**Public Health Nurse (PHN) Service Access Criteria**

Tauranga and Whakatane Referrals

Before making referrals, please ask yourself “Is this the correct service to refer to?”

Consider if this referral is more appropriate for:

o General Practitioner’s (GP’s)

o Paediatric Liaison or Paediatric Homecare Nurse

o Voyagers / CAMHS

o District Nurse

Community Health 4 Kids services includes:

* Public Health Nurses (Preschool, School & Adolescent PHN’s)
* School Based Immunisation Programme
* B4 School checks
* Community Ear Nurse service
* Communicable disease follow-up eg: TB and BCG clinics.
* Vision and Hearing Checks
* School Dental service
* Rheumatic fever swabbing
* Child protection and vulnerable unborn

**What do PHN’s do:**

Referral inclusion criteria includes any child who is not getting their health needs met, and/or whanau lack knowledge/resource to access services and therefore may require guidance to navigate the healthcare system.

We assist, support and advocate for pre-schoolers, children, adolescents, and their families by:

o Completing child / adolescent health assessments

o Preschool / Childcare Centre / Te Kohanga Reo / School visits

o Home/School visits for specific health concerns

o Working with preschools and schools in managing healthcare needs of the child, that may impact on their education

o Communicable disease follow up

o Vaccination programmes

o Referrals to appropriate personnel and agencies

o Support young people to identify their own health issues

o Provide information to enable young people to make informed decisions

o Provide free confidential self-referral clinics within Intermediate school settings

o Mobile ear van service

**Ensure:**

Referral is completed using the [Public Health Nurse Referral Form](https://baynavigator.health.nz/media/t14bwlgh/fmr428-referral-phn-service-june2018.pdf)

Include the with the following information:

* Reason for the referral and what you would like the PHN service to do.
* Include all attempts you have made to contact/engage the family.
* Document as much information as possible e.g., treatment required, consequences of non-treatment, ideal outcome.
* Don’t use abbreviations e.g., instead of “SDS” write Special Dental Service and explain what this is.
* Don’t make any assumptions, facts only.
* Please scan and attach consent for treatment form with the referral if a PHN is required to obtain consent for any treatment especially dental.

\* Attempt to gain parental consent prior to making a referral to the PHN service, referrals will still be considered without consent.

**Rule Out:**

* Does this child need immediate life-threatening health assistance - Dial 111 and ask for the Ambulance service
* Does this child need immediate Child & Protection assistance - Dial 111 and ask for the Police and/or call Child Youth & Family on 0508 Family / 0508 326 459

**If you have a child / adolescent you are concerned about or are unsure if a referral is relevant, please feel free to ring the PHN referral intake coordinator to discuss your concerns.**

**Contacts**

0800 - 1630 hours Monday to Friday

**Tauranga Whakatane**

Ph: 07 577 3383 Ph: 07 306 0944

PHN Referral Form: [Public Health Nurse Referral Form](https://baynavigator.health.nz/media/t14bwlgh/fmr428-referral-phn-service-june2018.pdf)

Email: [phn.referral@bopdhb.govt.nz](mailto:phn.referral@bopdhb.govt.nz)