**REFERRAL FORM**

**COMMUNITY NUTRITION AND DIETETICS PAEDIATRIC SERVICE**

As a community service we aim to triage referrals within 14 days. The patient will be seen within 18 weeks. If the child requires IMMEDIATE action, please consider contacting the Paediatric Assessment Unit (PAU) for advice.

Referrals will be accepted from all health professionals. We only accept referrals for children registered at GP surgeries in Luton and South Bedfordshire (including Barton Le Clay). Please email all completed referral forms to: [ccs.beds.nutrition@nhs.net](mailto:ccs.beds.nutrition@nhs.net)

For children registered with GP surgeries in Mid or North Bedfordshire, please email Bedford Hospital: [bhn-tr.dietitiansbedford@nhs.net](mailto:bhn-tr.dietitiansbedford@nhs.net)

For prescription queries, please refer to the [local specialist infant formula guidelines](https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/wp-content/uploads/2020/06/BLMK-guidelines-for-prescribing-infant-formula-2022-received-dec-2022.pdf) for initial management or contact the Paediatric Dietitians on 0333 405 3109 or [ccs.beds.nutrition@nhs.net](mailto:ccs.beds.nutrition@nhs.net)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | | |
| Patient Name |  | | DOB | | | |  |
| NHS Number |  | | Parent/Carer | | | |  |
| Tel |  | | Ethnicity | | | |  |
| Address |  | | Interpreter required? | | | | ☐ Yes ☐ No  Language: |
| School / Nursery |  | | Physical/Communication difficulties | | | |  |
| **GP Information** | | | | | | | |
| GP Name/Address |  | | GP Tel | |  | | |
| **Safeguarding Information** | | | | | | | |
| Are there safeguarding concerns?  (If yes, please specify) | | | ☐ Yes ☐ No | | | | |
| **Anthropometry – Please ensure a recent weight and length/height (within the last 3 months) is included or referral WILL NOT BE ACCEPTED.**  **Please note – even if recent anthropometry is included, we may not accept the referral without weight or growth history.** | | | | | | | |
| Weight |  | | Date | | |  | |
| Height |  | | Date | | |  | |
| BMI |  | | Date | | |  | |
| Weight History: | | | | | | | |
| **Medical History** | | | | | | | |
|  | | | | | | | |
| **Reason for Dietetic Referral:**  ***\*Allergy Referrals:*** *Please include timing of onset of symptoms to help indicate whether the allergy is Non-IgE mediated (delayed >2hrs) vs IgE Mediated (symptoms occur within 2hrs)*  ***\* SEVERE FEEDING DIFFICULTIES:*** *Please specify which of these food groups the child is eating – protein, dairy, carbohydrates, fruits & vegetables. Includes details on the types of food in each food group.*  ***If this section is not completed in full the referral will not be accepted*** | | | | | | | |
|  | | | | | | | |
| Referrer Name | |  | | Position | |  | |
| Contact Details | |  | | Date of Referral | |  | |

**Referrals Accepted:**

|  |  |
| --- | --- |
| Allergy  ([Non IgE mediated](https://gpifn.files.wordpress.com/2019/10/imap-presentation-algorithm-1.pdf)) | * + With possible nutritional risk e.g cow’s milk protein allergy   + Ensure the [Home Challenge](https://gpifn.files.wordpress.com/2019/10/home_reintroduction_protocol_to_confirm_or_exclude_diagnosis_original.pdf) is completed if Non IgE cow’s milk allergy suspected. |
| Faltering growth  (children <2yrs) | * + A fall across >1 weight centile spaces, if birthweight was < 9th centile   + A fall across >2 weight centile spaces, if birthweight was 9th - 91st centiles   + A fall across >3 weight centiles spaces, if birthweight was > 91st centile   + Current weight is < 2nd centile for age |
| Faltering growth (children 2yrs+)  *(Please provide evidence in medical history)* | * + BMI < 2nd centile with nutritional concerns i.e. feeding difficulties   + BMI <0.4th centile.   + Slow weight gain: weight crossing >2 centiles over time.   + Unintentional acute weight loss (within the last 3-6 months).     - weight crosses >2 centiles     - weight centile falls <0.4th centile |
| Home Enteral Feeding | Email [ccs.beds.hef@nhs.net](mailto:ccs.beds.hef@nhs.net) for a referral form. |
| Obesity | BMI >98th centile   * + For patients attending Special Needs School who have received first line advice from Special School Nursing team.   BMI >99.6th centile with   * + Safeguarding concerns   + Children <5yrs   + Children unable to attend local weight management programme due to special educational needs or weight-related co-morbidities.   NB: We will accept children diagnosed with syndromes i.e. Prader Willi that increase the risk of obesity at any weight for preventative dietary advice if requested. |
| ONS | * Any children receiving oral nutritional supplements on prescription |
| Severe Feeding Difficulties  *(Please provide details in medical history/referral reason box or referral will not be accepted)* | Associated with:   * + Chronic constipation (on medication)   + Extremely Limited Diet: Includes diets avoiding protein and/or dairy foods and those who are not able to take a vitamin or mineral supplements.   + Medical condition or neurodegenerative disorders where nutritional intake is compromised (e.g. cerebral palsy, texture modified diets) with faltering growth. |
| * Vitamin & Mineral deficiencies | * Confirmed through a blood test (Except Vitamin D) |
| * Vegan diets | * Children <7yrs |

**Referrals Not Accepted:**

|  |  |
| --- | --- |
| Allergy | * IgE mediated allergy: * Refer to local acute allergy clinic |
| Eating Disorders | * Those with a confirmed diagnosis of Anorexia, Bulimia, ARFID > 12yrs: * Refer to ELFT CAMHS |
| Faltering growth | * + Infants that have not returned to birth weight by 3 weeks of age: Urgent referral to PAU.   + Infants <1yr with signs and symptoms indicating underlying disorder: Liase with PAU or on Call Paediatrician. |
| Feeding Difficulties  (that don’t meet criteria) | * + Fussy eating   + Phobias or fear of eating   + Infant not on age appropriate foods but where growth and development are normal * Link to universal [Feeding Difficulties Padlet](https://padlet.com/ccscommunications1/universal-feeding-difficulties-710fe8qg67v3ewm6) * Refer to 0-19 or Special School Nursing team for first line advice. |
| Lactose intolerance | * + Secondary Lactose Intolerance ([Lactose Intolerance Patient Leaflet](https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/wp-content/uploads/2022/12/Managing-lactose-intolerance-a-guide-for-families.pdf)) |
| Obesity  (that doesn’t meet criteria) | * Overweight and obesity <99.6th centile:   + Luton patients ([Total Wellbeing](https://www.totalwellbeingluton.org/home))   + Bedford patients ([More Life](https://www.more-life.co.uk/)) |
| Preterm Infants on prescription formula | * Infants on preterm formula that’s prescribed, without nutritional concerns, please refer to the 0-19 team for further support. ([See prescribing guidelines](https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/wp-content/uploads/2020/06/BLMK-guidelines-for-prescribing-infant-formula-2022-received-dec-2022.pdf)) |
| Reflux | * Reflux/colic where there is no associated faltering growth or allergy. |
| * Vitamin & Mineral * deficiencies | * [Vitamin D deficiency](https://www.bda.uk.com/resource/vitamin-d.html) |
| Weaning / Introducing solid foods | * + Luton Patients ([Flying Start](https://www.flyingstartluton.com/))   + Bedfordshire Patients (Parent to contact local children’s centre) |

*Date: June 2024 (Review due: June 2025)*