

DGS CCG –Interim Community Children’s Nursing Team

Eligibility criteria

Referral Criteria

- A child/young person must be aged between 0 and 19-years-old
- The child young person must have a **clinical nursing need (See Core function below)**
- The child/young person must be living and registered with a GP within the DGS Locality
- The child/young person must have a medical lead who maintains clinical responsibility for the child/young person and their treatment either within GP or Secondary or Tertiary care

Core Function

- Facilitation of early discharge from hospital through participation in discharge planning processes, and transfer of care meetings
- Community based care to prevent hospital admissions or readmission
- Advice and practical support to reduce parental anxiety and empower parent carers / young people in the self-management of their condition

Service Scope

The service will operate Monday – Friday 09:00 – 17:00 hours

The following table illustrates clearly which clinical pathways which are in and out of scope:

In Scope – Home based Care	Out of scope
<ul style="list-style-type: none"> • Routine Tracheostomy Care • Phlebotomy for long term conditions incl pre-transfusion bloods • Nasogastric tube changes, gastrostomy and jejunostomy feeding device management and support • Home Oxygen support Children over 1year • IV antibiotics – Bolus only. Subject to criteria see IV Referral form • Wound Care, incl initial support for Catheter and stomas • Home traction or support post orthopaedic procedures such as leg lengthening • Children with complex neurological or degenerative conditions requiring short term nursing support eg Support post multi-level surgery 	<ul style="list-style-type: none"> • Weekend and out of hours visiting, advice and support • Methotrexate Injections –<i>covered by DVH</i> • Neonatal discharge Home Oxygen <i>covered by DVH</i> Overnight Oxygen Saturation studies • Cystic Fibrosis • IV antibiotics or immunoglobulins (Infusion) • Children with the following long term conditions / pathways: Asthma, allergy and wheeze, Epilepsy, Eczema, or challenging behaviour • Oncology, palliative care and end of life care (provided by Ellenor Hospice) • Continuing care health assessor functions – (provided by the Children’s Healthcare team) • Bladder and bowel dysfunction assessments and intervention (Some support available at DVH) • Diabetes (provided by DVH)

Who can refer?

Referrals are accepted from local hospitals, tertiary centres, community hospitals, the primary healthcare team, Social Services, Education and self-referrals.

How to refer

There is one referral form for the Community Children's Nursing Team (CCNT). There are 2 parts to the form.

Part 1 MUST be completed for all referrals.

Part 2 only needs to be completed for those children who are referred for Intravenous antibiotic administration.

Receipt of a completed referral form is essential prior to service delivery in order that the CCNT collates all the relevant information required to make a decision as to whether the referral is accepted.

Referrals should be emailed to kchft.ccntdgs@nhs.net and referrers can expect to hear back from a member of the team within 1 working day.

Expected Referral to Intervention timescales

All accepted referrals will be allocated according to clinical need. Urgent referrals will be seen within 1 working day, non-urgent referrals will be seen within 3 working days.

Criteria for Intravenous Antibiotics Referrals for bolus injection

- Clinical observations must be stable for a minimum of 4 hours prior to discharge
- Appropriate intravenous access must be established prior to discharge (i.e. peripheral cannula, peripheral long line, central line) and this must be clearly documented within the referral
- The second dose of antibiotic therapy regime is to be given on the Children's ward and any adverse reactions are documented and changes to the regime made as indicated
- Antipyretic therapy (if appropriate) should have been commenced and be observed to be effective prior to discharge
- Parents are to be given written instructions on how to care for the device used for intravenous access prior to discharge and made aware of the side effects of the medications, any medication licencing issues etc
- Drug chart, medication and diluent need to be prescribed correctly and supplied with the patient

The following pages contain:

- **Referral Pathway**
- **CCNT Referral form**