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# Health Services Programs Outpatient Redesign Project

## Paediatric Surgery Clinical Prioritisation Criteria (CPC) Outpatient Referral Criteria

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## Summary

This document contains the Clinical Prioritisation Criteria (CPC) for most frequently referred Paediatric Surgery conditions

## Paediatric Surgery conditions

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the exclusions section.

## Out of scope

Not all medical conditions are covered by the CPC, as certain conditions may be considered out of scope or managed by other specialist services:

- Neonatal Surgery
- Breast
- Endocrine
- Hyperhidrosis – consider referral to Dermatology
- Preauricular sinus

## Exclusions for public specialist outpatient services

Not all conditions are appropriate for referral into the South Australian public health system. The following are not routinely provided in a public specialist outpatient service:

- Circumcision for religious or parental preference

## Emergency information

See the individual condition pages for more specific emergency information.

## Feedback

We welcome your feedback on the Clinical Prioritisation Criteria and website, please email us any suggestions for improvement at [Health.CPC@sa.gov.au](mailto:Health.CPC@sa.gov.au).

## Review

The Paediatric Surgery CPC is due for review in **Month, 20XX.**

## Evidence statement

See Paediatric Surgery evidence statement **(evidence statement to be linked here).**

**This document is for consultation only.**

## Abdominal Pain

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- abdominal distention
- bilious (green) vomiting
- guarding
- foreign substance/body ingestion
- gastric outlet obstruction
- haemodynamic instability
- ingested caustic and acid substances
- inguinal pain or swelling
- peritonism
- overt rectal bleeding
- respiratory distress/stridor
- scrotal/testicular pain or swelling
- severe/uncontrollable abdominal pain
  - localised tenderness/guarding
- severe diarrhoea/vomiting with symptoms of dehydration
- suspected appendicitis
- suspected intussusception

Please contact paediatric surgery registrar on-call to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- children presenting with any of the following - refer to paediatric medicine or gastroenterology prior to surgical involvement:
  - abdominal pain more than two weeks duration
  - abdominal pain with concerning features such as:
    - fever
    - rash
    - joint pain
    - mouth ulcers
    - dysphagia
    - faltering growth
    - persistent vomiting
    - unintentional weight loss
  - recurrent/chronic abdominal pain without concerning features
- sexually transmitted infections - refer to [Adelaide Sexual Health Centre](#)

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- single episode of bilious (green) vomiting with delayed presentation
  - please contact paediatric surgery registrar on-call to discuss your concerns prior to referral
- recalcitrant abdominal symptoms despite assessment and management by paediatric medicine or gastroenterology
- rectal bleeding
  - please contact paediatric surgery registrar on-call to discuss your concerns prior to referral
- suspected malignancy
  - please contact paediatric surgery registrar on-call to discuss your concerns prior to referral

#### Category 2 (appointment clinically indicated within 90 days)

- nil

#### Category 3 (appointment clinically indicated within 365 days)

- nil

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
  - surgical history especially relevant if previous abdominal surgery
- family history of autoimmune disease, inflammatory bowel disease, immunodeficiency syndromes
- medications and allergies
- presenting symptoms including:
  - dates and frequency of symptoms
  - duration and severity of episodes
  - treatment trialed and response
  - current management regime including medications and allied health input
  - medical specialist involvement (if previous medical consultation completed)
- quality of life concerns including missed work/school/extracurricular activities as a result
- menstrual history (if relevant)
- sexual history (if relevant)
- toileting history including stool chart if relevant
- abdominal examination including testes (findings)
- pathology:
  - complete blood examination (CBE)
  - electrolytes, urea, creatinine (EUC)
  - liver function tests (LFTs)
  - lipase
  - c-reactive protein (CRP)
  - erythrocyte sedimentation rate (ESR)

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- iron (Fe) studies
- coeliac serology
- urinalysis, urine microculture and sensitivities (M/C/S), mid-stream urine
- faecal calprotectin
- faecal multiplex polymerase chain reaction (PCR)
- stool M/C/S, virology, parasites/oocytes
- relevant diagnostic/imaging reports (including location of company and accession number)
  - abdominal ultrasound (US)
  - abdominal x-ray

