

**Community Children's Nursing Team**  
**Referral Letter for Prolonged Jaundice**

Please complete this form to request a referral.



Date of referral:

First name:	Surname:	CHI
Address:		
		Postcode:
Home Tel no:		Mobile no:
Parents/ Carers:	Consultant:	Interpreter required:
Gender:	Ethnicity:	Any further information:
Referred by:		Designation:

**NHS Borders Community Children's Nursing Team**

The Community Children's nursing team provides a range of services to support children and young people who require skilled nursing support in their own home. The team will care for babies, children, and young people with acute and chronic health needs, including complex care and palliative care.

**Referrals:**

Referrals are accepted from health care professionals for children aged 0-16 years living within the boundaries of NHS Borders by way of a completed CCN referral form which can be emailed to [community.childrensnursingteam@borders.scot.nhs.uk](mailto:community.childrensnursingteam@borders.scot.nhs.uk). Telephone referrals can also be accepted to 01896 826081 **when followed up with a completed referral form.**

**Working Hours: Monday** to Friday 9-5pm

If unsure about the appropriateness of referral, please be in contact to discuss.