

IHF Nurses for Night care service

Guidance Document & Referral Form

WHAT IS THE SERVICE?

This service provides night nursing to people who have an advancing life limiting condition (other than cancer) that wish to die at home and provides support to family members. The service is co-funded from the Irish Hospice Foundation & HSE, and is provided via the Irish Cancer Society (ICS). The current cost of one nights nursing is €328.00.

CRITERIA:

New referrals will be accepted once all the following criteria are met:

1. The person being referred has a non-malignant condition
2. The person being referred is imminently dying
3. The person referred is being cared for at home
4. The person being referred is a patient of a specialist palliative home care team
5. Funding for the service cannot be sourced elsewhere
6. Consent is obtained from the person and/or family

TO REFER:

SPC home care team will take the following steps:

1. Identify person who may benefit from the service.
2. Ensure referral criteria as listed is met
3. Inform the person & their family that the service is being accessed through IHF
4. Complete in FULL the referral form
5. Email the password secured referral form to nnc@hospicefoundation.ie
6. Or fax the referral form to: (01) 673 0040

IHF steps:

7. Contact the SPC team with approval via email or phone if the form was faxed
8. Contact ICS approving referral

ACTIVATION OF SERVICE:

- On receipt of approval from IHF a night nurse can be arranged by contacting ICS.

HOW MANY NIGHTS:

- The service is generally approved and funded for 10 nights.
- An extension for a further four nights can be given in exceptional circumstances.
- Extensions should be requested by the Specialist Palliative Care Home Care Team before the initial 10 nights have been fully used up.

Please note: Referrals can be accepted days/weeks in advance of the service requiring activation.

Please contact the Irish Hospice Foundation for the procedure to follow out of hours, at weekends or if the service is required for a child. Ph: (01) 679 3188

This service is dependent on an ICS nurse being available.



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Referral Form

Patient Details:

Surname:	<input type="text"/>	Forename:	<input type="text"/>
Address:	<input type="text"/>	Contact No:	<input type="text"/>
		CHO Area (1-9):	<input type="text"/>
Post Code:	<input type="text"/>	D.O.B:	<input type="text"/>
Diagnosis:	<input type="text"/>		
Contact Person:	<input type="text"/>	Contact No:	<input type="text"/>

We have obtained the necessary consent from the above named person and/or their family to access the night nursing service and to transfer the necessary personal data to the IHF

Referrer Details:

Name:	<input type="text"/>	Date:	<input type="text"/>
SPC team:	<input type="text"/>		
Address:	<input type="text"/>		
Contact No:	<input type="text"/>	E-mail:	<input type="text"/>

COMPLETED FORM TO BE EMAILED TO: nnc@hospicefoundation.ie or fax (01) 673 0040.
Please note that incomplete forms will be returned for completion if required.