FLOW CHART

Child Attends

Booking Clerk checks details

Clinician checks details

Name
Address
Telephone Number
Date of birth
Name of primary carer – does this person have parental responsibility
Name and relationship of person accompanying the child.
GP
School / Nursery if appropriate
Health Visitor / School Nurse
Other professionals involved e.g. Social Worker etc.
Previous attendances at hospital
Details of ethnicity / language or method of communication
Are there any other children within the family home, names and dob?

(Laming Report 2003)

Failure to Attend Initial Appointment

Check details (clinician responsible) - Document
Send Standard Letter (appendix 1) - Copy to referrer

First Failure to attend a follow-up appointment

Clinician responsible - Check details, document in records
- Send standard letter (appendix 2) to parents.
- Copy to: GP, Health Visitor, School Nurse
- Referrer

CONSIDER IF THERE ARE ANY RISKS – IF THERE ARE, TAKE ACTION

Second Consecutive Failure to attend a follow-up appointment

CONSIDER THE RISK OF MEDICAL OR SOCIAL NEGLECT

Clinician responsible

NO CONCERN
Contact letter (appendix 3)
Inform referrer
Inform GP

IN CASES OF CONCERN
Check for Child Protection Plan (01225 713950)
Refer to Social Services
Discuss with GP, HV, School Nurse, Named Nurse for Safeguarding children
Inform family (Appendix 4) copied to GP, Referrer, Health Visitor, School Nurse, Named Nurse for Safeguarding Children