

## Paediatric Cardiology Specialist Clinics at Western Health:

Western Health provides the following Cardiology Specialist Clinics for infants and children up to 18 years of age, who require assessment and management of cardiac conditions. Patients will be triaged by Consultant Paediatric Cardiologist 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 may be redirected to alternative paediatric specialist clinics.

## Paediatric Cardiology Alarm Symptoms:

**Acute conditions requiring immediate assessment including suspicion of rheumatic heart disease or Kawasaki's disease – please refer the patient to the Sunshine Hospital Emergency Department.**

**All Paediatric cardiac emergencies and suspected cardiac emergencies must be referred to the Royal Children's Hospital Emergency Department.**

**Paediatric Cardiology is not a 24-hour service. There is currently not an out of hours Paediatric Cardiology cover within Joan Kirner Women and Children's at Sunshine Hospital.**

## Conditions not seen by Paediatric Cardiology Specialists at Western Health:

- Children requiring 24-hour blood pressure monitoring.  
Please refer to the Nephrology department at the Royal Children's Hospital via [RCH Specialist Clinics Referrals](#).

## Access & Referral Priority Paediatric Cardiology:

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.

<h3>URGENT</h3> <p>Appointment timeframe 30 days.</p>	<h3>ROUTINE</h3> <p>Appointment timeframe greater than 30 days, depending on clinical need.</p>
<p><b>Cardiac Murmur</b></p> <ul style="list-style-type: none"> <li>Infants &lt; 3 months old with concerning features on history.</li> </ul>	<p><b>Cardiac Murmur</b></p> <ul style="list-style-type: none"> <li>Infants &lt; 3 months old with cardiac murmur who are asymptomatic and with no concerning features on history*</li> <li>* These infants will be seen in a semi-urgent category.</li> <li>Children &gt; 3 months old with cardiac murmur.</li> </ul>
<p><b>Infants with Syndromes</b></p> <ul style="list-style-type: none"> <li>Infants &lt; 3 months old with Trisomy 21 (Down Syndrome), or</li> <li>Other syndromes associated with significant congenital heart defects and no previous cardiology assessment.</li> </ul>	<p><b>Hereditary Cardiac Disease</b></p> <ul style="list-style-type: none"> <li>Screening for family history of hereditary cardiac conditions, such as: <ul style="list-style-type: none"> <li>Late onset cardiomyopathy</li> <li>Bicuspid aortic valve</li> </ul> </li> </ul>
<p><b>Syncope and Palpitations</b></p> <ul style="list-style-type: none"> <li>First presentation supraventricular tachycardia <ul style="list-style-type: none"> <li>Infant &lt; 6-12 months of age.</li> </ul> </li> <li>Recurrent syncope, palpitations or chest pain associated with sports, especially if family history of: <ul style="list-style-type: none"> <li>Hereditary arrhythmia</li> <li>Sudden cardiac death</li> <li>Cardiomyopathy</li> </ul> </li> </ul>	<p><b>Syncope and Palpitations</b></p> <ul style="list-style-type: none"> <li>First presentation supraventricular tachycardia in child &gt; 12 months of age</li> <li>Intermittent palpitations or chest pain without concerning features.</li> <li>Simple syncope, especially if features suggestive of vasovagal component</li> </ul>
<p><b>Prenatal diagnosis of congenital heart disease</b></p> <ul style="list-style-type: none"> <li>Lesion dependent</li> </ul>	
<p><b>Rheumatic Fever</b></p> <ul style="list-style-type: none"> <li>Acute suspicion of Rheumatic Fever should be referred directly to the Emergency Department</li> </ul>	<p><b>Rheumatic Fever</b></p> <ul style="list-style-type: none"> <li>Previous confirmed or probable Rheumatic Fever – with cardiac changes or murmur requiring review</li> </ul>
<p><b>Kawasaki's Disease</b></p> <ul style="list-style-type: none"> <li>Suspicion of acute Kawasaki's Disease should be referred directly to the Emergency Department.</li> </ul>	<p><b>Kawasaki's Disease</b></p> <ul style="list-style-type: none"> <li>Probable or Confirmed Kawasaki Disease requiring initial follow-up – 6 weeks (Routine)</li> <li>Historical treatment for Kawasaki Disease requiring ongoing follow-up.</li> </ul>

## 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:	Clinical Investigations
<b>Cardiac Murmur</b>	<ul style="list-style-type: none"> <li>• Type of murmur</li> <li>• Nature of murmur                             <ul style="list-style-type: none"> <li>➢ Ongoing, or</li> <li>➢ Present only with inter-current illness.</li> </ul> </li> <li>• Associated symptoms                             <ul style="list-style-type: none"> <li>➢ Poor exertion</li> <li>➢ Sport related symptoms</li> <li>➢ Syncope</li> </ul> </li> <li>• Additional concerns, including:                             <ul style="list-style-type: none"> <li>➢ Poor weight gain</li> <li>➢ Family history</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• External imaging or cardiac consultations if performed, such as:                             <ul style="list-style-type: none"> <li>➢ ECG</li> <li>➢ CXR</li> <li>➢ Holter monitor.</li> <li>➢ Echocardiogram</li> </ul> </li> </ul> <p><b>Note:</b> ECG, Holter monitor, +/- Echocardiogram will be performed in the Paediatric Specialist Clinics so not required prior to referral.</p>
<b>Syncope / Palpitations</b>	<ul style="list-style-type: none"> <li>• Single or recurrent</li> <li>• Association with sports or other exertion</li> <li>• Family history of:                             <ul style="list-style-type: none"> <li>➢ Sudden cardiac death</li> <li>➢ Cardiomyopathy</li> <li>➢ Implantable defibrillator in family member</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• External imaging or cardiac consultations if performed, such as:                             <ul style="list-style-type: none"> <li>➢ ECG</li> <li>➢ CXR</li> <li>➢ Holter monitor.</li> <li>➢ Echocardiogram</li> </ul> </li> </ul> <p><b>Note:</b> ECG, Holter monitor, +/- Echocardiogram will be performed in the Paediatric Specialist Clinics so not required prior to referral.</p>
<b>Family History</b>	<ul style="list-style-type: none"> <li>• Clear details of relatives, involve type of cardiac disease and age at onset</li> </ul>	<ul style="list-style-type: none"> <li>• Genetic testing if performed</li> </ul>
<b>Prenatal Diagnosis of congenital heart disease</b>	<ul style="list-style-type: none"> <li>• Cardiac lesion identified and details of imaging performed</li> </ul>	<ul style="list-style-type: none"> <li>• Prenatal imaging results</li> <li>• Fetal cardiology assessment and recommendation if performed.</li> <li>• Genetic testing if performed</li> </ul>