GSTT Prolonged Jaundice REFERRAL FORM for Community Midwives updated Dec 2021

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| * Only refer babies older than 21 days unless there are specific clinical concerns
* Babies older than 42 days should be referred to the paediatric team at the ECH
* Fill in all required fields of the form
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| * Send this referral form as an attachment to one of the group emails

**:prolongedjaundiceservice@gstt.nhs.uk** (GSTT midwives)**gst-tr.GSTTNeonatalUnit@nhs.net** (non- GSTT midwives)* Expect an email from NNU ward clerks confirming referral receipt within 3 working days
* Advise parents to contact you if no text message from the clinic received within 3 working days
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| * Order on EPR, take the sample or give parents paper form for **LFT** and **conjugated bilirubin** for the baby
* Give parents Prolonged Jaundice Service leaflet
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| * Unless you take the blood sample yourself, advise parents to take the baby to the Evelina Blood Test Centre as soon as possible. Opening hours 8.30am-5.45pm, Monday to Friday. Tel 020 7188 4778
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| Referral date | Click here to enter a date. |
| Referrer’s name |  |
| Referrer’s position | Choose an item. |
| Referrer’s contact number |  |
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| Parents agree to receive text messages from GSTT | Choose an item. |
| Parents given leaflet | Choose an item. |
| Arrangements made for blood tests (LFT + conj. bil) | Choose an item. |
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| Mother’s name |  |
| Mother’s telephone number |  |
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| Baby’s details |
| Information requiredfor babies **born at GSTT** | Baby’s name |  |
| Date of birth | Click here to enter a date. |
| Hospital no.  |  |
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| Additional informationrequired only for babies**not born at GSTT** | Sex of the baby | Choose an item. |
| Baby’s NHS number |  |
| Home address |  |
| GP details |  |
| Mother’s date of birth |  |
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| Clinical history |
| Mode of feeding | Choose an item. |
| Is baby well? | Choose an item. | If you answer NOto any of these questions- mark the referral as URGENT in your email.We will then contact the family urgently. |
| Is baby feeding well? | Choose an item. |
| Has the baby regained the birth weight? | Choose an item. |
| Is baby’s stool pigmented (yellow/green/mustardy)? | Choose an item. |
| Is baby’s urine of normal colour (light yellow/straw)? | Choose an item. |
| Has Newborn Blood Spot screening been performed? | Choose an item. |
| Has VitK been given at birth? | Choose an item. |
| Please state any other concerns |  |