Bendigo Health Community Nursing Services (CNS)
External Referral Pathway

**CNS services include:**
- District Nursing
- PEG tube support
- Stomal Therapy
- Diabetes Consultancy
- Wound Consultancy
- Dementia Consultancy
- Continence Consultancy

**Referrals are accepted** Mon-Thurs before 4pm. On Friday your referral must be submitted before 3pm.

Send referral to Bendigo Health Referral Centre
**Telephone:** 1300 733 581
**Fax:** 1300 733 589 or (03) 5454 7099
**Email:** ereferral@bendigohealth.org.au

**For urgent referrals** Mon-Friday (BH) phone 03 5454 8078
If you need to contact CNS after hours please do so through Bendigo Health switchboard.

**Referrals are not processed after hours or on weekends.**

**Referral Checklist**
- Clear detail of care required
- Current and accurate patient contact details
- Past history including medications list
- Wound Care currently provided if applicable
- If medication administration is required a VALID order is required. This must have the patient details, generic drug name, dose, route, frequency, signed by DR.
- CNS does not administer first dose injections.

For urgent referrals (BH) phone 03 5454 8078

**Services are provided under the following funding arrangements:**
- Commonwealth Home Support Program (CHSP), Home and Community Care for Younger People (HACC PYP), TAC, DVA, full cost recovery (private and Home Care Packages).

CHSP and HACC PYP Clients are required to contribute to the cost of their care. Any products required are at the clients expense.

**Referrers must disclose the following risk factors**
- Unsafe visiting condition
- Known drug use
- Bariatric patients

If you have any questions or concerns please contact CNS staff.

**START HERE**

<table>
<thead>
<tr>
<th>Is the care required in the clients home?</th>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the care be provided by another service or practice nurse?</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Contact the appropriate Service Provider</td>
<td>Contact Local Service Provider</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Does the patient reside in the City of Greater Bendigo?</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Local Service Provider</td>
<td></td>
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</tbody>
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<tr>
<th>Confirm the care required and gain CONSENT from the patient for this service to be offered</th>
<th>Next</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete referral and send to Bendigo Health Referral Centre. Include as much information as possible in your referral including any known risks to the patient or staff member.</td>
<td>Next</td>
</tr>
</tbody>
</table>

You will receive an acknowledgement from the referral centre that your referral has been received. This is not an acceptance of the referral. If we cannot accept your referral you will be notified.

**Include essential supporting documents as listed in the checklist above so that your referral can be processed in a timely manner. We are unable to progress with a referral with insufficient information.**