



A lifetime of specialist care

Rehabilitation Care Programme (RCP)

Referral checklist for infants with congenital heart disease

Please complete on clinic review or following transfer to Rose Ward for all children less than one year of age with congenital heart disease.

Referrals can be emailed to: rbh-tr.cardiacreferrals@nhs.net
Contact number: 0207 352 8121 Ext 8088 or 4195

NAME:
DOB:
HOSPITAL NO:
ADDRESS:
CONSULTANT:
REFERRER:

Fast-track: If 'yes' to any item, refer to the RCP team	The following cardiac diagnoses (<i>please circle</i>): <ul style="list-style-type: none"> VSD (moderate or large) AVSD PA banding Cardiomyopathy Hypoplastic left heart Large PDA Transposition of great arteries Tetralogy of Fallot repair 	YES	NO
	Brain injury and/or neurological signs (e.g. altered tone, movement, seizures)		
	Developmental delay		
	Genetic syndrome (High risk group includes Trisomy 21)		
	Preterm infants		
	Vocal cord palsy (high-risk groups include; CoA, IAA)		
Nutrition: If 'yes' to any item, initiate referral to Dietitian only	Weight: Any of the following: <ul style="list-style-type: none"> ≤ 0.4th percentile Falling centiles, i.e. crossing downwards across two percentiles Vomiting and poor weight gain Prolonged nasogastric feeding High body mass index (BMI) 		
Feeding: If 'yes' to any item, refer to SALT only	Vocal cords: <ul style="list-style-type: none"> Known left recurrent laryngeal nerve damage/vocal cord paresis Stridor, hoarse or absent voice, weak/quiet cry 		
	Enteral tube feeding for >4weeks with no oral intake (exclude ventilated critical care period)		
	During feeding: <ul style="list-style-type: none"> Coughing, choking or gagging Difficulties sucking Difficulties completing full oral feeds e.g. feed times >30 mins Vomiting affecting feeding Desaturations/cyanotic episodes/increased work of breathing associated with feeding Oral aversion/food refusal 		
Neurodevelopment: If 'yes' to first item AND any of the second, refer to OT.	<ul style="list-style-type: none"> Any other CHD requiring open heart surgery in infants in the first year of life Low birth weight (<1500g) History of mechanical support (ECMO) Cardiopulmonary resuscitation at any point Prolonged hospitalisation (postoperative LOS >2 weeks in hospital) 		

Referral date: _____

Name _____

Signature _____

Designation _____

ADMINISTRATION / AUDIT PURPOSES ONLY

Dietetic referral appropriate Y / N

OT referral appropriate Y/N

SALT referral appropriate Y / N