Health Services Programs
Outpatient Redesign Project

General Medicine (paediatric)
Clinical Prioritisation Criteria (CPC)
Outpatient Referral Criteria

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Contents

Summary

This document contains the Clinical Prioritisation Criteria (CPC) for most frequently referred General Medicine (paediatric) conditions.

General Medicine (paediatric) 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.

- Abdominal Pain
- Asthma
- Children Requiring Diagnostic Assessment for Developmental Concerns – Developmental Assessment Services
- Chronic Cough (daily cough for > 4 weeks)
- Chronic Diarrhoea
- Constipation/Encopresis
- Developmental Delay in a Child Less Than 6 Years of Age
- Developmental Delay/Intellectual Impairment in a Child Greater than 6 Years of Age
- Epilepsy and First Seizure
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- Neurodevelopmental Presentations in a Child More Than 6 Years of Age
- Overweight
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- Sleep Disorders
- Syncope/Pre-Syncope
- Urinary Incontinence/Enuresis

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:

- health screening (general) for children – refer to Child and Family Health Service (CaFHS)
- children with confirmed/suspected eating disorders e.g. anorexia and bulimia – refer to the Statewide Eating Disorder Service
- gender identity and diversity – refer to Women's and Children's Hospital
- functional neurological disorders – refer to Women's and Children's Hospital
- complex adolescents – refer to Women's and Children's Hospital

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:

- challenging behaviours in children without concurrent developmental and/or medical needs
- monitoring for diagnostic procedures and investigations in children completed by other specialist services e.g. assessment of electroencephalogram (EEG) results
- learning/psychometric/intelligence quotient (IQ) assessments in children without concurrent developmental and/or medical issues.
- second opinions in children where family or medical disagreement exists without consultation with treating paediatrician
- children with uncomplicated medical conditions that can be managed in primary care

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.

Review

The General Medicine (paediatric) CPC is due for review in Month, 20XX.

Evidence statement

See General Medicine (paediatric) 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.

- severe/uncontrollable abdominal pain
- severe diarrhoea/vomiting with symptoms of dehydration
- acute abdominal distention
- bilious (green) vomiting
- inguinal/scrotal pain or swelling
- focal tenderness/guarding/peritonism
- overt rectal bleeding
- foreign substance/body ingestion
- ingested caustic and acid substances
- haemodynamic instability e.g. symptomatic haemoglobin < 85g/L
- suspected appendicitis
- suspected intussusception
- suspected gastric outlet obstruction

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) to discuss your concerns prior to referral.

Contacts for clinical advice

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

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks – *please note that referral requirements may vary at regional sites.*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Port Augusta Hospital (08) 8668 7500

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions and triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- recurrent/chronic abdominal pain with concerning features such as:
  - bloody stools
  - clubbing of fingers/toes
  - dysphagia
  - faltering growth (failure to thrive)
  - persistent fever
  - joint pain
  - mouth ulcers
  - persistent vomiting
  - skin rash
  - unexplained anaemia – asymptomatic haemoglobin < 85g/L
  - unintentional weight loss
- suspected malignancy (please contact paediatric medicine registrar on-call to discuss your

concerns prior to referral)
- significant impact on school/work/extracurricular activities (at least 50% non-attendance)

Category 2 (appointment clinically indicated within 90 days)
- recurrent/chronic abdominal pain without concerning features

Category 3 (appointment clinically indicated within 365 days)
- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- 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 trialled 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 of abdominal pain
- menstrual history (if relevant)
- sexual history (if relevant)
- toileting history including stool chart
- abdominal examination (findings)
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years of age
- growth chart trends
- allied health reports/summaries
- pathology (referrer to consider if clinically relevant):
    - complete blood examination (CBE)
    - urea, electrolytes, creatinine (UEC)
    - liver function tests (LFTs)
    - c-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - iron (Fe) studies
    - coeliac serology
    - urinalysis
    - faecal multiplex polymerase chain reaction (PCR)
    - stool microculture and sensitivities (M/C/S)
- relevant diagnostic/imaging reports (including location of company and accession number)

Additional information to assist triage categorisation

- fructose/lactose breath hydrogen testing
- abdominal ultrasound (US)
- blood pressure (trends)
- faecal calprotectin

Clinical management advice and resources

Clinical management advice

Each Local Health Network has various adult subspecialty services which may accept referrals for adolescent patients depending on age and presentation. If unsure, we suggest discussing directly with the adult subspecialty team about whether a referral can be accepted.

