

# **Document Control**

*Title*: Referral Proforma for urgent advice or guidance from Paediatric Cardiology **Document Reference: NWCHDN 48** 

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**Directorate/ Network:** North West, North Wales and the Isle of Man Congenital Heart Disease Operational Network

Version	Date Issued	Status	Comment/ Change/ approval
V1.0	16/03/2023	Draft	To confirm contact details at RMCH
V1.1	29/03/2023	FINAL	Secretaries email at RMCH confirmed as main point of
			contact

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**Superseded Documents:** 

N/A

Issue Date: Review Date: Review Cycle: 29/03/23 March 2026 3 years

### Stakeholders Consulted (list all)

 Dr Krasimir Atanosov, Consultant Cardiologist, Clinical Lead (Royal Manchester Children's Hospital, Manchester Foundation NHS Trust)

Approved By: Paediatric Ratification Task and Finish Group (Paed RT&FG) on behalf

of the Network CHD Board

Date: 17/04/23 Comments:

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# Referral Proforma for urgent advice or guidance from Paediatric Cardiology

This form is designed for inpatients or seeking urgent advice from our on-call teams. Outpatients and non-urgent referrals should follow the standard <u>outpatient referral pathway</u>. For patients known to cardiology their lead centre should be contacted for advice. This form should also be used for patients requiring transfer to the L1 or L2 centre.



Please complete form in full and send any supporting documents, ie. ECG, holter etc. Please be aware that overnight the on call team are non-resident and will deal with non-urgent enquires after 9am the following day.

### Level 1 centre Alder Hey Children's Hospital

Send to ahc-tr.cardreg@nhs.net before bleeping on-call registrar on 369 via switch 0151 228 4811

## Level 2 centre Royal Manchester Children's Hospial

Send to mft.rmchcard@nhs.net before bleeping on-call registrar via switch 0161 276 1234

Patient Demograph	າics			
Name:		DOB:		
NHS number:		AH or RMCH number (if available):		
GP:		Parents name and contact numbers:		
Address:				
Details of referring	team			
Your Name:	touri	Contact details:		
Hospital:		Local lead cons:		
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Clinical Details				
Reason for call:	Referral	Advice:		
Question:				
Presenting				
complaint:				
PMH and FH:				
Medications:				
Examination:				
Investigations:				





**Advice given / Outcome** 

Date/Time:	SpR/Cons	Advice/Outcome
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