**Children & Young Peoples Unit, Luton Locality**

**Referral Criteria for Children’s Rapid Response Team**

* **Child aged 0-18 years**
* **Child living in Luton area with a Luton GP**
* **Child living in Luton area without a registered GP**
* **Presenting with following conditions:**
	+ **Fever with or without a focus**
	+ **Bronchiolitis**
	+ **Gastroenteritis**
	+ **Head Injury**
	+ **Asthma/viral induced wheeze**
	+ **Seizure**
	+ **Abdominal Pain**
* **Assessed as amber or green on Paediatric Urgent Care pathways**
* **Requires ongoing assessment, treatment, observation and/ or review**

**Referral should be made to the Team via telephone number (mobile number: 07966025787) and followed up with a written referral by fax (fax number: 01582 557068) or an electronic referral via S1.**