Paediatric Medicine Clinics at Western Health:

Western Health operates the following Specialist Clinic services for patients who require assessment and management of Paediatric Medicine conditions. Patients will be triaged by Specialist Pediatric Nurses/ Paediatricians into one of the following management pathways according to specific clinical requirements:

1. **General Paediatric Medicine Clinic:** for children (aged ≤17 years) with a condition that requires a general paediatrician.
2. **Developmental and Behavioral Evaluation:** for assessment of children who have been identified as having delays in development, have behaviors that indicate possible Autism Spectrum Disorder, and/or challenging behaviors.

Referrals seen in other Paediatric clinics at Western Health where a referral may be triaged into:

- Hip dysplasia and other common disorders of gait and lower limb alignment and function will be redirected to Paediatric Orthopaedic clinic
- Upper airways obstruction and obstructive sleep apnoea will be redirected to ENT clinic
- Referrals relating specifically to paediatric endocrinology will be redirected to the Paediatric Endocrinology service for triage directly. T1DM/T2DM aged 15 years or older are redirected to the Young Adult Diabetes Service at Western Health. NB: Children and adolescents aged < 15 years with T1 or T2DM are not managed at Western Health
- When the referral is for a clear cardiac problem (e.g. previously identified condition) they will be redirected to Paediatric Cardiology. NB: evaluation of simple heart murmurs may be initially be assessed (depending on the clinical information) in a General Paediatric Medicine Clinic.
- When the referral is for a clear Paediatric Surgery problem in a child or adolescent <14 years it will be directed to Paediatric Surgery at Western Health. Adolescents aged ≥14 years are to be referred to General Surgery at Western Health, but may be seen in Paediatric Surgery clinic at the request of the General Surgery team. When the problem is less differentiated, e.g. for recurrent abdominal pain, it will initially be seen in a General Paediatric Medicine clinic.
- Problems of a primarily gynaecological nature in an adolescent ≥16 years will be redirected to Gynaecology services at Western Health
- More complicated skin disorders may be referred to the Paediatric Dermatology clinic
- Referrals of neonates, or of children in the first 6 months of life with problems relating to the perinatal period, will be referred to a Neonatology clinic.
- Adolescent Health: for young people 13 years of age and above where it is felt that major contributing factors to the presentation relate to adolescent issues.

- A referral for paediatric asthma or eczema may be triaged to the Nurse-led HARP Paediatric Asthma and Eczema program. If required once assessed by this service they will be referred back to the appropriate paediatric specialist clinic.

Referrals not seen at Western Health as services not provided:

- Allergic conditions such as anaphylaxis where skin prick testing and specialist paediatric allergist involvement is required
- Sleep studies
- Mental Health Services
- Speech Pathology, Occupational Therapy, Physiotherapy, Dietetic and neuropsychology are not provided as part of the Children's Outpatient Service at Western health except in some instances as part of a multidisciplinary approach, such as in the follow-up of premature neonates. Some of these services may be provided by the Children's Allied Health Service (CAHS). Please enquire on 8345 1430 or visit the Western Health Children's Referrals webpage for more information: http://www.westernhealth.org.au/HealthProfessionals/Referrals/Pages/Childrens_Referrals.aspx

Paediatric Medicine Alarm Symptoms:

- Where an acute intervention is required please refer the patient to the Emergency Department. If there is still concern regarding the referral please call the Paediatric Specialists Outpatient number 8345 1616 or 8345 1618 and a clinician will respond to your call within 24 hours.

Access & Referral Priority Paediatric Medicine:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT **Appointment timeframe 30 days**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**

Growth Concerns:
• Feeding / Failure to thrive for >1 years of age, or if at any age a child has crossed 2 percentile curves.
 	
Neurological:
• Prolonged seizure
• Atypical seizures
• Increasing frequency of seizures
• Headaches with other symptoms suggesting an organic lesion.
 	
Internal Referrals:
All internal post discharge reviews that fall under the following urgent requirements:
• Antibiotic follow up post discharge, where required
• Patients on steroids requiring follow up
• Patients needing monitoring, investigations and close follow up of progress not able to be arranged through referral to GP, attendance at ED for review, or Children's Ward post-discharge review
	Growth Concerns:
	• Feeding / Failure to thrive- other failure to thrive issues.
	• Short Stature/Tall Stature
	• Obesity
	  ○ Less than or equal to 10 years of age with obesity (BMI >95th centile)
	  ○ Greater than 10 years of age with obesity (BMI >95th centile) and established comorbidity (refer to the below list)
	  ○ Rapid weight gain (crossing centiles quickly), <5 years of age
	
	Meningitis:
	• Previous history of meningitis now requiring follow up.
	
	Neurological:
	Paediatric Medicine Clinic for Epilepsy/ Seizure follow up Conditions:
	• First afebrile seizure
	• Atypical febrile convulsion
	• New onset of headaches
	
	Asthma:
	• Persistent wheezing or breathlessness affecting exercise or sleep, and good compliance with inhaled steroid, via an age-appropriate spacer device.

