



COMMUNITY NURSING SERVICES REFERRAL

Fill in only if patient label is unavailable

Name:..... DoB:.....
 NHI:..... Phone:.....
 Address:.....

Please complete all sections of referral **or** ensure information is included on discharge summary (Please see over for checklist of information required)

District Nursing Service contact details:

Napier/Hastings:

Scan: DN Referrals Hast/Nap
 Enquiries: ph 06 878 8109 ext 2135

CHB:

Scan: DN Referrals CHB
 Enquiries: Ph 06 858 7792

Wairoa:

Scan: DN Referrals Wairoa
 Enquiries: Ph 06 838 7099

Continence / Ostomy / Pulmonary Rehabilitation Services contact details:

Scan: DN referrals Hast / Nap Enquiries: ph 06 878 8109

Referral To: District Nursing Pulmonary Rehabilitation Ostomy Continence

Discharge Date: Patient Phone:

Alternative Contact: Relationship to Patient:

Phone:

Consent for service obtained Yes No

Alerts: Infectious Allergies Dogs Safety Risks Other

Please give details:

ACC Number: Date of Injury:

Reason for Referral:

Diagnosis and Medical History:

Current Functional Status - *Cognition/mobility/communication barriers/continence/other problems identified:*

Medications (as per discharge summary) or list:

Other Services Involved in Care

- Meals on Wheels Social Worker
- Clinical Nurse Specialist / Nurse Practitioner
- Physiotherapist Dietician
- Occupational Therapist Maori Health Services

Other Relevant Information:

Office Use Only

Contract

Area

Date

Risks Identified

Signature

Name RN

Name: Designation:

Signature: Date:

Phone (ext no.): Ward/GP Practice:

NHI:

Checklist of Information required when referring for Community Nursing Services

All patients discharged from hospital: Discharge summary Faxed EDS

DISTRICT NURSING SERVICE

Wound (Acute / Chronic / Surgical / ACC / Surgical Drains / Palliative):

- Community Nursing Services Referral
- HBDHB Wound Chart
- Type of Drain
- or
- Wound characteristics / measurements
- Products in Use
- Type of Wound

Negative Pressure Wound Therapy:

Notify CNC District Nursing 24hrs prior to discharge extn: 5744

- Community Nursing Services Referral
- HBDHB Wound Chart (information as above)
- OPD appointment date

Outpatient Parenteral Antibiotic Therapy (PICC/Midline/Central Venous Line/Port-a-Cath)

- Community Nursing Services Referral
- Outpatient Parenteral Antibiotic Therapy Referral
- Bundle checklist

Urinary Catheter Management (Indwelling Catheter/Suprapubic Catheter)

- Community Nursing Services Referral
- Catheter Size
- Catheter Type
- Date of Insertion

Bowel Management

- Community Nursing Services Referral
- Prescription
- PR/other relevant assessments

Medication Management

- Community Nursing Services Referral
- Prescription

Palliative Care

- Community Nursing Services Referral
- Prescription

HOME OXYGEN SERVICE

Please complete 'REferral - Domiciliary Oxygen' form

OSTOMY SERVICE

- Community Nursing Services Referral
- Pre-surgery
- Post-surgery
- Operation record

CONTINENCE SERVICE

- Community Nursing Services Referral
- Confirm a three month history of incontinence
- Current MSU results
- PR/PV examination results
- Previous investigations/results relating to continence issue

PULMONARY REHABILITATION SERVICE

- Community Nursing Services Referral
- mMRC results
- Spirometry results
- CAT score