To speak to a CNS about a referral, please call **01 289 3151**

Additional information:

LauraLynn's Referral Process
https://www.lauralynn.ie/referral-process

LauraLynn Children's Palliative Care
https://www.lauralynn.ie/what-we-do/childrens-palliative-care

LauraLynn
IRELAND'S CHILDREN'S HOSPICE

LauraLynn Ireland's Children's Hospice
Leopardstown Road, Foxrock, Dublin 18.

T 01 289 3151
E info@lauralynn.ie
www.lauralynn.ie

CHY 2633
CRN 20003289

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.