### **Additional information to assist triage categorisation**

- in sexually active patients, please exclude a sexually transmitted infection (STI)
- lipase and/or H Pylori urea breath test (please note positive serology does not indicate active infection)
- allied health reports/summaries if relevant

### **Clinical Management Advice and Resources**

#### **Clinical resources**

- [Women's and Children's Hospital – Paediatric Surgery](#)
- [The Royal Children's Hospital Melbourne – Clinical Practice Guidelines: Abdominal Pain – Chronic](#)

#### **Consumer resources**

- [The Royal Children's Hospital Melbourne – Fact Sheets: Abdominal Pain](#)
- [The Sydney Children's Hospital – Fact Sheets: Abdominal Pain \(Stomach Ache\)](#)

#### **Key Words**

Abdominal pain, appendicitis, intussusception, PR bleeding, testicular pain, scrotal pain, bilious vomiting, projectile vomiting, gastric outlet obstruction, peritonitis, peritonism, inguinal hernia, inguinal pain, caustic injury

## Chest Wall Deformities

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- chest pain
- respiratory distress/stridor

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- expanding chest wall mass
- symptomatic pectus excavatum

#### Category 2 (appointment clinically indicated within 90 days)

- nil

#### Category 3 (appointment clinically indicated within 365 days)

- asymptomatic pectus carinatum (pigeon chest)
- asymptomatic pectus excavatum

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- presenting symptoms
- management history including:
  - onset and duration
  - severity
  - pain
  - associated features e.g. functional impairment
- respiratory and chest examination (findings)
- chest x-ray
- echo if performed

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### **Additional information to assist triage categorisation**

- relevant diagnostic/imaging reports (including location of company and accession number)

### **Clinical Management Advice and Resources**

#### **Consumer resources**

- [Women's and Children's Hospital – Pectus bar surgery for pectus excavatum](#)
- [Royal Children's Hospital Melbourne - Pectus Carinatum \(Pigeon Chest\)](#)

#### **Key Words**

Pectus excavatum, pectus carrinatum, pigeon chest, barrel chest, funnel chest, chest wall deformity, chest wall anomaly, chest wall tumour, sarcoma



## Constipation

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- abdominal distention
- bilious (green) vomiting
- gastric outlet obstruction
- haemodynamic instability
- inguinal/scrotal pain or swelling
- peritonism
- projectile vomiting
- severe vomiting with symptoms of dehydration
- severe/uncontrollable abdominal pain
  - localised tenderness/guarding
- suspected intussusception

Please contact paediatric surgery registrar on-call to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- sexually transmitted infections - refer to [Adelaide Sexual Health Centre](#)
- constipation without referral to paediatric medicine or gastroenterology for assessment and management

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- constipation with concerning features including:
  - infant aged less than 12 months
  - unintentional weight loss/faltering growth
  - vomiting
  - abdominal distention
- suspected Hirschsprung disease

#### Category 2 (appointment clinically indicated within 90 days)

- anal stenosis
- anorectal malformation
- colonic stricture
- constipation and/or encopresis with previous abdominal/bowel surgery or underlying pathology e.g. spina bifida
- duplication cyst

#### Category 3 (appointment clinically indicated within 365 days)

- anal fissure

## Referral information

For information on referral forms and how to import them, please view [general referral information](#).

**Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features
  - previous treatments trialled and outcomes
  - abdominal examination (findings)
- stool frequency, size and consistency as per [Bristol Stool Chart](#)
- associated abdominal pain or vomiting
- defecation (painful or straining, presence of blood, incontinence)
- precipitating factors
- abdominal examination and perianal findings (per rectum examination not required) (findings)
- relevant diagnostic/imaging reports (including location of company and accession number)
  - abdominal ultrasound (US)

## Clinical Management Advice and Resources

### Clinical resources

- [South Australian Paediatric Clinical Practice Guidelines - Constipation in Children](#)
- [Women's and Children's Hospital – Paediatric Surgery](#)
- [The Royal Children's Hospital Melbourne – Clinical Practice Guidelines: Constipation](#)
- [Australian Journal of General Practice – Paediatric constipation: An approach and evidence-based treatment regimen](#)

