All referrals for feeding and nutrition services at BC Children’s Hospital are centralized. This includes the Outpatient Nutrition Clinic, the Swallowing Clinic (formerly known as the Feeding and Swallowing Clinic), and the Complex Feeding and Nutrition Service. **Referrals must be sent on the form attached, along with growth charts and all relevant reports**. Incomplete referrals will be sent back to the referring clinician. All referrals will undergo central triaging and may be redirected as needed to best meet the child’s needs. **Please note that all referrals should be faxed to (604) 875-3244.**

The following services can be requested:

**Complex Feeding and Nutrition Service (CFNS)**

* Who we are: The CFNS includes an OT and an RD. An RN and SW may be available as needed. *This service does not include a medical review by a physician unless specifically requested.*
* What we do: The CFNS assessment may include a medical review by a pediatrician or gastroenterologist, a feeding observation, an oral-motor assessment, a swallowing assessment, a nutrition assessment, a nursing assessment and / or a psychosocial assessment.
* Who we see: Children who are or have the potential to be orally fed and who require support from an OT and an RD for the following feeding and nutrition challenges: poor growth, oral / bottle aversion, oral motor skill deficits, weaning enteral nutrition, transition from enteral nutrition to oral intake, and prevention of enteral nutrition. Children whose feeding difficulties are complicated by GI issues.
	+ The CFNS is a tertiary service. When they are available, *children must access local community supports prior to being referred to the CFNS*. Community supports will be contacted during triaging.
* Who we don’t see: Children who do not have the potential to be orally fed, who have not accessed community supports or whose community supports do not require support from the CFNS, who require support from an OT only or an RD only, who require support from a physician and only one other team member. The CFNS does not have access to mental health supports, such as psychologists or behavioral interventionists; the CFNS is not able to see children with feeding difficulties related primarily to sensory (ex: ASD, SPD) or mental health issues (ex: ARFID, eating disorder, trauma / PTSD) who require ongoing support for those issues.

**Complex Feeding and Nutrition Service – Steps to Feeding Tube Transition Clinic**

* Who we are: Steps to Feeding includes an OT, an RD, a SW and a medical review by a gastroenterologist.
* What we do: Steps to Feeding is an intensive two-week, outpatient-based, interdisciplinary program designed to increase oral eating in children who are tube fed using a safe, coordinated and supervised approach.
* Who we see: Steps to Feeding can be helpful for children who are medically stable, can tolerate bolus feeds and can swallow safely, but for whom traditional methods of tube weaning have not been successful.

For more information, visit <http://www.bcchildrens.ca/gastroenterology-site/Documents/InformationHandoutTubeTransitionClinicBCCH.docx>

**Complex Feeding and Nutrition Service – Intestinal Rehabilitation Program (CHIRP)**

* Who we are: CHIRP includes a pediatrician, a gastroenterologist, 2 general surgeons, an RD, an RN and a SW. An OT may be available as needed.
* What we do: CHIRP is a multidisciplinary program which provides inpatient and outpatient services to patients with intestinal failure.
* Who we see: Children with or at risk of intestinal failure, including all those requiring home parenteral nutrition.

**Outpatient Nutrition Clinic**

* Who we are: The Outpatient Nutrition Clinic includes an RD.
* What we do: A nutrition assessment is performed by an RD. It includes a comprehensive assessment of growth, nutritional bloodwork, food and nutrient intake, and feeding and diet history. It is the initial step in developing a care plan aimed at optimizing a child’s nutritional health and eating patterns.
* Who we see: Children who have poor weight gain or weight loss, are on tube feeds, have an inappropriate diet for age or restrict entire food groups.
* Who we don’t see: weight control, eating disorders, picky eating / other terms for picky eating (ex: faulty diet)

**Swallowing Clinic**

* Who we are: The Swallowing Clinic includes an OT and an RD.
* What we do: The swallowing assessment uses a videofluoroscopic radiology procedure to assess swallowing physiology and risk of aspiration in real time. An OT conducts this assessment with a radiologist using barium-based contrast in a variety of solid and liquid textures and consistencies to determine whether a child can safely coordinate their swallow. The assessment also includes a one-time nutrition review by an RD.
* Who we see: Children who have signs or symptoms of aspiration, such as recurrent respiratory infections, chronic lung changes, or observations of throat clearing, coughing, choking, hoarse / wet voice, changes in breath sounds or fevers during / after meals.
* Who we don’t see: Referrals for swallowing assessments for children with neuromotor delays should sent to the Sunny Hill Health Centre Feeding Team

