

CHILDREN'S RESPIRATORY PHYSIOTHERAPY REFERRAL FORM

PLEASE ENSURE THAT THIS FORM IS FILLED IN FULLY. IT WILL BE RETURNED TO YOU IF ITEMS ARE NOT COMPLETED. PLEASE CROSS OUT ANYTHING THAT IS NOT APPLICABLE.

CHILD'S DETAILS Sex: M F PARENT / CARER: Date of Birth: First Name: NHS Number (if known): Surname: First Name(s): Relationship to child: Surname: Address: Address (if different from child) Postcode: Postcode: Telephone: Telephone: Parents email address: Is this a Looked After Child? Yes / No If Yes, please provide details of who holds responsibility:	GP: Address: Nursery / School: Teacher's Name: Language Spoken: Interpreter required? Yes / No
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Known to Social Care Yes / No CAF in Place Yes / No CAF Lead.....

Named Social Worker and Base:.....

Ethnic Origin (Please tick)

White British	(A)
White Irish	(B)
Other White	(C)
White & black Caribbean	(D)
White & black African	(E)
White & Asian	(F)

Other mixed	(G)
Asian- Indian	(H)
Asian- Pakistani	(J)
Asian- Bangladeshi	(K)
Other Asian	(L)
Black Caribbean	(M)

Black African	(N)
Other Black	(P)
Chinese	(R)
Other Ethnic group	(S)
Not stated	(Z)

Name of referrer:.....	Designation.....
Referrer address.....	Referrer contact number.....
Referral date.....	Referrer signature.....

Health Information

Does the child have a specific health condition/ diagnosis? Yes / No

Please state diagnosis if known

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.....

Any other professionals involved (Please state name, profession and contact details):

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Children's Respiratory Physiotherapists work with children (between 0-18 years old) who have either a new or chronic respiratory condition, children who require long term ventilation or children with complex needs with a secondary chest complication. Please describe any areas of concern.

This form must be completed by a medical professional if this is a new referral. If the child has been known to the service previously, for the same reason, referrals may be accepted from parents and schools/nursery also.

Please be advised that we can only accept referral forms which are fully completed. Please indicate not applicable to any area where there is not an identified need. If we receive a form which is incomplete we will send it back to the referrer for completion.

Exclusion criteria

Please tick all that apply.

- Stable chest conditions with no acute change/ compliance issues
- Asthma
- Cystic Fibrosis

Patients without a respiratory condition or respiratory compromise

Briefly summarise the specific difficulties / concerns that you would like Physiotherapy to help with?

(details can be expanded in the boxes below)

Inclusion criteria

Please tick / highlight all that apply. These will be considered for referral acceptance and priority level.

High priority patients

- Respiratory HDU / ICU admission: >1 in last 12 months
- Recurrent hospital admissions with respiratory infection: >1 in last 12 months
- Recurrent chest infections and/or the need for suction and course of antibiotics for respiratory infection: >4 in last 12 months
- Facilitate discharge from hospital if short term physiotherapy required
- New patient on long term ventilation (LTV), respiratory physiotherapy adjuncts i.e. mechanical insufflation-exsufflation (MIE / cough assist), high frequency chest wall oscillation (HFCWO / Vest), Suction
- Acute respiratory deterioration and symptomatic eg daily productive cough, secretion production as reviewed by medical team and physiotherapy required to prevent hospital admission

- Upper airway obstruction: moderate to severe noisy breathing / snoring / stridor / abnormal oximetry / Nasopharyngeal airway
- Poor swallow, gastro oesophageal reflux and/or excessive oral secretions: regular symptoms, vomiting, no fundoplication, still orally fed, excessive drooling
- Skeletal deformities: severe
- Weak cough (>12yrs Peak cough flow<160 litres/min) / reduced lung function / Forced vital capacity <50%
- Training patients, parents, carers in respiratory physiotherapy treatment: if delaying discharge, lead to hospital admission, acute deterioration
- Poor compliance, alternative airway clearance therapy proven ineffective or contraindicated: lead to hospital admission, acute deterioration
- Palliative care: patient comfort / symptom management and if short term physiotherapy required

Medium priority patients

- Recurrent hospital admissions with respiratory infection: 1 in last 12 months
- Recurrent chest infections and/or the need for suction and courses of antibiotics for respiratory infection: >2-3 in last 12 months
- Assessment for respiratory physiotherapy adjunct i.e. mechanical insufflation-exsufflation (MIE / cough assist), high frequency chest wall oscillation (HFCWO / Vest), Suction
- Chronic respiratory deterioration and symptomatic eg ongoing productive cough, secretion production as reviewed by medical team
- Upper airway obstruction: mild to moderate noisy breathing / snoring / stridor
- Poor / unsafe swallow, gastro oesophageal reflux and/or excessive oral secretions: mild symptoms, Nil By Mouth, moderate drooling
- Skeletal deformities: mild to moderate
- Weak cough (>12yrs Peak cough flow<270 litres/min) / reduced lung function / Forced vital capacity >50-80%
- Training patients, parents, carers in respiratory physiotherapy treatment: lead to chronic deterioration, increase burden of care of parents and staff, breakdown of care package
- Poor compliance, alternative airway clearance therapy proven ineffective or contraindicated: lead to chronic deterioration
- Palliative care: patient comfort / symptom management and if long term physiotherapy required
- Patients with chronic respiratory problems that are not independently mobile

Low priority patients

- Respiratory HDU / ICU admission: None in last 12 months
- Recurrent hospital admissions with respiratory infection: None in last 12 months
- Recurrent chest infections and/or the need for suction and course of antibiotics for respiratory infection: <2 in last 12 months
- Upper airway obstruction: None / controlled
- Poor swallow, gastro oesophageal reflux and/or excessive oral secretions: No concerns / well controlled / mild drooling

	<ul style="list-style-type: none"> • Skeletal deformities: None or postural only <input type="checkbox"/> • Weak cough (>12yrs Peak cough flow>270 litres/min) / reduced lung function / Forced vital capacity>80% <input type="checkbox"/> • Training patients, parents, carers in respiratory physiotherapy treatment: No deterioration <input type="checkbox"/> • Poor compliance, alternative airway clearance therapy proven ineffective or contraindicated: no deterioration <input type="checkbox"/> • General mobility, rehabilitation, exercise <input type="checkbox"/> • Patients with chronic respiratory problems that are independently mobile <input type="checkbox"/> • Review of patients / parents' home chest physiotherapy regime <input type="checkbox"/> • Palliative care: patient comfort / symptom management and no concerns <input type="checkbox"/>
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Does the child have an Education, Health & Care Plan?

Please tick the boxes below if you give your consent:

For the Physiotherapy team to contact other professionals as required to gather more information related to the referral, and to share the outcome of the assessment when relevant.

For the Physiotherapy team to contact you via telephone SMS message, or leave a voicemail if required.

Please sign below to give consent to the referral to Physiotherapy:

Name of consenting parent/carer/young person.....

Signature of consenting parent/carer/young person.....

Date.....

We will write to you to let you know the outcome once we have received your referral.

Please return this form to:
 Children's Physiotherapy Service
 First Floor Paybody Building
 C/O City of Coventry Health Centre
 2 Stoney Stanton Road
 Coventry
 CV1 4FS
OtPhysio.SLT@covwarkpt.nhs.uk

Office Use Only

- High priority patients
- Medium priority patients
- Low priority patients seen