

Paediatric Medicine Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients up to 17 years of age who require assessment and management of Paediatric Medical conditions. Patients will be triaged by a 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 may be triaged to alternative Paediatric Specialist Clinics at Western Health.

Subspecialty referrals:

Paediatric referrals for specific conditions should be referred to the relevant subspecialty clinics: Please see referral guidelines linked below: [Children's Referrals \(westernhealth.org.au\)](https://www.westernhealth.org.au)

- Adolescent Health
- Paediatric Allergy
- Behaviour and Development
- Paediatric Cardiology
- Paediatric Dermatology
- Paediatric Endocrinology
- Paediatric ENT
- Paediatric Growth and Nutrition – accepts referrals from Paediatricians only.
- Paediatric Surgery
- Paediatric Neurology – accepts referrals from Paediatricians only.
- Paediatric Orthopaedics
- Paediatric Plastic Surgery

We encourage certain conditions to be managed prior to referral to Paediatric Medicine

Please see health Pathways ([HealthPathways Melbourne \(communityhealthpathways.org\)](https://www.communityhealthpathways.org)) which includes and not limited to advice regarding managing infants with slow weight gain, plagiocephaly, sleep concerns, heart murmurs, recurrent abdominal pain, unsettled infants, headaches and infections

For example:

- Commence children on iron supplementation for iron deficiency and re-check levels in 3 months.
- Commence children with Vitamin D deficiency on Vitamin supplementation.
- Monitor head circumference in infants with small or large fontanelles and refer if concerns with head circumference size.
- Refer children with mood concerns to psychology or other mental health services.
- Refer infants with sleep problems to an appropriate sleep clinic.
- Refer children with developmental issues to NDIS / Early Intervention, community allied health services, and audiology.
- Preschool children suffer frequent viral respiratory infections (up to 8 per year). Recurrent respiratory infections are generally not an indication for referral, unless suffering chronic cough (>3 months) or recurrent bacterial infections.
- Recurrent skin infections, recurrent bacterial infections, chronic diarrhea or chronic ear discharge, or recurrent deep-seated infections are an indication for referral.

Conditions not seen by Paediatric Medicine Specialists at Western Health:

- Sleep studies
- Spirometry
- Mental Health Services
- Request for medical procedures requiring Ambulatory Medical Unit.

Note: Western Health does not have a Paediatric Ambulatory Unit therefore requests for procedures such as iron transfusions or procedures with sedation are unable to be accepted.

- Speech Pathology, Occupational Therapy, Physiotherapy, Dietetics and Neuropsychology are not provided as part of the Paediatric and Neonatal Specialist Clinics Service at Sunshine Hospital, 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 or Melton Community Health. Phone 8345 1727 or visit the Western Health webpage for more information.

- [Paediatric Allied Health Specialist Clinics \(westernhealth.org.au\)](https://www.westernhealth.org.au)
- [Paediatrics < Specialist Services | Western Health Bacchus Marsh, Melton & Caroline Springs \(wh.org.au\)](https://www.westernhealth.org.au)

Paediatric Medicine Alarm Symptoms:

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

- Non weight bearing
- Suspected non accidental injury (NAI)
- Suspected sexual abuse.

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.

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

Note: Most referrals are triaged as routine and will be placed on the Paediatric Medicine Waitlist. If there are changes to patient condition, please re-refer for further triage consideration.

URGENT

Appointment timeframe 30 days.

* Listed below are examples only, not all inclusive.

Growth Concerns

- Faltering growth for a child < 6 months
- Faltering growth for a child 6 -12 months who has crossed 2 or more centiles.

Neurological

- Atypical seizures not already investigated.
- Increasing frequency of seizures
- Headache with other symptoms suggesting an organic lesion.

Respiratory

- Chronic cough with known TB contact

Genitourinary

- Macroscopic haematuria

Cardiac

- Syncope with exercise

Musculoskeletal

- Bone Pain

Skin

- Infected eczema not controlled.
- Cellulitis (mild infection patient already commenced on antibiotics.)

Haematology

- Hb < 8

Internal Referrals:

Where possible we prefer children who have been admitted to hospital to be followed up by their GP. In some cases, where this is not possible, or close follow-up is required for a period, an internal referral can be made. For EMR referrals please ensure detailed information is provided in the actual referral request.