### Consumer resources

- [The Royal Children's Hospital Melbourne – Fact Sheets: Constipation](#)
- [The Sydney Children's Hospital Network – Fact Sheets: Constipation](#)
- [The Royal Children's Hospital Melbourne – Hirschsprung Disease](#)

### Key Words

Anorectal malformation, imperforate anus, Hirschsprung's disease, slow transit, duplication cyst, colonic stricture, inflammatory bowel disease

## Gall Bladder Disease

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- bilious (green) vomiting
- gastric outlet obstruction
- haemodynamic instability
- peritonism
- fever
- severe/uncontrollable abdominal pain
  - localised tenderness/guarding

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Clinical urgency category

#### **Category 1 (appointment clinically indicated within 30 days)**

- suspected malignancy
- recurrent cholecystitis
- gallstones with concerning features:
  - nausea and/or vomiting
  - pale stools
  - abdominal pain
  - skin discolouration (yellow)/jaundice
  - straw coloured urine

#### **Category 2 (appointment clinically indicated within 90 days)**

- gallstones without concerning features

#### **Category 3 (appointment clinically indicated within 365 days)**

- nil

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

**Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies

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- smoking/alcohol and other drug status
- history of presenting complaint including:
  - onset and duration
  - frequency of attacks
  - concerning features e.g. right upper quadrant pain/tenderness/guarding, palpable gall bladder
  - previous treatments trialled and outcomes
- height/weight
- body mass index (BMI)
- abdominal examination (findings)
- abdominal ultrasound (US)

### **Additional information to assist triage categorisation**

- pathology:
  - complete blood examination (CBE)
  - electrolytes, urea & creatinine (EUC)
  - liver function test (LFT)
  - lipase

### [Clinical Management Advice and Resources](#)

#### **Clinical resources**

- [Royal Children's Hospital Melbourne - Abdominal Pain \(Acute\)](#)
- [The Sydney Children's Hospital Network – Fact Sheets: Biliary Atresia](#)

### [Key Words](#)

Gallbladder, cholecystitis, gallstones, biliary atresia, cholecystectomy

## Head and Neck

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- dysphagia
- dysphonia
- evidence of coagulopathy
- haemodynamic instability
- respiratory distress/stridor
- suspected abscess
- suspected tracheal/superior vena cava obstruction

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- children presenting with any of the following – refer to [Endocrinology](#):
  - thyroid nodule
  - hyperthyroidism
  - hypothyroidism
  - thyrotoxicosis
- children with a thyroid stimulating hormone (TSH) < 10mu/l and a normal free thyroxine (FT4)
  - and/or positive anti-thyroid peroxidase (anti-TPO) antibodies
    - TSH levels should be monitored every 6-12 months

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- suspected malignancy
- neck mass with concerning features:
  - progressive enlargement over four weeks
  - hard/immobile
  - not responding to antibiotics
  - associated symptoms
  - fatigue
  - night sweats
  - unintentional weight loss

#### Category 2 (appointment clinically indicated within 90 days)

- stable persistent enlargement lymph nodes greater than three months without concerning features
- thyroglossal duct cyst
- discharging sinuses or fistula
- submental lymph node
- ectopic thyroid

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### Category 3 (appointment clinically indicated within 365 days)

- intraoral fluid filled simple cysts not causing obstruction
- non-discharging sinuses or fistula
- dermoid cysts (external angular/midline)

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history of tuberculosis
- known allergies and sensitivities
- presenting symptoms including
  - onset and duration
  - progression of illness including recent infections (history)
- management history including treatments trialled/implemented prior to referral
- physical examination (findings):
  - fluctuations
  - erythema
  - obstructed airway
  - skin changes/sinuses
  - pain/tenderness
- neck ultrasound (US) with notation of thyroid
- relevant diagnostic/imaging reports (including location of company and accession number)
- if suspected thyroid mass
  - complete blood examination (CBE)
  - electrolytes, urea and creatinine (EUC)
  - liver function tests (LFTs)
  - c-reactive protein (CRP)
  - thyroid stimulating hormone (TSH)
  - fat-mass and obesity-associated protein (FTO)
  - thyroid peroxidase (TPO) antibodies
- if suspected malignancy
  - complete blood examination (CBE)
  - electrolytes, urea, creatinine (EUC)
  - liver function tests (LFTs)
  - C-reactive protein (CRP)
  - thyroid stimulating hormone (TSH)