URGENT	ROUTINE
URGENT **Appointment timeframe 30 days**	**ROUTINE** **Appointment timeframe greater than 30 days, depending on clinical need.**
	Constipation • Constipation not responding to simple treatment • Encopresis **Continence Issues- Enuresis/ Wetting** • Nocturnal enuresis / Night wetting persistent following first line treatment over the age of 7 • Daytime enuresis persistence after treatment for coexisting constipation or UTI

	referral:
	• Refer to a paediatrician if suspicions of:
	  ○ ASD.
	  ○ ADHD.
	  ○ Intellectual disability.
	  ○ A medical cause for the behaviour.
	  ○ Symptoms of an externalising behaviour disorder.
	
	Autism Spectrum Disorder:
	• A paediatrician evaluation can be performed at Sunshine Hospital, and separate allied health assessment in some cases for preschool children can be performed also. Diagnosis may not be able to be made without additional speech pathology and psychology assessments which may need to be performed externally
	
	NB: for referrals of a developmental or behavioural nature, further information in terms of behavioural checklists and reports from other professionals involved, will be requested

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to outpatients, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations

Growth Concerns
Failure to thrive
	Essential
	• Summary of oral intake and output history
	• Risk factors
	• Details of treatments offered and tried
	• Plot growth parameters on growth chart
	• Breastfed infants lactation consultant referral
	• Dietician referral
	Desirable
	• Developmental history
	• Relevant past medical history or intercurrent illness
	• Medication History – pregnancy, perinatal history
		• Maternal mental health screen
		• Plot height, weight and head circumference
		• Mental health assessment of caregiver/s Consider the following investigations:
		• Urine analysis
		  ○ Stool culture
		  ○ Stool for fat and fatty acid crystals
		  ○ Coeliac serology/IGA
		  ○ Full Blood Examination
		  ○ Liver Function Tests
		  ○ Urea & Electrolytes, Creatinine

Obesity	• Height and weight measurement – and growth chart assessment • Blood pressure • Standard history and physical examination, including social history	• Liver Function Tests • Lipid profile • Fasting glucose/HbA1c
Meningitis	• Meningitis history • Developmental concerns • Hearing concerns	• Hearing test • Developmental history
Epilepsy/ Seizure	• Developmental history, past history e.g. head trauma, birth history, family history • Health and sleep • Encourage patents to keep a diary or video of event/s if possible	• 12 lead ECG to look for arrhythmias when the history is not clear

Condition:	Key Information Points:	• Clinical Investigations
Developmental Delay Including Autism	Essential: • Developmental Hx (gross motor, fine motor, language, social/emotional developmental domains) • Standard history and physical exam, onset, symptoms, family history of similar patterns • Details of referrals already made Desirable: • A PEDS and/or Brigance test, administered by a MCH nurse is highly desirable • Refer all children with any concerns in the domain of communication, speech, language, comprehension, and swallowing to a speech pathologist. • Refer children with concerns of gait, balance, and coordination to a paediatric physiotherapist. • Refer children with concerns with functional movement, activities of daily living, play, and had function to a paediatric occupational therapist. • Refer children with delay in ≥ 2 domains to Early Childhood Intervention Service (ECIS)	• Tests required- hearing and vision tests • Please forward any copies of tests carried out or communication e.g. school or therapists assessments

Condition:	Key Information Points:	• Clinical Investigations
ADHD	Essential: • Standard history and physical exam, onset, symptoms, family history of similar patterns • Developmental Hx (MCH nurse, child care records, PEDS screening tool) • Details of referrals already made • CDMP referral management plan Desirable: • Psychologist referral	• Tests required- hearing and vision tests • School reports and concerns history if available
Continence Issues- Enuresis/ Wetting	• Primary enuresis in children 7 and older who have failed conservative measures • Secondary enuresis in children 7 and older who have had UTI and constipation excluded • Daytime wetting in children aged 4 and over • Interventions tried	Day wetting • Urine microscopy only if other symptoms of a urinary tract infection
Asthma:	• History of allergic disease • Coexistence of food allergy • Severity and pattern. • Treatments trialled Desirable: • Referral to Western Health HARP Paediatric Asthma and Eczema program Fax: 8345 6529	• Nil specific tests required

Condition:	Key Information Points:	• Clinical Investigations
Constipation	• History of onset, course, pattern • Developmental history, toilet training history • Dietary history • Physical exam including spine, abdomen, perineal, perianal area • Abdominal x-ray **not** required for diagnosis • Behaviour modification, Star charts, reward charts • Combination of stool softeners and stimulant laxatives • Dietary measures – increased fluid intake/ increased fibre intake	• Nil specific tests required
Allergy	• History of onset, course and pattern, • Allergic reaction symptoms experienced NB: not severe/anaphylaxis. Refer to tertiary centre/paediatric allergist • Potential causes of reaction • Treatment provided	• Where appropriate RAST test