



PATIENT REFERRAL FORM

Email: referrals@paedspal.org.za

Contact number: 021 2005873

<input type="checkbox"/>	URGENT
<input type="checkbox"/>	NON-URGENT

REFERRAL INFORMATION																	
Date of referral:				Referring hospital:													
Referring doctor:				Referring ward:													
Doctor's mobile number:				Referring department/speciality:													
Doctor's email:				Ward telephone number:													
PATIENT INFORMATION																	
Hospital number:				Date of birth:													
Surname:				First name:													
Gender:		Race:		Home language:													
Address:																	
CAREGIVER'S INFORMATION																	
Full name:				Relationship to patient:													
Contact number:				Alternative contact number:													
PATIENT NEEDS (please tick)																	
Advance Care Plan (ACP)	Bereavement support	Clinical/Symptom review	Family counselling	MDT	Patient training	Social Work	Art Therapy										
Bereavement Counselling	Case meeting	End of life care	Home visit	Medical counselling	Professional training	Aromatherapy	Music Therapy										
PRIMARY DIAGNOSES: (Please indicate dates of diagnosis)				SECONDARY DIAGNOSES: (Please indicate dates of diagnosis)													
<i>Please indicate if diagnosis is not established/sure</i>																	
ICD10 Code:				ICD10 Code:													
Act Classification:	ACT 0	ACT I	ACT II	ACT III	ACT IV												
Stage of Disease	Early	Middle	Advanced	Pre-terminal	Unsure												
COMPLICATIONS/OTHER PROBLEMS: (Including social)																	
LIVER FX				RENAL FX													
Normal	Dysfx	Failure	Not Known	Normal	Dysfx	Failure	Not Known										
DISEASE MODIFYING TREATMENTS (e.g. HAART)				PAIN AND SYMPTOM CONTROL DRUGS													
SYMPTOM REVIEW				SYMPTOMS OTHER THAN PAIN: Please list													
Pain (tick if present) <input type="checkbox"/>		Pain score: _____															
<table border="1"> <thead> <tr> <th colspan="2">SCORE USED</th> </tr> </thead> <tbody> <tr> <td>FLACC</td> <td></td> </tr> <tr> <td>FACES</td> <td></td> </tr> <tr> <td>NIPS</td> <td></td> </tr> <tr> <td>ELAND</td> <td></td> </tr> </tbody> </table>								SCORE USED		FLACC		FACES		NIPS		ELAND	
SCORE USED																	
FLACC																	
FACES																	
NIPS																	
ELAND																	
CHILD'S UNDERSTANDING OF ILLNESS				PARENT/CAREGIVER'S UNDERSTANDING OF ILLNESS													
INTERVENTION LEVEL				RESUSCITATION STATUS													
Undecided	1	2	3														

CATEGORISATIONS AND ABBREVIATIONS USED IN THE REFERRAL FORM

1. ACT CLASSIFICATION

ACT = Association for Children with Life Threatening Conditions (based in the UK).

- Proposed grouping system for life-limiting and life-threatening illnesses of childhood that would benefit from palliative care
- Similar diseases grouped together
- Grouping is largely based on different disease trajectories (pathways) which helps with care planning

ACT I: Life threatening conditions for which curative treatments are feasible but can fail, e.g. ALL, organ failure. (Mostly level 3 RXH).

ACT II: Conditions where premature death is inevitable, but where there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities, e.g. HIV/AIDS on antiretrovirals cystic fibrosis. (Intervention based on QOL).

ACT III: Progressive conditions without curative treatment options, where treatment is exclusively palliative and may extend over many years, e.g. many syndromes, inborn errors of metabolism. (Intervention level based on QOL and resource availability: usually 1-2).

ACT IV: Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death, e.g. severe cerebral palsy, spinal cord insult. (intervention level based on QOL).

ACT 0: Not really palliative care patient.

QOL: Quality of life

2. PAIN SCALES:

Please see pain scales available in wards

SYMPTOMS OTHER THAN PAIN:

Any symptom other than pain that may be a source of distress e.g.: constipation, anxiety, dyspnoea etc

ABBREVIATIONS:

MDT = Multidisciplinary Team Meeting needed disciplines to coordinate care and/or make decisions.

ACP = Advance Care Plan (please refer to ACP template doc)