

**Appendix 1 - Health**

**For referral to the Specialist Learning Support Service**

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| PUPIL NAME: | |
| Diagnosis |  |
| Number of significant hospital admissions over the past year and reasons for admission |  |

To be referred for Specialist Learning Support the child or young person must have met the threshold for **Continuing Health Care**.

A monthly continuing care panel meeting consisting of representation from health and education will consider referrals. A child or young person is likely to meet the threshold for Specialist Learning Support with one **PRIORITY** needs score met (see below). However, this will be discussed and a final decision agreed at the referral meeting.

**HEALTH NEEDS:**

1. **Airway Management**

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| **Universal Needs** | | | |
| No identified risk of airway difficulties |  | No tracheostomy |  |
| No requirements for chest physiotherapy |  | CYP can breathe unaided |  |
| No requirements for oxygen therapy or availability of oxygen |  |  |  |

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| **Additional Needs** | | | |
| CYP requires medication to reduce secretions (hyoscine patches or oral medication.) |  | CYP may require chest physiotherapy at home if need identified by health professionals. |  |

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| **Complex Needs** | | | |
| CYP requires repositioning to be able to manage secretions effectively. |  | CYP has a tracheostomy but is not at risk in the event of accidental decannulation due to having a patent airway. |  |
| Requires regular chest physiotherapy at home |  | CYP requires mechanical ventilation at night time only or when unwell at home. |  |
| Requires oxygen when unwell at home/hospital. |  |

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| **Priority Needs** | | | |
| Pooling of secretions at the back of the throat and difficulty in swallowing requiring constant supervision and oral/naso pharyngeal suction. |  | CYP has a tracheostomy to maintain airway. Requires constant supervision to provide suction or potential emergency management at any time. |  |
| Requires regular and as required chest physiotherapy in school to maximise respiratory function.  **NB**: Eligibility will not be met with this category alone but in conjunction with another priority need |  | CYP cannot breathe unaided for part or all of the 24 hour period and is reliant upon assisted mechanical ventilation. Requires trained support to assess whether mechanical ventilation required at any time. |  |
| Requires continuous oxygen therapy/optiflow or availability of oxygen at all times. |  |

1. **Sustained debilitating or unpredictable medical condition**

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| **Universal Needs** | |
| May have a medical condition but does not require monitoring or extra support. |  |

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| **Complex Needs** | |
| CYP has medical condition that requires monitoring and support from school staff trained by health professional. |  |

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| **Priority Needs** | |
| Has a medical condition that involves dependence on an appropriately trained adult for most or all of the day to monitor and provide medical interventions when necessary and is dependent upon technology (for examples see list below) |  |

**TECHNOLOGY AND NURSING INTERVENTIONS:**

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| **Please specify Yes or No if the CYP is reliant upon any of the following technology** (If yes, please specify if this is required in school and the frequency of intervention required) | | |
| Tracheostomy  (*please specify type and how often suction required)* | Yes/No |  |
| Airway clearance vest | Yes/No |  |
| Invasive and non-invasive ventilation | Yes/No |  |
| Suction of upper airway (*Please specify type of suction required)* | Yes/No |  |
| Oxygen therapy | Yes/No |  |
| Optiflow | Yes/No |  |
| Nebuliser | Yes/No |  |
| Dialysis | Yes/No |  |
| Ostomies i.e. colostomy, ileostomy, vesicostomy | Yes/No |  |
| Parenteral nutrition (intravenous feeding) | Yes/No |  |