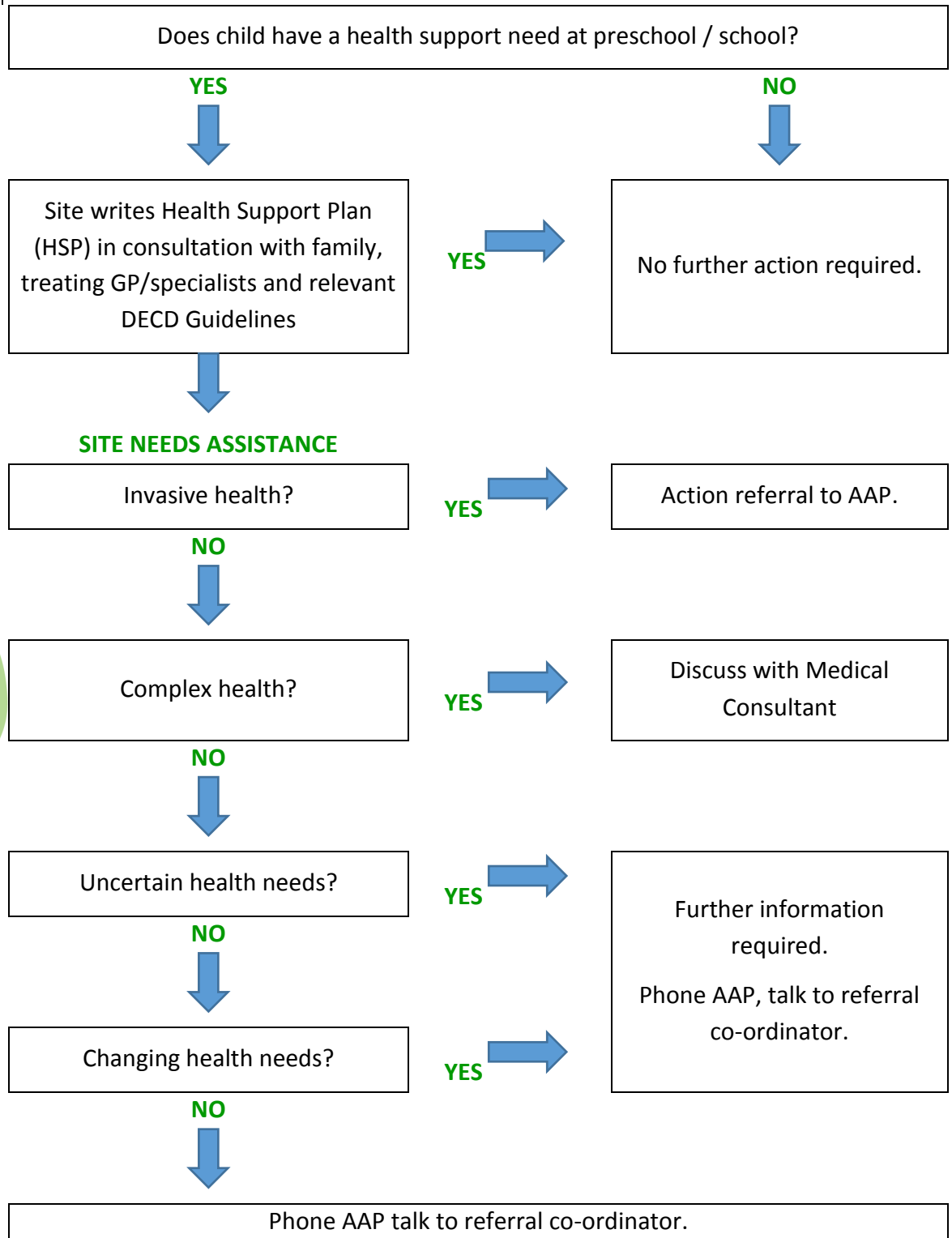


Access Assistant Program

Flow chart for Preschool / School



To submit referral or for more information

Women's and Children's Health Network
Disability Services
Access Assistant Program
Referral Coordinator

PO Box 2068
Hilton Plaza HILTON SA 5033
Telephone: 8159 9400
Email:
Health.WCHNDisabilityServices@sa.gov.au
Fax: 8159 9450

Definitions

Invasive Health

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Gastrostomy | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Ventilation (CPAP or BiPAP) |
| <input type="checkbox"/> Nasogastric | <input type="checkbox"/> Catheterisation | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Ileostomy | <input type="checkbox"/> Urostomy | <input type="checkbox"/> Oxygen |

Action referral to AAP

Complex Health

- Two or more interdependent health conditions

Discuss with Med Consultant

Uncertain Health

- | | |
|---|--|
| <input type="checkbox"/> Fluctuating need | <input type="checkbox"/> Unknown information |
| <input type="checkbox"/> Conflicting health reports | <input type="checkbox"/> No current medical info |

Phone AAP talk to referral coordinator

Changing Health

- | | |
|--|---|
| <input type="checkbox"/> Sudden change | <input type="checkbox"/> Critical Incident Reviews |
| <input type="checkbox"/> Deterioration | <input type="checkbox"/> Further investigation required |
| <input type="checkbox"/> Palliative care | |

Phone AAP talk to referral coordinator

**For medical emergencies phone SA Ambulance Service 000.
Access Assistant Program is not an emergency service**

To submit referral or for more information

Women's and Children's Health Network
Disability Services
Access Assistant Program
Referral Coordinator

PO Box 2068
Hilton Plaza HILTON SA 5033
Telephone: 8159 9400
Email:
Health.WCHNDisabilityServices@sa.gov.au
Fax: 8159 9450