



Outpatient Complex Care Program Referral - Pediatrics

Criteria for Referral: (all criteria must be met)

- Must be less than 16 years of age.
 - Must be followed by at least five **PHYSICIAN** sub-specialists.
 - Must check one or more box in **EACH** of the four sections below to meet Medical Complexity (as defined by Provincial Council for Maternal and Child Health & Complex Care Kids Ontario, 2015) **or** the additional considerations proviso.
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1. Technology Dependent and/or users of high intensity care:

- Child is dependent at least part of each day on mechanical ventilators, and/or child requires prolonged intravenous administration of nutritional substances or drugs and/or child is expected to have prolonged dependence on other device-based support (for example: tracheostomy tube care/artificial airway, suctioning, oxygen support, or tube feeding), **and/or**
 - Child has prolonged dependence on any other medical devices to compensate for vital bodily functions, and requires daily or near daily nursing care (for example: cardiorespiratory monitors, renal dialysis due to kidney failure, urinary catheters or colostomy bags plus substantial nursing care), **and/or**
 - Child is not technologically dependent but has any chronic condition that requires as great a level of care as the above group, such as:
 - Children who, as a consequence of their illness, are completely physically dependent on others for activities of daily living at an age when they would not otherwise be so dependent,
 - Children who require constant medical or nursing (or delegate with competency) supervision or monitoring resulting from the complexity of their condition and/or the complexity of medication administration and/or the quantity of medication and therapy they receive.
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2. Fragility:

- The child has severe and/or life-threatening condition, lack of availability and/or failure of equipment/technology or treatment places the child at immediate risk resulting in a negative health outcome, **and/or**
 - Short-term changes in the child's health status (illness) put them at immediate serious health risk, **and/or**
 - As a consequence of the child's illness, the child remains at significant risk of unpredictable life-threatening deterioration, necessitating round-the-clock monitoring by a knowledgeable caregiver, **and/or**
 - Likely to experience exacerbation of chronic condition necessitating assessment by a healthcare provider in a timely manner.
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3. Chronicity:

- The child's condition is expected to last at least six more months, **or**
- The child's life expectancy is less than six months.





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Specific Concerns:

Other Relevant Information:

Complex Care Plan Included? Yes No

Patient Summary Included? Yes No

Is patient currently admitted to hospital? Yes No

If so, which hospital? _____

Estimated date of discharge _____

Organization / Health Centre: _____

Contact: Telephone (1): _____ Telephone (2): _____

Name of community primary care provider: _____

Does patient have a pediatrician? Yes, Name: _____ No

Referring Physician (Print Name)	Referring Physician (Signature)	Date of Referral (yyyy/mon/dd)

Please fax completed referral form to 902-470-7928

