

Paediatric Medicine Clinics at Western Health:

Western Health provides Specialist Clinic services for children up to 17 years of age who require assessment and management of general paediatric medicine conditions.

Referral will be triaged by a Paediatrician and/or a Paediatric Nurse according to specific clinical requirements.

Referrals may be triaged to alternative Paediatric Specialist Clinics at Western Health.

Specialist Clinics are provided in the Joan Kirner Women's & Children's Sunshine Hospital.

Conditions not seen by Paediatric Medicine at Western Health:

- Diabetes Mellitus in children aged less than 15 years.
- Sleep studies.
- Spirometry
- Mental Health Services
- Speech Pathology, Occupational Therapy, Physiotherapy, Dietetics and Neuropsychology are not provided as part of the Paediatric and Neonatal Specialist Clinics Service at Western Health with the exception in some instances for multidisciplinary follow-up care for premature neonates.

Note: Some of these services may be provided by the Children's Allied Health Service. Phone 8345 1727 or visit the Western Health [Children's Referrals](#) webpage for more information.

Acute conditions requiring immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.

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.

<p style="text-align: center;">URGENT</p> <p style="text-align: center;">Appointment timeframe 30 days</p>	<p style="text-align: center;">ROUTINE</p> <p style="text-align: center;">Appointment timeframe greater than 30 days, depending on clinical need.</p>
<p>Growth Concerns</p> <ul style="list-style-type: none"> Feeding concerns/failure to thrive for child < 12 months of age, or at any age the child has crossed 2 percentile curves. 	<p>Growth Concerns</p> <ul style="list-style-type: none"> Feeding concerns/failure to thrive in children older than 12 months of age Short stature Tall stature Obesity <ul style="list-style-type: none"> Less than or equal to 10 years of age with a BMI > 95th centile Greater than 10 years of age with a BMI > 95th centile and established comorbidity Children < 5 years of age with rapid weight gain
<p>Neurological</p> <ul style="list-style-type: none"> Prolonged seizures Atypical seizures not already investigated Increasing frequency of seizures Previous history of meningitis now requiring follow up Headaches with other symptoms suggesting an organic lesion 	<p>Neurological</p> <ul style="list-style-type: none"> First afebrile seizure Atypical febrile convulsion Chronic headaches or migraines
	<p>Asthma</p> <ul style="list-style-type: none"> Persistent wheezing or breathlessness affecting exercise or sleep, and good compliance with inhaled steroid via an age-appropriate spacer device.
	<p>Constipation</p> <ul style="list-style-type: none"> Encopresis Constipation not responding to simple treatment

Urinary Incontinence

- Persistent nocturnal enuresis following first line treatment (bed alarm) over the age of 7 years
- Daytime enuresis persistence after treatment for coexisting constipation or UTI.
- Daytime wetting in a child over 4 years of age

ATOPY

- Eczema, not responding to routine management
- Allergic rhinitis, conjunctivitis, hayfever.
- Recurrent urticaria
- Food intolerances.
- Family history of food allergy as the **only** presenting problem.

Internal Referrals

Reviews following hospital discharge that meet the following requirements:

- Antibiotic follow up post discharge if 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.**

Condition Specific Referral Guidelines:

Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care. If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.

Condition:	Key Information Points:	Clinical Investigations
Growth Concerns Failure to Thrive or Obesity	<p>Essential</p> <ul style="list-style-type: none"> • Summary of oral intake and output history • Details of past management and response • History, including social impact • Clinical examination <ul style="list-style-type: none"> ➢ Height, weight, and head circumference measurement ➢ Growth chart assessments ➢ Blood pressure (for obesity) • Breastfed infant's lactation consultant referral made? Or, report attached if available. • Dietician referral made? Or, report attached if available? <p>Desirable</p> <ul style="list-style-type: none"> • Developmental history • Relevant past medical history <ul style="list-style-type: none"> ➢ Including pregnancy and perinatal history • Details of any inter current illness • Medication History 	<ul style="list-style-type: none"> • Mental health assessment of the child's parent/caregiver/s if relevant. • Consider the following investigations: <ul style="list-style-type: none"> ➢ Urine analysis ➢ Stool culture ➢ Stool for fat and fatty acid crystals ➢ Coeliac serology/IGA ➢ Full Blood Examination ➢ Liver Function Test ➢ Urea, Electrolytes and Creatinine <p>Obesity:</p> <ul style="list-style-type: none"> • Liver Function Test • Lipid profile • Fasting glucose and Glycated haemoglobin (HbA1c)
Meningitis	<p>Essential</p> <ul style="list-style-type: none"> • History of illness • Developmental concerns • Hearing concerns 	<ul style="list-style-type: none"> • Audiology report, or copy of who the referral has be made.
Epilepsy / Seizures	<p>Essential</p> <ul style="list-style-type: none"> • Developmental history • Past history <ul style="list-style-type: none"> ➢ Birth history ➢ Head trauma • Family history • Health and sleep • Seizure diary 	<ul style="list-style-type: none"> • 12 lead ECG to look for arrhythmias when the history is not clear • Ask parents to video record events to view at appointment
Continance Issues	<p>Essential</p> <ul style="list-style-type: none"> • History of problems and impact • Family history of wetting • Interventions tried and response 	<p>Day wetting</p> <ul style="list-style-type: none"> • Urine microscopy only if other symptoms of UTI

Western Health Specialist Clinics Referral Guidelines

<p>Asthma</p> <ul style="list-style-type: none"> Consider referral to the Western Health Paediatric Asthma and Eczema HARP Program. Referral can be made by completing the HARP Referral Form and faxing it to 8345 6529. 	<p>Essential</p> <ul style="list-style-type: none"> Severity and pattern. History of allergic disease Coexistence of food allergy Impact on functioning Treatments trialed and response <p>Desirable:</p> <ul style="list-style-type: none"> A HARP report if the patient and family are already in the program. 	<ul style="list-style-type: none"> Nil
<p>Constipation</p>	<p>Essential</p> <ul style="list-style-type: none"> History of onset, course, pattern Developmental history Toilet training history Dietary history and response to any changes Physical exam including spine, abdomen, perineal, perianal area Details of behavioural modification attempted and response Medication treatment to date and response 	<ul style="list-style-type: none"> Nil <p>Note: Abdominal X-ray is not required</p>
<p>ATOPY</p> <p>Note: For anaphylaxis or allergy requiring skin prick testing, please refer to the Paediatric Allergy Clinic at Western Health or to a Paediatric Allergist</p>	<p>Essential</p> <ul style="list-style-type: none"> History of onset, course and pattern. Allergic reaction symptoms experienced Potential causes of reaction Treatment provided and response 	<ul style="list-style-type: none"> Serum specific IgE if appropriate Food mix panels are rarely of assistance