Abdominal pain in children has a wide differential diagnosis, and these are often guided by the age and pubertal status of the child. The most important role of assessment in a child with abdominal pain is to determine whether there is an acute surgical cause or complication, as these should be referred to the emergency department (ED) to exclude life-threatening causes. It is also important to assess for serious but non-gastrointestinal causes of abdominal pain, such as diabetes/diabetic ketoacidosis, pneumonia, urinary tract infection/pyelonephritis, and testicular or ovarian torsion.

Red flags which should prompt ED presentation for assessment include severe pain not improved with simple analgesia, high volume diarrhoea/vomiting, bilious vomiting, signs of peritonism and haemodynamic instability.

Chronic abdominal pain is a common presentation, and in many cases no organic cause is identified. It is important to note that **in many cases, more serious causes of abdominal pain can be reasonably excluded by a thorough history and examination, without the need for extensive investigation.** Rome IV criteria generally defines chronic abdominal pain as symptoms lasting for greater than two months and provides guidance for both children and adults regarding functional gastrointestinal disorders. Clinicians should screen for red flags such as nocturnal pain or defecation, unintentional weight loss or reduction in growth trajectory, unexplained fevers, PR bleeding, dysphagia, persistent vomiting, as well as extraintestinal manifestations of inflammatory bowel disease such as rashes, mucosal lesions, arthritis and uveitis; these children should be referred directly to gastroenterology for consideration of endoscopy/colonoscopy. In children with suspected coeliac disease, we recommend against commencing a gluten-free diet until seen by a gastroenterologist, as a gluten-containing diet is needed for reliability of confirmatory investigations.

Constipation is one of the most common causes of abdominal pain and should always be screened for (please see ‘Constipation’ CPC). Active treatment for constipation is appropriate to trial in many children with abdominal pain.

Likewise, abdominal migraine is a common cause of abdominal pain in children, and should be considered in otherwise well children, typically between ages 2-10 years, with a > 6-month history of recurrent episodes of abdominal pain with associated features such as anorexia, nausea, vomiting or pallor.

Non-specific or functional abdominal pain stands as a distinct diagnosis, after exclusion of other causes. It should be emphasised that the lack of serious pathology is a positive finding. Patients and carers may still require medical or multidisciplinary input for management of their symptoms. Primary care providers should consider the following actions:

- provide education and assurance to both the child and parents. Emphasise that there is no underlying physical damage that needs treatment. Most instances tend to resolve over time with proper support.
- refer to allied health for dietary support and strategies
- consider trialling fructose/lactose free diets under dietetic guidance. Avoid initiating potentially restrictive diets without dietitian input, as this may result in weight loss/malnutrition.
- limit necessity for further investigations and medications, typically, additional tests and medications are not needed in these cases.
- consider and address any psychosocial stressors that might be contributing to the pain.
- screen for anxiety and/or depression. If these conditions are identified, discuss the situation

openly with the child or young person, and involve the family as needed. Referral to a mental health team or psychologist might be warranted.

- encourage a shift in focus toward returning to normal activities, including school, social interactions, extracurricular activities, and physical exercise. Gradual resumption is recommended if needed.
- maintain regular follow-up to track progress and make any necessary adjustments to the management plan
- in cases where functional impairment is substantial e.g., poor school attendance, concurrent depression or anxiety, sleep disturbances, consider referral to a paediatrician, adolescent medicine specialist, or a paediatric chronic pain management service. This comprehensive approach ensures that all aspects of the individual's well-being are taken into consideration during the treatment process.

Clinical resources

- RACGP – Chronic Abdominal Pain in Children
- RACGP – Mind-Body Therapies Use in Chronic Pain Management
- RACGP – The Role of Food Intolerance in Functional Gastrointestinal Disorders in Children
- Rome IV criteria for functional gastrointestinal disorders
- Royal Children's Hospital Melbourne – Chronic Abdominal Pain
- Women's & Children's Hospital – Breath Hydrogen Test

Consumer resources

- Royal Children's Hospital Melbourne – Abdominal Pain (Health Information)

Key words

diarrhoea, chronic, abdominal, pain, disorder, gastrointestinal

Asthma

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 uncontrolled asthma
- acute exacerbation of asthma not responding to therapy
- asthma with any of the following concerning features
    - coexistent pneumothorax
    - pneumonia
    - signs of respiratory distress
    - if the patient has a silent chest, cardiovascular compromise, relative bradycardia or decreasing rate and depth of breathing, these are all signs of an impending respiratory arrest and require urgent medical attention
- respiratory distress leading to
    - apnoeic episode
    - cyanosis
    - dyspnoea
    - intercostal/subcostal retractions
    - tracheal tug
    - inability to feed/sleep in infant
    - episodic vomiting after feeding or coughing
    - stridor
- haemodynamic instability

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) to discuss your concerns prior to referral.