### Clinical Management Advice and Resources

#### Clinical resources

- [Therapeutic Guidelines – Cervical Lymphadenitis](#)
- [Royal Children's Hospital Melbourne - Midline Neck Mass \(Suspected Thyroglossal Duct Cyst\)](#)
- [The Royal Children's Hospital Melbourne – Clinical Practice Guidelines: Cervical lymphadenopathy](#)

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### Consumer resources

- [SA Health – Cervical Lymphadenitis: Information for Parents and/or Caregivers](#)
- [Women’s and Children’s Hospital – Paediatric Surgery](#)

### Key Words

Lymphadenitis, lymphadenopathy, neck mass, Thyroglossal duct cyst, cervical lymph node, cervical lymphadenopathy, lymphatic malformation, plunging ranula, lipoma, dermoid cyst, cervical teratoma, sebaceous cyst, branchial cleft cyst, midline cervical cleft

## Ingrown Toenail

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- progressive cellulitis despite oral antibiotics

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- ingrown toenails without first-line medical and allied health management

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- nil

#### Category 2 (appointment clinically indicated within 90 days)

- recurrent ingrown toenails with impact on activities of daily living

#### Category 3 (appointment clinically indicated within 365 days)

- recurrent ingrown toenails despite medical and allied health management

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- known allergies and sensitivities
- presenting symptoms including
  - onset and duration
  - progression of illness including, recent infections (history)
  - management history including treatments trialed/implemented prior to referral
- physical examination (findings)
- podiatry assessment/report if available
- history of previous or recurrent trauma to the toe including previous nail bed injury, fracture or surgery
- any factors affecting normal toenail growth or healing



## Clinical Management Advice and Resources

### Clinical resources

- [Therapeutic Guidelines – Ingrown Toenails](#)

### Consumer resources

- [Women's and Children's Hospital - Paediatric Surgery Resources: Ingrown toenail repair](#)

### Key Words

Ingrown, toenail, nail bed, repair

## Oesophagogastric Surgery

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- bilious (green) vomit
- haemodynamic instability
- pyloric stenosis
- severe abdominal pain
- suspected aspiration

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- gastro oesophageal reflux disease (GORD) – refer to paediatric medicine or gastroenterology
- oesophageal soft food bolus obstruction/dysphagia – refer to paediatric gastroenterology

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- suspected malignancy
- single episode of bilious (green) vomiting with delayed presentation

#### Category 2 (appointment clinically indicated within 90 days)

- reflux with refractory symptoms despite paediatrician or gastroenterologist input

#### Category 3 (appointment clinically indicated within 365 days)

- nil

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration

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- concerning features e.g. refractory reflux, faltering growth, unintentional weight loss
- previous treatments trialed
- height/weight
- body mass index (BMI)
- [growth chart trends](#)
- physical examination (findings)
- Investigations as available
  - upper gastrointestinal contrast study
  - intestinal malrotation abdominal ultrasound (US)
  - endoscopy report/s

### **Additional information to assist triage categorisation**

- relevant diagnostic/imaging reports (including location of company and accession number)

### **Clinical Management Advice and Resources**

#### **Consumer resources**

- [Women's and Children's Hospital – Paediatric Surgery Resources: Fundoplication](#)
- [Women's and Children's Hospital – Paediatric Surgery Resources: Fundoplication with gastrostomy](#)

#### **Key Words**

Oesophagus, stomach, upper GI, vomit, reflux, GORD

## Paediatric Trauma

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- haemodynamic instability
- complex/multi trauma
- crush injury
- compartment syndrome
- foreign body inhalation/ingestion
- nerve injury – including rapid onset compression
- lacerations with large skin deficit

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Inclusions

- the following trauma referrals are appropriate for management by paediatric surgery:
  - abdominal
  - multi-trauma
  - thoracic
  - urology

### Exclusions

- children presenting with isolated injuries - refer to the appropriate specialty