**Please use this checklist to ensure referral is complete:**

* ALL sections are completed
* A growth chart is attached
* If marked as URGENT, clear justification for urgency is provided
* The questions or concerns to be addressed are CLEARLY indicated
* A detailed feeding and nutrition history is provided
* If available, reports from community therapists are attached
* Names and/or agency name for community supports are indicated

**If referring to Swallowing Clinic:**

* A radiology requisition for videofluoroscopic swallow study is attached for ALL referrals
* A radiology requisition for upper GI for patients under 2 years old

**If referring for Steps to Feeding Tube Transition Clinic:**

* As above, PLUS
* A detailed feeding and nutrition history is provided, including:
* Current tube feeding plan (formula, schedule)
* Consistencies and textures accepted by the child
* Typical oral intake
* If available, reports from swallowing assessments are attached
* If available, reports from community therapists are attached

**\*\*\* REFERRALS WILL NOT BE PROCESSED UNTIL COMPLETE \*\*\***

Referral date:      /     /

|  |  |  |
| --- | --- | --- |
| **FAX COMPLETED REFERRALS TO (604) 875-3244** |  | **SERVICES NEEDED** |
| [ ]  Outpatient Nutrition Clinic[ ]  Swallowing Clinic (**attach Radiology requisition**)[ ]  Complex Feeding and Nutrition Service (select one)[ ]  CFNS – OT, RD only (± SW, RN)[ ]  CFNS – Medical review including MD, OT, RD (± SW, RN)[ ]  CFNS – Steps to Feeding Tube Transition Clinic[ ]  CFNS – Intestinal Rehabilitation Program (CHIRP) |
|  |
| **URGENCY** |
| [ ]  Urgent – **Clear justification for urgency must be provided** | [ ]  Not urgent |

|  |
| --- |
| **CLIENT INFORMATION** |
| Surname:       | First Name:       | Middle Name:       |
| PHN:       | DOB:       | Sex: [ ]  F [ ]  M  |
| Address:       | Apartment #:       |
| City:       | Province:       | Postal code:       |
| Home #:       | Cell #:       | Email:       |
| Caregiver names:       |  |  |
| Spoken languages: [ ]  English [ ]  Other:       | Interpreter required: [ ]  Y [ ]  N |
| Client and family aware of the referral: [ ]  Y [ ]  N  |
| **REFERRING PHYSICIAN / NURSE PRACTITIONER / FEEDING THERAPIST** \*\*\* FOR CONTINUITY OF CARE, PRIMARY CARE PROVIDERS MUST BE AWARE OF ALL REFERRALS \*\*\* |
| Name:       | Agency:       | Billing #:       |
| Office #:       | Fax #:       | Email:       |
| Signature: |
| If referring clinician is different from primary care provider: |
| Name of primary care provider:       | Primary care provider aware of the referral: [ ]  Y [ ]  N |
| **REASON FOR REFERRAL** |
| 1. Does the child have neuromotor delays? [ ]  No [ ]  Yes, mild to moderate [ ]  Yes, severe |
| 2. Which specific question(s) or concern(s) need to be addressed? |
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| **PAST MEDICAL HISTORY** |
| Primary diagnosis:       |
| Other medical conditions:       |
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| **FEEDING AND NUTRITION**  | **\*\*\* LOCAL THERAPISTS MUST BE AWARE OF REFERRAL \*\*\*** |
| 1. Are feeding or nutrition issues predominantly related to mental health? [ ]  No [ ]  Yes |
| 2. Feeding and nutrition history: |
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|  |
|  |
|  |
| 3. Current method of feeding (oral vs tube, consistencies and textures, typical intake, …): |
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| **SOCIAL HISTORY** |
| [ ]  No social concerns |
|  |
|  |
| **OTHER SUPPORTS** | **REFERRAL PENDING** | **ACTIVE** | **AWARE OF REFERRAL** | **NAME OR AGENCY** |
| Physician / pediatrician  | [ ]  Date: | [ ]  | [ ]  |  |
| Gastroenterologist  | [ ]  Date: | [ ]  |  |  |
| Sunny Hill Feeding team | [ ]  Date: | [ ]  |  |  |
| Community feeding team | [ ]  Date: | [ ]  | [ ]  |  |
| Dietitian  | [ ]  Date: | [ ]  | [ ]  |  |
| Feeding therapist (OT, SLP) | [ ]  Date: | [ ]  | [ ]  |  |
| Non-feeding therapy (IDP, OT, SLP, PT) | [ ]  Date: | [ ]  |  |  |
| Social worker  | [ ]  Date: | [ ]  |  |  |
| Other:       | [ ]  Date: | [ ]  |  |  |