Contacts for clinical advice

Asthma Australia (Asthma Educators)

- Mon-Fri 9-5pm (AEST)
- 1800 278 462 (1800 ASTHMA)
- Email: asthmasupport@asthma.org.au
- Online referral form

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

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- asthma without first-line management in alignment with the Australian Asthma Handbook
- bronchiolitis – refer to emergency department if concerns of respiratory distress

- difficult to manage or diagnostically uncertain asthma presentations – refer to Respiratory & Sleep Medicine

Triage categories
Category 1 (appointment clinically indicated within 30 days)
- nil

Category 2 (appointment clinically indicated within 90 days)
- refractory asthma despite inhaled corticosteroid use and asthma management plan, but not requiring more than 250mcg fluticasone propionate

Category 3 (appointment clinically indicated within 365 days)
- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history of asthma, atopy, or cystic fibrosis
- history of infections including:
    - severity and frequency of episodes
    - length of stay and number of admissions to hospital
    - triggers for episodes e.g. viral, allergic rhinitis (if relevant)
    - current management regime (if appropriate)
    - treatments trialled and response to interventions e.g., Australian Asthma Handbook
    - additional medical specialist involvement (if appropriate)
- quality of life concerns including missed work/school/extracurricular activities as a result of asthma
- respiratory examination (findings)
- height/weight
- body mass index (BMI) in children aged ≥ 16 years
- growth chart trends
- spirometry in children aged > 6 years
- chest x-ray where clinically indicated
- pathology:
    - nasopharyngeal aspirate polymerase chain reaction (PCR) where relevant
    - sputum M/C/S (identify if currently taking antibiotics when specimen is obtained)

Additional information to assist triage categorisation
- relevant discharge summaries/diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice
In children aged < 12 months, consider other diagnoses as asthma less likely/management unlikely to be of benefit.

Children with allergic rhinitis and asthma benefit from a comprehensive approach to symptom management. This may include allergen avoidance strategies, and inhaled corticosteroids to control the inflammatory response. Proper management can significantly improve the quality of life and reduce the frequency and severity of symptoms and is effectively completed in the community with General Practitioners.

Bronchiolitis is a common viral respiratory condition predominantly affecting infants < 12 months of age. It is typically self-limiting, with symptoms peaking around day two to three and resolving over 7-10 days. Management primarily revolves around supportive care, and most cases do not require specific medical interventions. The provided resources and clinical guidelines should be followed for all presentations.

Clinical resources

Asthma

- Asthma Australia – Health Professional Resources
- National Asthma Council – Australian Asthma Handbook
- National Asthma Council Australia – Symbicort Anti-Inflammatory Reliever +/- Maintenance (SMART) Action Plans
- SA Health Paediatric Clinical Practice Guidelines - Acute Asthma in Children

Bronchiolitis

- Paediatric Research in Emergency Departments International Collaborative (PREDICT) – Bronchiolitis Guideline
- Royal Children's Hospital Melbourne: Clinical Guidelines: Bronchiolitis
- SA Health Paediatric Clinical Practice Guidelines - Bronchiolitis

Consumer resources

- National Asthma Council Australia – How To (Use an Inhaler) Videos
- Royal Children's Hospital Melbourne – Asthma
- Royal Children's Hospital Melbourne – Asthma (Use of Spacers)

Key words

asthma, short, breathing, difficulty, wheeze, viral, exercise, allergic, rhinitis, hay, fever, management, plan, spacer, inhaler, bronchiolitis, recurrent

Children Requiring Diagnostic Assessment for Developmental Concerns – Developmental Assessment Services

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.