### Clinical urgency category

#### **Category 1 (appointment clinically indicated within 30 days)**

- delayed presentation abdominal trauma
- persistent abdominal pain or vomiting after trauma

#### **Category 2 (appointment clinically indicated within 90 days)**

- foreign body present for greater than two months

#### **Category 3 (appointment clinically indicated within 365 days)**

- nil

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

**Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age

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- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features e.g. refractory ulceration despite antibiotics
  - previous treatments trialled including dressing regimes and frequency
- height/weight
- body mass index (BMI)
- physical examination (findings)
- relevant diagnostic/imaging reports (including location of company and accession number)

### **Additional information to assist triage categorisation**

- pathology:
  - complete blood examination (CBE)
  - electrolytes, urea & creatinine (EUC)
  - liver function test (LFT)
  - estimated glomerular filtration rate (eGFR)
  - c-reactive protein (CRP)
  - wound microsensitvity and culture (M/C/S)

### **Clinical Management Advice and Resources**

#### **Clinical resources**

- [Trauma Victoria – Paediatric Trauma Guideline](#)
- [Department for Health and Wellbeing, Government of South Australia - South Australian Paediatric Clinical Practice Guidelines: Ingested foreign bodies \(including button batteries\)](#)

#### **Key Words**

abdominal trauma, splenic injury, liver injury, renal injury, thoracic trauma, pneumothorax

## Pilonidal Disease

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- severe/uncontrollable pain unresponsive to first-line management
- suspected acute pilonidal abscess

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- asymptomatic pilonidal sinus
- sexually transmitted infections - refer to [Adelaide Sexual Health Centre](#)

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- pilonidal sinus with recurrent infection or abscess
- persistent pilonidal sepsis

#### Category 2 (appointment clinically indicated within 90 days)

- nil

#### Category 3 (appointment clinically indicated within 365 days)

- chronic pilonidal sinus

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features
  - previous treatments trialed

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- presenting symptoms
  - pain, swelling, and redness of the overlying skin
  - painless lump (cyst)
  - presence of discharge (indicating sinus)
  - previous management trialled and outcomes
  - social and emotional impact e.g. activities of daily living (ADLs)/employment
- height/weight
- body mass index (BMI)
- examination (findings)
  - associated cellulitis
  - enlarged inguinal glands or lymph nodes
  - presence of discharge (indicating sinus)
  - systemic symptoms such as fever, malaise or nausea
  - tender lump with/without overlying erythema (abscess formation)
  - visible or lumpy tracts in those with chronic or recurrent disease
- relevant diagnostic/imaging reports (including location of company and accession number)

### Clinical Management Advice and Resources

#### Clinical resources

- [HealthPathways SA – Pilonidal Disease](#)
- [Royal Australian College of General Practitioners - Pilonidal Sinus Management in the Primary Care Setting](#)

#### Consumer resources

- [DermNet - Pilonidal Disease](#)
- [Health Direct – Pilonidal Disease](#)

#### Key Words

Pilonidal sinus, pilonidal disease, cleft, infected, hair, abscess, cyst

## Skin and Subcutaneous Lesions

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- uncontrolled bleeding
- respiratory distress/stridor
- acute infection

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- children presenting with any of the following
  - ganglion - refer to [plastics and reconstructive surgery](#):
  - giant melanocytic naevi - refer to [plastics and reconstructive surgery](#):
  - bursa
- sexually transmitted infections - refer to [Adelaide Sexual Health Centre](#)

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- infantile haemangioma (aged less than 12 months)
- benign lesions with any concerning features:
  - obstructed vision
  - potential airway compromise
  - rapid growth
  - bleeding
  - incipient ulceration
    - please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral
- suspected malignancy
  - please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral
- enlarged subcutaneous masses nodes not rapidly increasing in size but not resolving (>3cm)
- rapidly enlarging non-infected lesions
- infected pre-existing lesions

#### Category 2 (appointment clinically indicated within 90 days)

- deterioration of a known vascular malformation (lesion)
- benign lesions without concerning features, including:
  - cysts
  - lipoma
  - pyogenic granuloma
  - dermoid cyst
- vascular lesions



