

Paediatric Neurology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients up to 18 years who require assessment and management of Neurological conditions. Patients will be triaged by Consultant Paediatrician into management pathways according to specific clinical requirements:

These referral guidelines are for Paediatric Specialist Clinics provided at Joan Kirner Women's and Children's at Sunshine Hospital only.

REFERRALS WILL ONLY BE ACCEPTED FROM A PAEDIATRICIAN.

If the referral is from the Sunshine Hospital Emergency Department, an ED Consultant needs to be involved in the referral; referrals from ED should document the conversation with the Paediatric Neurologist and requesting ED Consultant

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

The Paediatric Neurology Clinic occurs weekly.

Western Health does not currently have a paediatric EEG service and only performs EEGs in teenagers 16 years and above. Referrals for a Paediatric EEG should be directed to either the Royal Children's Hospital or Barwon Health.

Conditions not seen by Paediatric Neurology Specialists at Western Health:

- Seizures in infants < 6 months of age.
- First afebrile seizures → refer to General Paediatric Medicine.
- Chronic neurologic conditions requiring ongoing, multidisciplinary management at a paediatric tertiary health service (e.g. neuromuscular conditions, Neurofibromatosis, and Multiple Sclerosis).

Paediatric Neurology Alarm Symptoms:

The acute conditions listed below require immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.

- New onset headache and vomiting
- Frequent, prolonged, or compromising seizures
- Seizures with associated developmental regression or abnormal neurology
- Infantile spasms
- Acute weakness
- Acute ataxia
- Acute gait abnormality

Access & Referral Priority Paediatric Neurology:

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.
Seizures <ul style="list-style-type: none"> Frequent (> monthly) despite first-line anti-epileptic treatment In children < 2 years of age 	Seizures <ul style="list-style-type: none"> Infrequent, short, and non-compromising seizures. In children > 2 years of age.
Motor Delay and/or Hypotonia <ul style="list-style-type: none"> In infants < 6 months of age with areflexia and suspicion of Spinal Muscular Atrophy 	Epilepsy <ul style="list-style-type: none"> Established diagnosis and on treatment but requiring collaboration with a sub-specialist
Developmental Regression <ul style="list-style-type: none"> Assessed by Paediatrician with concern for a neurological basis. 	Paroxysmal events/query seizures <ul style="list-style-type: none"> Requiring sub-specialist assessment
	Motor abnormality <ul style="list-style-type: none"> Gait abnormality/weakness/ataxia Chronic/long-standing
	Collapse/Fainting <ul style="list-style-type: none"> Cardiac cause excluded. If sub-specialist opinion is required
	Headache/migraine <ul style="list-style-type: none"> Without red flags (new-onset, vomiting, early morning, abnormal neurology) If exceeds General Paediatrician management
	Motor Delay and/or Hypotonia <ul style="list-style-type: none"> In children > 6 months of age with preserved reflexes
	Developmental Delay <ul style="list-style-type: none"> Investigated by a General Paediatrician with concern for a neurological basis
	Tics <ul style="list-style-type: none"> If exceeds General Paediatrician management

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, 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:	Investigations for General paediatrician to complete prior to referral.
Epilepsy/seizures	<p>Essential</p> <ul style="list-style-type: none"> • Past medical history/comorbidities • Description of seizure, frequency, and duration • Clinical examination <ul style="list-style-type: none"> ➢ Ensure no abnormal neurology. ➢ Head circumference measurement ➢ Skin lesions/birth marks 	<p>New onset seizures – U&E, Ca, blood glucose MRI brain if able to tolerate.</p> <p>Past seizures Copies of previous investigations MRI report if performed. Past specialist reports if available</p> <ul style="list-style-type: none"> • Copies of previous investigations • Bloods: sodium, calcium, and glucose if new onset • EEG (sleep deprived if events from sleep) • Consider referral for MRI Brain if EEG suggests structural focal basis.
Paroxysmal events, query seizures	<p>Essential</p> <ul style="list-style-type: none"> • Description of seizure, frequency, and duration • Clinical examination <ul style="list-style-type: none"> ➢ Ensure no abnormal neurology. ➢ Head circumference measurement ➢ Skin lesions/birth marks 	<ul style="list-style-type: none"> • Video of events if possible
Motor/Developmental Delay	<p>Pregnancy and birth history</p> <ul style="list-style-type: none"> • Past medical history • Clinical examination <ul style="list-style-type: none"> ➢ Head circumference measurement ➢ Full neurological examination ➢ Family history 	<ul style="list-style-type: none"> • Copies of previous investigations or assessments • Thyroid function test, comprehensive metabolic panel, creatine kinase, Vitamin B12, folate, lactate, ammonia • Microarray • Urine metabolic screen
Developmental Regression	<ul style="list-style-type: none"> • Past medical history • Pregnancy and birth history • Details of presentation • Clinical examination <ul style="list-style-type: none"> ➢ Head circumference measurement ➢ Full neurological examination 	<ul style="list-style-type: none"> • Thyroid function test, comprehensive metabolic panel, creatine kinase, Vitamin B12, folate, lactate, ammonia • Microarray • Urine metabolic screen & organic acids

Western Health Specialist Clinics Access & Referral Guidelines

Headaches/migraines	<ul style="list-style-type: none"> • Headache semiology, frequency, and duration • Exclude red flags. • Clinical neurology examination including optic fundus assessed for papilloedema. • Response to treatment to date • Family history 	<ul style="list-style-type: none"> • previous MRI studies including details of radiology provider. • Patient, parent/caregiver to complete Headache Diary Headache Diary.PDF (rch.org.au)
Collapse/faint	<p>Medical history</p> <ul style="list-style-type: none"> • Triggers for events • Clinical examination <ul style="list-style-type: none"> ➢ Lying & standing Blood Pressure 	<ul style="list-style-type: none"> • ECG • Consider cardiology review
Tics	<ul style="list-style-type: none"> • Past medical history/comorbidities 	<ul style="list-style-type: none"> • Video of events if possible