

Medical Referral - Paediatric (under 18 years of age)
Ontario Health atHome

15 Sperling Drive, Barrie, ON L4M 6K9
Tel: (705) 721-8010 Toll Free 1-888-721-2222
Fax: (705) 792-6270

Patients may have care in a [nursing clinic](#) and be taught their treatments based on nurses discretion.

This document will be included in the Patient record.

Paediatric Demographics

| | | |
|--------------------------|-------------------|------------|
| Name: | | |
| Parent/Guardian Name: | | |
| Address: | | |
| City: | Postal Code: | |
| Phone: | DOB: (yyyy/mm/dd) | Sex: |
| HCN: | Ver: | |
| Weight: | Kg | Height: cm |
| Alternate Contact Name: | | |
| Alternate Contact Phone: | | |

Allergies: (drug, environmental, animal, food)

Diagnosis: (most relevant to care in community)

Diagnosis discussed with Family/Guardian ☐ Yes ☐ No Patient ☐ Yes ☐ No

Prognosis: (Improve, Remain stable, Deteriorate, Guarded)

Prognosis discussed with Family/Guardian ☐ Yes ☐ No Patient ☐ Yes ☐ No

Other Diagnosis/Presenting Problem:

Surgical Procedure or Treatment:

Current Medications: ☐ (attach current list) N/A ☐

*Same day medication orders must be received by Ontario Health atHome by 1300 hrs

| Medication to be administered | Limited Use(LU) Code | Dosage | Frequency | Route | Last Dose in Hospital: Date/Time | Next Dose in Community: Date/Time | Length of Therapy in Days |
|-------------------------------|----------------------|--------|-----------|-------|----------------------------------|-----------------------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |

IV Route Access Device:

☐ Peripheral ☐ CVAD single lumen ☐ CVAD double lumen

☐ Implanted Vascular Device
Type/Comment:

Is there Radiological confirmation of tip placement of new central line? ☐ Yes
(Documentation attached)

Heparinization Dosing Guidelines Reference:

| Weight | Dose of Heparin | Heparin Product used | Total volume | Minimum Frequency | Maximum Frequency |
|----------------------------|-----------------|---|----------------|-------------------|---|
| Less than or equal to 10kg | 10 units/kg | Dilute heparin 100units/mL with normal saline to total volume of 1 mL | 1mL each lumen | Every 24 hours | Three times daily |
| Greater than 10kg | 100 units/kg | 100 units/mL | 1mL each lumen | Every 24 hrs | Three times per day if patient is receiving a systemic anti-coagulation |

Other Medical Orders:

Is this service requested at School? ☐ Yes ☐ No **If yes, school name:**

Requested Services to be Assessed by Ontario Health atHome:

☐ Nursing ☐ Physiotherapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Dietician ☐ Social Work

☐ Respiratory Therapy ☐ Lab (Patient has requisition and instructions) MUST attach Ministry of Health Lab requisition to this referral
Comments:

Signature of Physician/Nurse Practitioner:

Print Name: Signature: Phone: Date: CPSO #:

Alternate Most Responsible Physician/Nurse Practitioner:

Name: Phone:

Telephone Order From Physician/Nurse Practitioner:

Taken By (print): Signature: Phone: Date of telephone order:

Fax completed **Home and Community Care Support Services** referral form to **(705) 792-6270** on: