KAISER PERMANENTE.
COLORADO LABORATORY

REFERRAL FOR PEDIATRIC PHLEBOTOMY TO THE CHILDREN'S HOSPITAL (TCH) IN HEALTH CONNECT

PRINCIPLE
On occasion members may need a referral to Children's Hospital. Referrals may include, but are not limited to:

1. Children who are difficult to draw and are having a procedure performed at Children's Hospital where obtaining the blood specimen could be performed simultaneously.
2. Children who have experienced *multiple* difficulties getting a specimen at Kaiser Permanente.
3. Children who have PIC and central lines or who require anesthesia to obtain blood work.
4. Infants with low body weights where the draw volume or frequency would have a cumulative effect. Refer to Maximum Draw Volume Protocol for more information.
5. Call the Laboratory Client Services Department at 303-404-4050 to obtain a referral number.

This procedure is for a single instance and is not meant as a substitute for convenience. If lab identifies a pediatric member that could benefit from a long term referral to The Children's Hospital (i.e. the child needs weekly blood draws) they can call the Pediatric Chronic Care Coordinators at 303.764.5339 and leave a message. This is a provider contact phone number and is not to be released to members. Leave essential information regarding the member: name, ID, reason for referral and your phone number. Pediatric Chronic Care Staff will return the call if additional information is required.

SCOPE:
All Medical Technologists, Medical Laboratory Technicians and Clinical Laboratory Assistants at the Medical Office Laboratory and Laboratory Client Services Department Staff

SPECIMEN REQUIREMENT:
None

EQUIPMENT AND MATERIALS:
1. TCH referral worksheet – See forms section of the Lab website
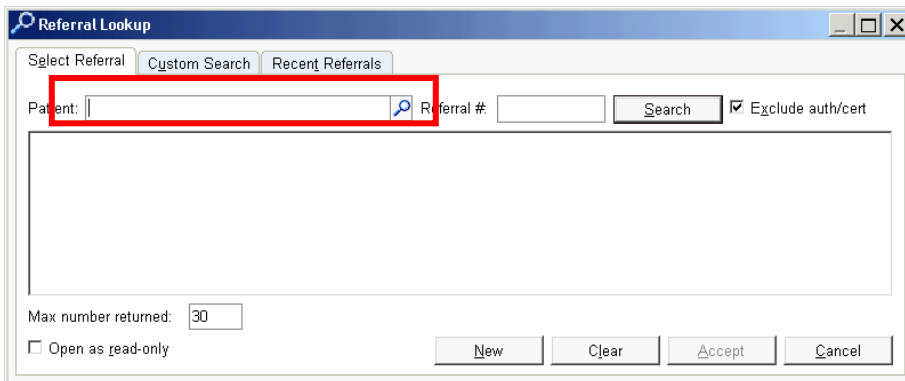
REAGENTS:
None

CALIBRATION
None

QUALITY CONTROL
None

PROCEDURE

1. Before TCH referral is performed due to unsuccessful phlebotomy, the phlebotomist must call to notify the ordering provider of the unsuccessful draw and the intentions of referring the member to TCH on any STAT or Routine lab order. The provider may decide to take different action based on the patient's condition or agree with the referral. If the ordering provider is not in agreement with the TCH referral, cancel the test in ORV with the cancel code of "Provider cancelled test" and document the date and time that you spoke to the provider. If a TCH referral is needed, proceed to step #2 and #3 below.
2. At the MOL front desk, fill out the TCH referral worksheet before calling Client Services. The ordering provider, location and department are needed before creating the referral. The TCH referral worksheet is found on the lab website / forms / MOL front desk.
3. Call the Lab Client Services (303-404-4050) to ask for a TCH referral number. Lab Client Services associates will enter the referral in Health Connect and provide the referral number to the MOL staff.
4. Give the parent the TCH referral worksheet once the referral number is given by Client Services and instruct them to bring it to TCH.
5. Lab Client Services are the only ones with access to make the Health Connect referrals.
6. Log into Health Connect

7. Click on the drop down on the upper left corner, select referral then referral entry. The following window is displayed.

8. Enter the Kaiser MRN in the patient search field and click on Search.
9. Click on the NEW button
10. The window below is displayed. *Enter the Provider information in the **Referred to** Section first* and then on all the other fields below then click on the NEXT button.

> **Referred to Section:**
> **Provider** = TCH Lab Outpatient
> **Place of service** = Children's Hospital
> **Provider Specialty** = Laboratory
>
> **Referred by Section:**
> **Provider** = Ordering Provider
> **Class** = Outgoing
> **Priority** = **Urgent**
> **Type** = Outpatient Services
> **Reasons** = Specialty Services Required
> **Location/POS** = Enter the MOB of ordering provider
> **Department** = Enter Department of ordering provider

11. Enter the Dx/Px required fields

Diagnosis Code   =   Enter ICD9 code in the diagnoses field below if known,
                         otherwise use 799.9F

Procedure   =   Type **220538** in the first procedure field
                         then press <ENTER>
                         The above code MUST be on the first
                         procedure line like in the picture below

                         Type **228124** in the second procedure field then press <ENTER>

12. The system generates a referral number (See Above).

13. Using the menu of activities on the left side of the above screen, click on Notes then click on NEW

14. Type "PRO" then press <ENTER> in the type entry field.

15. Enter the following information in the TEXT entry field like in the example below.
   Referral # (Enter the system generated referral number)
   Ordering Provider
   Tests to be drawn
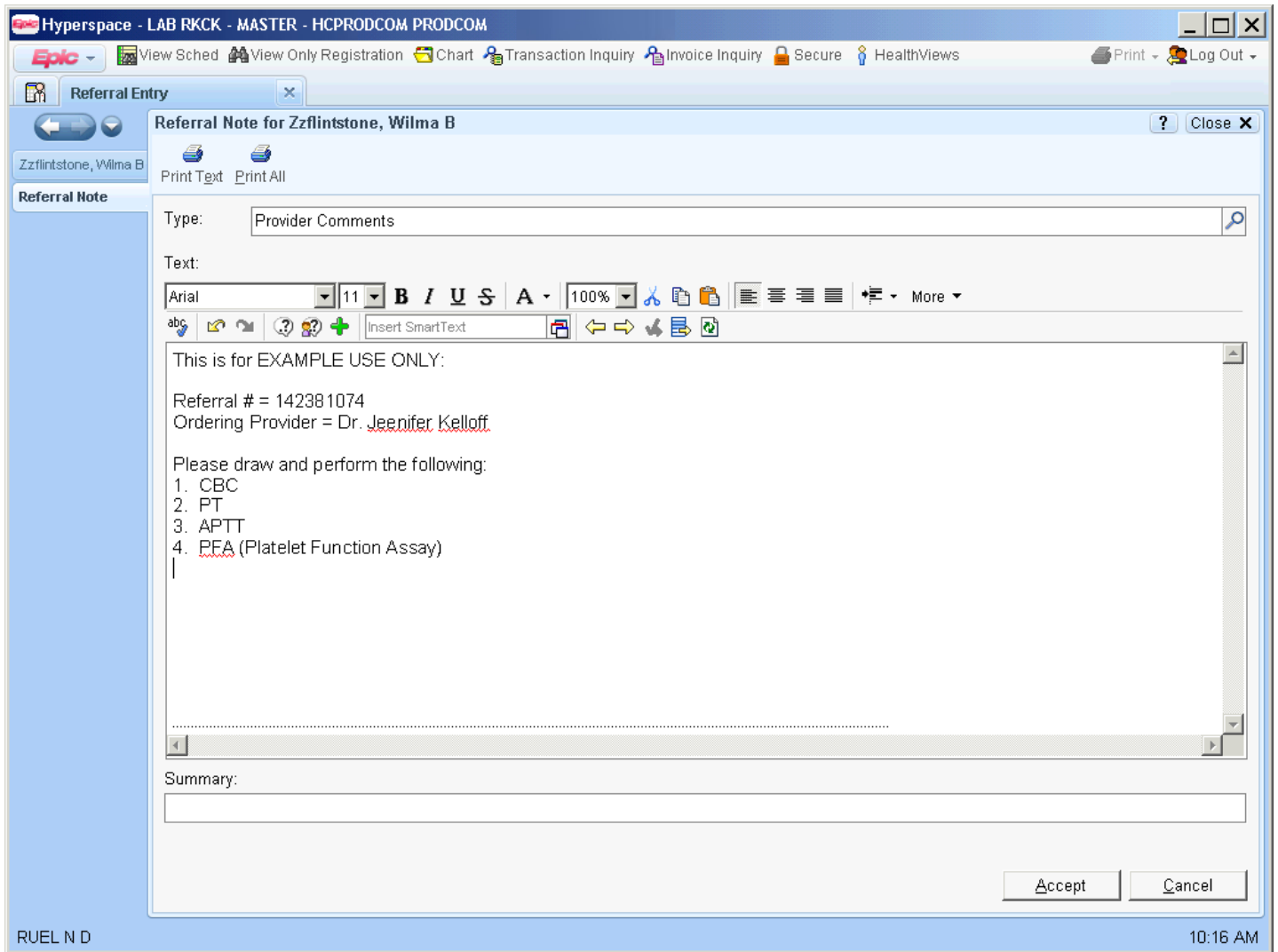
16. Using the menu of activities on the left hand side, go to Authorization and enter the following information in the Authorized Dates section:

Start Date	=	Today's date
Expiration Date	=	One year from today's date
IBNR pay until	=	Today's date
Referred on Date	=	Today's date

17. Click on Accept
18. Print the referral page in Health Connect

19. Cancel the test(s) in the ORV application of Cerner as "Referred to Children's for venipuncture".

REPORTING RESULTS:
Results are routed back to the ordering provider by TCH.

REFERENCE RANGES:
None

LIMITATIONS OF THE PROCEDURE:
None

REFERENCES:
None