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. *For common conditions.

Condition:	Key Information Points:	Clinical Investigations:
<p>Faltering Growth</p>	<p>Essential</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 intercurrent illness • Medication History • Summary of oral intake and output history • Details of past management and response • social impact. • Clinical examination <ul style="list-style-type: none"> ➢ Height, weight, and head circumference measurement ➢ Growth chart assessments with at least 2 assessments plotted. • Breastfed infant's lactation consultant referral made? Or report attached if available. • Dietician referral made. Or report attached if available 	<ul style="list-style-type: none"> • Consider the following investigations: <ul style="list-style-type: none"> ➢ Urine analysis ➢ Stool culture ➢ Stool for fat and fatty acid crystals ➢ Coeliac serology ➢ Full Blood Examination ➢ Liver Function Test ➢ Urea, Electrolytes & Creatinine ➢ TSH • Mental health assessment of the child's parent/caregiver/s if relevant. • Details of lactation consultant and report if available • Details of dietician and report if available.
<p>Obesity</p>	<p>Essential</p> <ul style="list-style-type: none"> • Developmental history • Relevant past medical history <ul style="list-style-type: none"> ➢ Including pregnancy and perinatal history ➢ Complications of obesity e.g.: sleep apnoea, recurrent skin infections • Details of any intercurrent illness • Medication History • Summary of oral intake and output history • Details of past management and response 	<ul style="list-style-type: none"> • Liver Function Test • Lipid profile • Fasting glucose and Glycated haemoglobin (HbA1c) <p>Mental health assessment of the child's parent/caregiver/s if relevant.</p>

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
	<ul style="list-style-type: none"> • social impact. • Clinical examination <ul style="list-style-type: none"> ➢ Height, weight, and head circumference measurement ➢ Growth chart assessments with at least 2 assessments plotted. ➢ Blood pressure ➢ Presence of acanthosis nigrans • Dietician referral made. Or report attached if available. 	
Meningitis	<ul style="list-style-type: none"> • History of illness • Developmental concerns • Hearing concerns 	<ul style="list-style-type: none"> • Audiology report or details of audiology service • Hospital correspondence if treated at another health service. • School reports if concerns with impact on learning
Epilepsy / Seizures	<p>Seizure details incl description, frequency , presence of intercurrent illness, possible triggers, and aura if present</p> <ul style="list-style-type: none"> • Developmental history • Past History. <ul style="list-style-type: none"> ➢ Birth history ➢ Head trauma • Family history • Seizure diary EF-Seizure-record-form.pdf (epilepsyfoundation.org.au) 	<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
Asthma	<ul style="list-style-type: none"> • Severity and pattern. • History of allergic disease • Coexistence of food allergy • Impact on functioning • Treatments trialled and response. • Family history • A HARP report if the patient and family are already in the program. 	<ul style="list-style-type: none"> • Nil • Please provide a copy of the HARP report if already in HARP.
Infections	Essential	
<ul style="list-style-type: none"> • Recurrent or chronic (> 8 infections in one-year) <ul style="list-style-type: none"> ➢ recurrent bacterial infections, ➢ recurrent pneumonia, ➢ recurrent skin infections, 	<ul style="list-style-type: none"> • Summary of symptoms Persistent vs. intermittent • Summary of treatment including if any courses of antibiotic and for how long 	<ul style="list-style-type: none"> • Consider Chest Xray for chronic cough or recurrent chest infections. • Consider FBE and total IgA for recurrent infections.

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
<ul style="list-style-type: none"> ➤ recurrent deep-seated infections, chronic thrush) 	<ul style="list-style-type: none"> • Clinical details especially growth parameters • Any significant family history including immunodeficiency. • Any medications especially immunosuppressants or oral steroid 	<ul style="list-style-type: none"> • Consider nasopharyngeal aspirates for recurrent respiratory infections.
Continence Issues	<ul style="list-style-type: none"> • History of problems and impact • Medical and social history and medication list • Family history of wetting • Interventions tried and response. 	Day wetting <ul style="list-style-type: none"> • Urine microscopy only if other symptoms of UTI
Constipation	<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 	Note: Abdominal X-ray is not required
Atopy Note: For anaphylaxis or allergy requiring skin prick testing, please refer to the Paediatric Allergy Clinic at Western Health or to a Paediatric Allergist	<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.