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Patient ID sticker here

**Children’s Community Nursing Team (CCNT) Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of referral:** | | | **Planned discharge date:** | | |
| **Home Tel No:** | **Mobile No:** | | **Weight:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kg** | | **Height:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cm** |
| **Parents / carers:** | | | **School:** | | |
| **Ethnicity:** | **Language:** | | | **Interpreter required: Y N** | |
| **Diagnosis and relevant previous history:** | | | | | |
| **Treatment on this admission:** | | | | | |
| **Reason for CCNT referral** | | | | | |
| **Are children on Child Protection Register? Y N** | | | | | |
| **Current medication/supplies required:** | | | | | |
| **Discharge medication/supplies given:** | | | | | |
| **Other professionals involved (i.e. health visitor, social worker, other consultants):** | | | | | |
| **GP Name: GP Tel. No:**  **GP Address:** | | | | | |
| **Referred by:** | | **Designation:** | | | |
| **Hospital:** | | **Ward:** | | | **Consultant:** |
| **Tel No.:** | | **Shared care hospital:** | | | |
| **--- Please return form to:-----**  **Children’s Community Nursing Team, JPUH. Lowestoft Road, Gorleston, Great Yarmouth NR31 6LA**  **Telephone: 01493 453965**  **Email:** [**CCNT@jpaget.nhs.uk**](mailto:CCNT@jpaget.nhs.uk)  ***ALL REFERRALS SHOULD BE FOLLOWED UP BY TELEPHONE CALL*** | | | | | |



**Children’s Community Nursing Team**

**Lone Working Safety Assessment**

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| **Assessment date:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient’s name:** | | | | | **DOB:** | | | | |
| **Address:** | | | | | | | **Postcode:** | | |
| **Home Tel. No:** | | **Mobile No:** | | | | | **Sex M F** | | |
| **Referrer name and contact details:** | | | | | | | | | |
| **Actions following assessment** | | | | | | | | | |
| **Green** | | | | **Single CCN home visit** | | | | | |
| **Amber** | | | | **Visit must be taken with caution** | | | | | |
| **Red** | | | | **First visit must be joint. Thereafter it is at the discretion of the team** | | | | | |
|  | | | | | | | | | |
| **RISK FACTOR** | **GREEN** | | | **AMBER** | | | | **RED** | |
| **Child protection register** | **Child not on the register** | |  | **Child on the register for emotional abuse** | |  | | **Child on the register for sexual and physical abuse** |  |
| **Verbal aggression of immediate carer** | **No known aggression** | |  | **Known aggression/Anxiety due to situation. Defused with explanation** | |  | | **Known aggression not** |  |
| **Physical violence of immediate carer** | **No known physical violence** | |  | **Suspected violent behaviour voiced by professionals** | |  | | **Known violent behaviour within household** |  |
| **Mental health of immediate carer** | **No history of mental illness** | |  | **Professionals have voiced mental health concerns** | |  | | **Extreme case of carer with impaired judgement or compulsive disorder. History of severe mental illness in household.** |  |
| **Alcohol or drug abuse of immediate carer** | **No known abuse** | |  | **Suspected abuse voiced by professionals** | |  | | **Known abuse in household** |  |
| **Location of property** | **Parking in front of property, well lit access, landline phone available** | |  | **Rural address with landline available/known bad estate in town centre with landline and mobile phone available** | |  | | **Rural address or known bad estate in town centre. Landline and mobile reception poor or not available.** |  |
| **Pets** | **No pets** | |  | **Pets that the family have agreed to lock away for the duration of the visit** | |  | | **Pets that the family refuse to lock away** |  |