

Perseverance is a great element of success. If you only knock long enough and loud enough at the gate, you are sure to wake up somebody. -- Henry Wadsworth Longfellow

Support through extended help-Referrals

It is a mechanism or an act whereby those in need of higher/additional levels of care, support and treatment are linked to other resource centres.

Reasons for referrals-

The Medical Officer, the Social Worker and the team **decide** when a patient has to be referred to other centres:

- Patient needs higher levels of treatment, where the patient is suffering from major OIs that cannot be handled at the CCC
- Patient requires Surgical Interventions
- Initiation of Anti Retroviral Treatment, Anti Tuberculosis Treatment
- Diagnostic Investigations like CT scan, MRI, CD4 testing, FNAC etc are required
- PPTCT for Delivery
- When affected and infected children need educational support
- There is requirement for Nutrition for the infected Children
- Rehabilitation of OVC
- Job placement for PLHIVs seeking employment

PLHIV are referred to:

- Other Govt Hospitals, Tertiary Care Hospitals
- Drop in Centres
- NGOs
- Local PLHIV Networks
- Réhabilitation Centres
- Destitute Care Homes

Referral for ART Initiation:

1. Counsellor must ensure ICTC HIV test is done
2. Counsellor must send the Patient with the outreach worker /family member to the ART centre with the ICTC report, CD4 report and ART Initiation Referral letter
3. Counsellor must inform the nearest CCC/DIC regarding the patient for follow up

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Referral for Psycho-Social Issues (Rehabilitation, Job placement, Destitute, OVC)

When a patient is referred, the counsellor must:

1. Contact the Referral Centre to determine if the patient can avail services from them
2. Must send the patient with a referral slip to the centre with the outreach worker on receiving consent from them
3. Must check if the patient has reached the referred centre, through phone call, or by accompanied referral
4. Cross check if the patient has been registered and is availing the service
5. Call the patient once a month to assess the progress

Referral for TB Treatment:

The counsellor must

1. Fill up the RNTCP form in the Centre
2. Send the patient and the family member with the RNTCP form to the DOTs centre
3. Cross check if the patient has been registered and is availing the service

Referral for higher level treatment:

The counsellor must:

1. Convey information to the patient and his/ her family or primary care giver about the identification of the need for the patient to be referred to some other centre
2. If the family agrees, must discuss with tertiary care centre regarding treatment plan and possibilities of concession
3. Must send the patient with the referral letter to the centre
4. Must make periodical telephonic follow up with the patient and the tertiary centre

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Annexure 6: Referral Checklist	√
❖ Referral for ART Initiation	
○ HIV test report given	
○ Pre-ART registration is done	
○ CCC/DIC near the ART centre of the patient has been informed for follow up	
❖ Referral for Psycho-Social Support	
○ Permission from the NGO is obtained	
❖ Referral for RNTCP	
○ TB referral form is filled and sent	
○ Call is made to the DOTS centre regarding the referral	
○ The nearest DIC/CCC has been informed regarding the referral for follow up services	
❖ Referral to Tertiary Care Centres	
○ Treatment plan for patient has been discussed with family	
○ Letter from Medical Officer is given	
○ Previous reports of patients are given	
○ Details of medicines being consumed is given	