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- lesions with recurrent infections
- subcutaneous lesions increasing in size
- infected sacral sinus
- spina bifida occulta
- other congenital naevi such as sebaceous naevi

### Category 3 (appointment clinically indicated within 365 days)

- nil

### Essential referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### Essential referral information (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- current medication/s
- allergies and sensitivities
- presenting symptoms including concerning features
- management history including:
  - onset and duration
  - severity
  - size
  - pain
  - associated features e.g. swelling, infection, functional impairment
  - treatments trialed/implemented prior to referral
- height/weight
- body mass index (BMI)
- [growth chart trends](#)
- physical examination (findings)

#### Additional information to assist triage categorisation

- ultrasound (US) if relevant
- relevant diagnostic/imaging reports (including location of company and accession number)

### Clinical Management Advice and Resources

#### Clinical resources

- [DermNet - Skin Conditions in Children](#)
- [Therapeutic Guidelines - Advice on Paediatric Dermatology](#)
- [Therapeutic Guidelines - Birthmarks](#)

#### Consumer resources

- [DermNet - Skin Conditions in Children](#)
- [Royal Children's Hospital Melbourne - Haemangioma's of Infancy \(Strawberry Naevus\)](#)
- [Women's and Children's Hospital – Paediatric Surgery](#)

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### Key Words

Lymphadenopathy, Giant Naevi and Cysts, AVM, lipoma, pyogenic granuloma, dermoid cyst, sebaceous cyst, lipoma, sarcoma, granuloma, hamartoma, pilomatrixoma

## Stoma Complications

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- concerns of systemic infection including:
  - febrile greater than 38°C
  - haemodynamic instability
- ongoing high output stoma with clinical signs of dehydration or acute renal impairment
- excessive peri-stomal bleeding causing stoma appliance to come off or haemodynamic compromise
- peri-stomal cellulitis
- severe/uncontrollable pain unresponsive to first-line management
- stomal change in colour from red/pink to blue or black
- stomal prolapse causing circulatory compromise
- suspected bowel obstruction/non-functioning stoma

Please contact the Paediatric Stomal Therapy Service (working hours) or paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the Paediatric Stomal Therapy Service.

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Clinical urgency category

#### **Category 1 (appointment clinically indicated within 30 days)**

- high volume stoma output unresponsive to first-line management
- peri-stomal complications including bleeding/granuloma/dermatitis/pressure injury/wound
- poor fitting/leaking stoma appliances
- suspected pyoderma gangrenosum
- parastomal hernia
- additional appliance consideration for people who have exhausted stoma appliance scheme funding

#### **Category 2 (appointment clinically indicated within 90 days)**

#### **Category 3 (appointment clinically indicated within 365 days)**

- annual routine stoma review

### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

**Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age

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- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies

### **Additional information to assist triage categorisation**

- history of presenting complaint including:
  - duration of symptoms
  - stoma output, frequency
  - stool texture e.g. soft, watery, hard
  - aperients (if needed) including microlax/suppository use/frequency
  - fluid volume intake/output (ileostomy/urostomy)
  - previous management trialled and outcomes
- height/weight
- body mass index (BMI)
- abdominal examination
- abdominal x-ray (if concerns of constipation or faecal loading)
- reports of prior colonoscopies and pathology of specimens removed
- relevant diagnostic/imaging reports (including location of company and accession number)

### **Clinical Management Advice and Resources**

#### **Clinical resources**

- [Australian Association of Stomal Therapy Nurses – Resources](#)
- [Department of Health and Aged Care - Stoma Appliance Scheme](#)

#### **Consumer resources**

- [Womens and Children's Hospital – Paediatric Surgery Fact Sheets](#)
- [Ileostomy Association of South Australia](#)
- [Ostomy Association of South Australia](#)
- [Department of Health and Aged Care - Stoma Appliance Scheme](#)
- [Australian Association of Stomal Therapy Nurses – Resources](#)

#### **Key Words**

stoma, ileostomy, colostomy, urostomy, peristomal, bag, wound, hernia, high, output, leakage

