

# RHC Feeding Team – Referral Form

(If necessary, please refer to information overleaf for guidance on referral criteria)

**Referral Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient details (use patient care label if available)**

Child's Name: \_\_\_\_\_ (M  F ) Address: \_\_\_\_\_

CHI No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gestation: \_\_\_\_\_

Language (if English not spoken) \_\_\_\_\_ Tel No. \_\_\_\_\_

**Name of referrer:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**Lead consultant:** \_\_\_\_\_ **Has lead consultant agreed to this referral? Y/N**

**Please state reason for referral and aim of intervention:**

**Brief Clinical History - i.e. Diagnosis, current treatment, planned surgery:**

**Feeding Information – Circle all modes of feeding that apply and provide further details below:**

Nasogastric/ Gastrostomy/ Nutritional Supplements/ Modified texture/ Dietary restrictions/ Normal diet

**Growth – We will need to look at all the growth data entered in iGrow. Please enter any pre-iGrow weight and height measurements onto iGrow if possible – or else list them here:**

Is there severe weight faltering or underweight? Yes/Possibly/No

**Please state name(s) and contact details (if known) of relevant professionals involved** ie Medical Staff, Health Visitor, Dietitian, Clinical Psychologist, Speech and Language Therapist, Educational Psychologist, Social Worker etc: **Would any of them want to join a first appointment?**

**Please send to Feeding Clinic Secretary, Ground Floor, Zone 2, Office Block, Royal Hospital for Children, 1345 Govan Road, Glasgow, G51 4TF or email to [ggc.feedingclinic@nhs.scot](mailto:ggc.feedingclinic@nhs.scot)**

For Feeding Team Information only

Received	Date Discussed	Initial Appointment	Accept/Reject –Reason+Action:	Discharge Date

## **RHC Feeding Team: Guidance notes for referral**

The feeding team is a tertiary level service for the management of children who have complex feeding problems. The team has dedicated medical, dietetic and clinical psychology input to provide a multidisciplinary approach to management. Consultation by speech and language therapy is also available to the team.

### **Appropriate Referrals would include:**

- *Any child who is tube fed and is able to swallow safely, therefore having the potential to be weaned from naso-gastric or gastrostomy feeding onto a normal diet.*
- *Any child, who is able to swallow safely, having the ability to eat and drink, but who is being considered for naso-gastric or gastrostomy feeding.*
- *Any child who continues to have significant feeding problems and faltering growth despite having first received appropriate advice from a health professional.*
- *Any child with severe behavioural feeding problems, complicated by medical issues that have not improved despite appropriate health professional advice.*
- *Any child with feeding problems resulting in a severely restricted diet that could potentially result in nutrient deficiency or faltering growth.*

The main aims of the team are to reduce parental anxiety around feeding issues, optimise parental management of feeding behaviour, normalise eating pattern, reduce reliance on and ultimately cease tube feeding or liquid food supplements whilst promoting adequate nutrition and growth.

Children resident in GGHB and / or under the care of a Consultant within the Royal Hospital for Children are eligible for referral. Referrals are accepted from medical, dietetic, clinical psychology staff and speech and language therapists. Please ensure the lead consultant has agreed to the referral, as consultant responsibility will remain unchanged.

For more information see

[www.nhsggc.org.uk/rhcfeedingclinic](http://www.nhsggc.org.uk/rhcfeedingclinic)

If you are not sure whether a child is suitable for feeding team referral, we are happy to discuss this and review notes to give an opinion.