

We care for babies, children and young people in the East Midlands – wherever they are.

Hospice | Hospital | Home

# **Referral Criteria**

Please download & save before completion

#### **Child's Details**

Name:		
NHS Number:	Date of Birth:	
Completed by:	Role:	
Signature:	Date:	
Email Address:		
Home Address (including Postcode):		
Telephone Number:		
Diagnosis:		

Please indicate which group the child or young person fits into:

Does the child/young person you are referring meet the Rainbows criteria?

Yes No

#### **Group 1**

Life-limiting condition for which curative treatment may be feasible, but can fail Eg, cancer, organ failure

Patients with poor prognosis or where treatment has failed/failing during an acute episode

**Note:** On reaching long-term remission or following a successful curative treatment, the child/young person will be discharged

## **Group 2**

Condition where premature death is inevitable, and likely before the age of 25

## **Group 3**

Progressive condition without curative treatment options, likely to die before the age of 25

## **Group 4**

Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of death in the next 2 years

## **Group 4 - Further Information**

Do they have seizures?	Yes	No
Are seizures life threatening? The risk of SUDEP is not sufficient to meet this criterion	Yes	No
Are seizures poorly controlled requiring frequent hospital admission	Yes	No
Is the seizure disorder progressive, with or without syndrome diagnosis	Yes	No
Are seizures the result of a life-limiting condition	Yes	No
Is their disability associated with any of the following?	Yes	No
A vulnerable airway	Yes	No
Apnoea's requiring action	Yes	No
Scoliosis compromising respiratory function	Yes	No
> 2 chest infections requiring hospital admission per year	Yes	No
An ongoing need for oxygen therapy or ventilatory support	Yes	No
Escalating medical intervention	Yes	No
Gut failure	Yes	No
Instability of brainstem function (temperature, circulation or breathing)	Yes	No

Comments and further information		
Potential of death discussion summary		
, and an		
If you have been unable to discuss the potential of death with the explain why?	e family please	
s there a Respect/Advance care plan in place?	Yes	N

Registered with FANDRAISING REGULATOR