## Testicular, Epididymal, Scrotal, Penis or Foreskin Abnormalities

### Referral to Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- suspected testicular torsion
- scrotal pathology
  - acute pain with or without swelling
  - absence of cremasteric reflex
  - significant trauma
  - tender/painful testis
- inguinal hernia with any of the following concerns:
  - incarcerated
  - irreducible
  - strangulated
- foreign bodies
- paraphimosis
- phimosis with associated urinary retention

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for Clinical Advice

For clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- chronic epididymo-orchitis
- circumcision for cultural/religious reasons
- foreskin adhesions
- idiopathic scrotal oedema
- Peyronie's disease
- preputial 'pearls'
- redundant foreskin
- sexually transmitted infections - refer to [Adelaide Sexual Health Centre](#)
- smegma cysts
- hypospadias – refer to paediatric urology
- testicular mass – refer to paediatric urology

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- inguinal hernia in child aged  $\leq 6$  months
- symptomatic inguinal hernia in child  $> 6$  months
- recurrent infective balanitis
- resolved paraphimosis
- phimosis with pin hole preputial orifice with poor urinary stream
- episodes of acute urinary retention associated with poor urinary stream
- balanitis xerotica obliterans with urinary symptoms

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- epididymo-orchitis
- intermittent scrotal/testicular pain

### **Category 2 (appointment clinically indicated within 90 days)**

- meatal stenosis not associated with retention
- asymptomatic inguinal hernia in child aged  $\geq 6$  months
- hydrocele if persisting beyond two years of age and causing symptom
- unilateral undescended testes in child aged  $\geq 3$  months
- difficulty with retraction associated with ballooning or discomfort and no other previous management

### **Category 3 (appointment clinically indicated within 365 days)**

- retractile testis
- hydrocele persisting beyond 2 years of age
- inability to retract foreskin after 7 years of age

## Referral information

For information on referral forms and how to import them, please view [general referral information](#).

### **Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features
  - previous treatments trialled e.g. trial of steroid cream for phimosis
- height/weight
- body mass index (BMI)
- physical examination (findings)
- scrotal and penis examination (findings)
- pathology
  - mid-stream urine (MSU)
  - urine microculture and sensitivities (M/C/S) if relevant

### **Additional information to assist triage categorisation**

- sexually active people: exclude sexually transmitted infection (STI)

## Clinical Management Advice and Resources

### **Clinical resources**

- [Royal Children's Hospital Melbourne - Acute Scrotal Pain or Swelling Clinical Guidelines](#)
- [Royal Children's Hospital Melbourne – The Penis and Foreskin](#)

**Consumer resources**

- [Women's and Children's Hospital - Orchidopexy](#)
- [Women's and Children's Hospital - Paediatric Surgery Resources: Scrotal exploration](#)
- [Women's and Children's Hospital - Paediatric Surgery Resources: Inguinal hernia repair](#)
- [Royal Children's Hospital Melbourne – Testicle Injuries and Conditions](#)
- [Royal Children's Hospital Melbourne – Penis and Foreskin Care](#)
- [The Sydney Children's Hospital Network – Fact Sheets: Undescended testes](#)
- [The Sydney Children's Hospital Network – Fact Sheets: Hydroceles](#)

**Key Words**

epididymo-orchitis, scrotal pain, testicular pain, penile cyst, penile mass, inguinal hernia, inguinoscrotal hernia, retractile testis, undescended testis, hydrocele, encysted hydrocele of the cord, encysted hydrocele of canal of Nuc

## Tongue-Tie

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- difficulty establishing latch for breastfeeding baby

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- posterior tongue tie
- upper lip frenulum tie

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- neonatal attachment concerns during breast feeding despite lactation consultant input

#### Category 2 (appointment clinically indicated within 90 days)

- speech impairment associated with tongue-tie despite speech pathologist input

#### Category 3 (appointment clinically indicated within 365 days)

- nil

### Essential referral information

For information on referral forms and how to import them, please view [general referral information](#).

**Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features e.g. faltering growth, irritability/unsettled infant
  - previous treatments trialed
- physical examination (findings)
- speech therapy report



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### Clinical Resources

#### Clinical resources

- [Australian Dental Association – Ankyloglossia and Oral Frena Consensus Statement](#)
- [National Institute for Health and Care Excellence \(NICE\) Interventional Procedures Guidance – Division of ankyloglossia \(tongue-tie\) for breastfeeding](#)

#### Consumer resources

- [Women's and Children's Hospital – Paediatric Surgery](#)
- [Australian Breastfeeding Association Australia – Tongue-Tie and Breastfeeding](#)
- [Australian Breastfeeding Association Australia – Attachment \(A Closer Look\)](#)

### Key Words

Tongue tie, breastfeeding, latch, attachment, feeding, lactation

## Tumour/Mass

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- abdominal distention
- bilious (green) vomiting
- gastric outlet obstruction
- haemodynamic instability
- intussusception
- obstructive outlet disease with impaired renal function
- respiratory distress/stridor
- suspected bowel obstruction

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral.

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusion

- children presenting with any of the following
  - ganglion – refer to [plastics and reconstructive surgery](#)
  - post operative tumour disfigurement
    - for newly completed surgical procedures - refer using existing internal pathways
    - for ongoing scar management – refer to [plastics and reconstructive surgery](#)

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- suspected malignancy
  - please contact paediatric surgery registrar on-call to discuss your concerns prior to referral
- suspected compression or obstruction from tumour/mass
  - please contact paediatric surgery registrar on-call to discuss your concerns prior to referral

#### Category 2 (appointment clinically indicated within 90 days)

- benign soft tissue tumour

#### Category 3 (appointment clinically indicated within 365 days)

- nil

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### Referral information

For information on referral forms and how to import them, please view [general referral information](#).

#### **Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features e.g. concerns of malignancy
  - previous treatments trialed
- height/weight
- body mass index (BMI)
- growth charts
- physical examination (findings)
- pathology:
  - complete blood examination (CBE)
  - electrolytes, urea & creatinine (EUC)
  - liver function test (LFT)
  - estimated glomerular filtration rate (eGFR)
  - mid-stream urine (MSU), urine microculture and sensitivities (M/C/S)
  - urine cytology
  - sexually active (females) – pregnancy test
- relevant diagnostic/imaging reports (including location of company and accession number)

### Clinical Management Advice and Resources

#### **Consumer resources**

- [Women's and Children's Hospital – Paediatric Surgery](#)

### Key Words

Tumour, mass

## Umbilical Anomalies and Abdominal Wall Hernia

### Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- irreducible hernia with evidence of incarceration such as:
  - erythema
  - pain
  - obstructive symptoms such as bilious vomiting

Please contact the paediatric surgery on-call registrar to discuss your concerns prior to referral

### Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Women's and Children's Hospital Network

- Women's and Children's Hospital (08) 8161 7000

### Exclusions

- omphalitis
- urachal anomalies – refer to paediatric urology

### Clinical urgency category

#### Category 1 (appointment clinically indicated within 30 days)

- discharging umbilical lesions in child < 3 months of age including
  - patent urachus
  - omphalomesenteric duct
- polyps not responding to silver nitrate

#### Category 2 (appointment clinically indicated within 90 days)

- pain and intermittent redness with any of the following:
  - umbilical hernia
  - supraumbilical hernia
  - epigastric hernia

#### Category 3 (appointment clinically indicated within 365 days)

- umbilical hernia in child aged greater than 2 years of age
- umbilical granuloma
- umbilical polyp
- supraumbilical hernia
- epigastric hernia

### Essential referral information

For information on referral forms and how to import them, please view [general referral information](#).

**Essential referral information** (referral may not be accepted for triage without this information)

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

## OFFICIAL

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a [vulnerable population](#)
- interpreter requirements
- social circumstances
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- history of presenting complaint including:
  - onset
  - duration
  - concerning features e.g. unreducible, concerning features
  - previous treatments trialed
- physical examination (findings)
- relevant diagnostic/imaging reports (including location of company and accession number)

### **Additional information to assist triage categorisation**

- nature of any umbilical discharge – urine, small bowel content, pus

### **Clinical Management Advice and Resources**

#### **Consumer resources**

- [The Sydney Children's Hospital Network – Fact Sheets: Hernia – Umbilical](#)

#### **Key Words**

Umbilical hernia, umbilical granuloma, umbilical polyp, urachal remnant, omphalomesenteric duct, umbilical discharge, supraumbilical hernia