

### Referrals from the Neonatal Unit to Community Paediatrician

Some children will require direct referral to the community paediatric team following discharge from the neonatal unit.

The main groups of children who are as follows:

- 1) Severe hypoxic ischemic injury with abnormal neurology
- 2) Chromosomal abnormalities e.g. Trisomy 21 (see separate protocol)
- 3) Any conditions likely to cause long term developmental difficulties e.g. antenatal stroke spina bifida.

In North West Surrey the education authority and social services work with the health service to provide an integrated service for children less than five years of age with developmental difficulties.

Members of each of these services form the **Multi-agency Pathway (MAP)**. Information is shared between the members of the MAP so the best available service is provided for each child.

#### Making a Referral to MAP:

When making a referral parental consent must be obtained. Please send

- 1) Signed information sharing consent form
- 2) Copy of the discharge summary
- 3) Copy of discharge planning meeting minutes (if there was one)
- 4) Completed Proforma

To:

Multi Agency Planning Process  
Anne Brown,  
MAP Coordinator, Child Assessment Service  
White Lodge Centre  
Holloway Hill  
Chertsey  
Surrey  
KT16 0AE

For further advice call 01932 560909.

#### What happens next?

The referral will then be discussed at the MAP meeting which occurs every fortnight. At the meeting a decision about the type of community input a child requires is made. Following the MAP meeting the parents and referrer will receive a letter explaining what will happen next.

If the child needs to see a community paediatrician this usually will be about 2-3 months after the initial referral. Until the child has been seen by a community paediatrician they should continue to be reviewed in the neonatal follow-up clinic and if necessary by the community neonatal nurses to offer medical and emotional support until the child is seen by a community paediatrician.

**Referrals to MAP from Neonatal Unit St Peters Hospital**

**Patient Name:**

**Address:**

**DOB:**

**Reason for Referral:**

**Diagnosis/ Main Areas of Concern:**

**Current Medications:**

**Results of Significant Investigations (e.g. genetics, MRI Scans):**

**Information given to the parents:**

**Discharge plan and follow –up arranged:**

**Professionals currently involved with contact details:**

**Please attach a signed consent form and copy of the babies discharge summary to this letter.**

