



Integrated Home & Community Care

Our aim at CHEO is to provide a more integrated system of care to families of children and youth with special needs — one that focuses on children's individual needs and provides a smooth transition between services at CHEO, at home and in the community. CHEO's Integrated Care Delivery program provides pediatric home and community care services in the Champlain region.

Integrated Home & Community Care (IHCC)

Our patient care coordination teams help develop care plans, to ensure safe and high-quality care aimed at keeping patients healthy and in their homes. CHEO delivers the following pediatric services, in the home and community, in partnership with trusted partners:

- Nursing (wound care, medication administration, IV access, ostomy care, catheter care)
- Rapid Response Nursing
- Personal support services
- Physiotherapy
- Occupational therapy
- Nutritional counseling

Please consult our [website](#) for detailed information about each service.

Children and youth also receive [School-Based Rehabilitation Services](#), which includes:

- Occupational Therapy
- Physiotherapy
- Speech-language Pathology: a recent (<12months) SLP evaluation report is required.

Referrals for school therapy services are made by the child's school. CHEO partners with CommuniCare to deliver services in Ottawa, North Lanark/North Grenville (NLNG), and parts of Eastern Counties. CHEO therapists provide services in Renfrew County and parts of Eastern Counties.

Quick tips for efficient referrals to IHCC

- Please ensure a primary contact has been identified and their contact details are provided.
- Please indicate if an interpreter will be required and for which language. This assists us to complete our intake assessment in a timely manner.
- For same day requests, referral must be sent, at minimum before noon.
- For Infusion Therapy requests, please ensure *all* the following information is included on the referral:
 - Line type: PICC, indwelling catheter, Peripheral Intravenous Catheter
 - For PICC: include PICC type, size, lumen, external length
 - Last dressing change date (for PICC care and wounds), and when next change is due
 - Medication *name, dose, route, frequency, time first dose given, and medication stop date.*
- 2. Please ensure your contact details are provided.

The Intake Care Coordinators will contact you only if they have any follow up questions that are pertinent to the referral.

The Integrated Care Deliver program has a *Nursing Clinic first* philosophy, where all request for nursing are first sent to clinics (within 25 kms of the patient's house).

For more information and/or eligibility criteria, you can contact us every day including weekends and holidays, 8am-8pm, at 613-737-7600 x1794 or by email: integratedcaredelivery@cheo.on.ca. We respond to emails within 1-2 business days. Email should not be used for urgent or sensitive communication. Do not send personal health information via email.



Referral to Pediatric Integrated Home & Community Care

Confidential. If you have received this form in error, please contact 613-737-7600 x1794

Estimated Date of Discharge (EDD):		(if applicable)	
Patient Details and Demographics			
Health card #:		VC:	<input type="checkbox"/> No VC
Surname:		Given Name(s): Preferred Name:	
Home Address: <input type="checkbox"/> No Known Address			City:
Postal Code:	Tel#:	Alternate Tel#:	
Address for treatment: (Complete if different from Home Address)			City:
Postal Code:	Tel#:	Alternate Tel#:	
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:			
Preferred Language for Service: <input type="checkbox"/> English <input type="checkbox"/> French			Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Primary Contact Person (leave blank if patient is the primary contact):			
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____			
Tel#:		Alternate Tel#:	
Name of Secondary Contact Person (leave blank if patient is the primary contact):			
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____			
Tel#:		Alternate Tel#:	
Detailed Health Information			
Precautions: <input type="checkbox"/> Routine <input type="checkbox"/> Droplet <input type="checkbox"/> Contact <input type="checkbox"/> Airborne Infective Organism:			
Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Yes----if Yes, List Allergies:			
Primary Diagnosis			
Secondary Diagnosis			
Reason for Referral			
Relevant Medical History			
Surgical or other procedures			
Medication		<input type="checkbox"/> see additional list (attached)	
Diet			
Community Health Care Provider (e.g., MD or NP) <input type="checkbox"/> None		Surname:	Given Name(s):
Additional documentation attached to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			



Surname:	HCN:	
Given name:	VC:	

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Services Requested		
<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> Nursing	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Personal Support/Care	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Rapid Response Nurse (RRN) <input type="checkbox"/> Speech Therapy
Please complete all the following sections as appropriate. Incomplete medical orders cannot be processed and will delay initiation of services		
IV ACCESS & CARE:		
PICC Type: _____ Size: _____ Lumen: _____ External Length: _____		
<input type="checkbox"/> Tunneled Cuffed (Brodac®) <input type="checkbox"/> Totally Implanted Device (Port) <input type="checkbox"/> Peripheral Last Dressing Change _____		
MEDICATION: (IV & SC to be administered by home care)		
Patient's Weight: _____ kg		
1 _____	Dose: _____	Route: _____ Freq: _____ Stop Date/Time _____
2 _____	Dose: _____	Route: _____ Freq: _____ Stop Date/Time _____
First dose date & time: _____		
Date and Time of last IV dosage in Hospital: _____		
Heparin Locking: <input type="checkbox"/> No <input type="checkbox"/> Yes---If Yes, Concentration: _____ Dose: _____ Freq: _____		
If unable to restart IV, client must: <input type="checkbox"/> Go to ED <input type="checkbox"/> Miss / delay dose <input type="checkbox"/> Take PO or IM (give prescription to client)		
Section 8 required? <input type="checkbox"/> No <input type="checkbox"/> Yes ---- Code _____		
WOUNDS: (as per www.RNAO.ca best practice)		
Type: _____		
Cleanse: <input type="checkbox"/> Normal saline <input type="checkbox"/> Sterile water		
Frequency: _____ Follow Up Appointment: _____		
Apply/Cover (supplies): _____		
Orders: _____		
OSTOMY CARE: Type _____	CATHETER CARE: Type: _____ Size: _____	
Orders: _____	Frequency: _____	
FEEDINGS:		
<input type="checkbox"/> NG <input type="checkbox"/> NJ Size: _____ External Length _____ <input type="checkbox"/> GTube <input type="checkbox"/> GJ Size: _____		
Formula: _____ Orders (e.g., rate, duration): _____		
RESPITE:		
Enhanced Respite for Medically Fragile and/or Technology Dependent Children Program Funding:		
Referring Physician/NP/Organization Information & Signature of Referral Source		
Organization/Unit:	Tel#:	Fax#:
Name:	Date:	
Signature:	CPSO#:	

For more information and eligibility criteria, please contact us at 613-737-7600 x1794 or by email integratedcaredelivery@cheo.on.ca

The personal information and personal health information collected in this referral form is used to determine eligibility for admission to Integrated Care Delivery services. By submitting this information, you are consenting to CHEO to use, share, collect and disclosure of your and your child's personal health information for the purpose of Integrated Home and Community Care services. This information will be part of the child/youth's medical record and is kept secure and confidential. For more information about consent and our privacy practices, contact the CHEO Privacy Team at privacy@cheo.on.ca