****

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*****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**  |  |