- nil

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 Children's Assessment Team (08) 8204 4433
- Referral form

Northern Adelaide Local Health Network

- Gordon McKay Child Development Unit (08) 7485 4109

Women's and Children's Hospital Network

- Women's and Children's Hospital Child Development Unit (08) 8161 7287
- Referral form

In regional and remote areas where a local developmental assessment service does not exist, please contact The Women's and Children's Hospital Network (see above) to discuss.

Inclusions, exclusions, and triage categories

Inclusions

- comprehensive developmental assessments (including for autism spectrum disorder [ASD]) are provided for children with complex developmental concerns in three or more of the following:
  - speech and language problems (excluding stuttering)
  - fine motor problems (handwriting, cutting, manipulation and dexterity)
  - gross motor problems (locomotor, ball skills, coordination, climbing, motor planning)
  - sensory processing issues (sensitivities or sensory seeking behaviours)
  - socialisation problems (not relating to peers, poor play skills, poor non-verbal skills, conversation skills, reduced eye contact)
  - restrictive and repetitive behaviours (repetition, inflexible, routines, posturing)
  - behaviours as listed
    - repetitive behaviours/play, need for routines/rituals, obsessive interests. Inflexibility, unusual posturing of the body/movement patterns, unusual use of language
    - children > 5 years – inattentive, hyperactive, impulsive behaviours, poor planning and organisation
  - problems with self-care skills (dressing, feeding self, toileting - excluding constipation)
  - learning difficulties (reading, spelling, maths or all)
- comprehensive developmental assessments for suspected autism spectrum disorder (ASD) are provided for children with complex developmental concerns in three or more of the concerns listed above
- comprehensive developmental assessments for suspected fetal alcohol spectrum disorder (FASD) are provided for children with complex developmental concerns in three or more of the concerns listed above and prenatal alcohol exposure
- age limits
  - Flinders Medical Centre Child Assessment Team: up to 15 years (if > 15 years, refer to Women's and Children's Hospital)
  - Gordon McKay Child Development Unit: up to 8 years at time of referral (if > 8 years, refer to Women's and Children's Hospital)
  - Women's and Children's Hospital Child Development Unit: up to 18 years

Exclusions

- age appropriate out of catchment referrals
- single area of developmental concern
- learning difficulties alone
- behavioural issues alone (e.g. oppositional defiant Disorder, conduct disorder, aggressive and/or violent behaviour)
- mental health concerns alone (e.g. anxiety, depression, paranoia)
- stuttering
- attention deficit hyperactivity disorder (ADHD) alone
- auditory processing disorder
- toileting/constipation
- failure to thrive
- ongoing management for complex presentation diagnosis – please refer to the age-appropriate 'Challenging Behaviour in a Child' CPC

Triage categories
Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- developmental assessments for priority cohorts
    - children under Guardianship of the Chief Executive (GOCE)
    - children of Aboriginal and Torres Strait Islander status
    - children < 3 years old

Category 3 (appointment clinically indicated within 365 days)

- developmental assessments for all other cohorts

Referral information

For information on referral forms (not including Statewide eReferrals) 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.

Referrals for diagnostic evaluations in children > 8 years of age within the catchment for the Northern Adelaide Local Health Network, and in children > 15 years of age within the Southern Adelaide Local Health Network should be directed to the Women's and Children's Hospital.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- mother's gestational history (with child) and prenatal alcohol consumption
    - where relevant, prenatal alcohol exposure risk
- family history of known:
    - autism spectrum disorder (ASD)
    - attention deficit disorder (ADD)
    - learning difficulties or
    - mental illness
- medications and allergies
- concerning features including
    - developmental regression
    - significant physical illness
    - unintentional weight loss

    - seizure or neurological features
    - functional impairment e.g. feeding, toileting or sleep issues
    - behaviours of concern including:
        - features of autism spectrum disorder/fetal alcohol spectrum disorder (FASD); if FASD, please provide information regarding prenatal alcohol exposure
        - features of attention deficit disorder
        - features of oppositional defiant disorder
        - potential for aggression
    - psychosocial factors e.g. parental relationship issues, concerning mental illness, substance abuse, parental disability, family in crisis, or child protection involvement
    - previous management trialled and outcomes
- height/weight
- body mass index (BMI) if child is aged 16 years or older
- growth chart trends
- blood pressure (trends)
- physical examination (findings)
- neurological examination (findings)

Additional information to assist triage categorisation

- Investigations and assessments (if appropriate):
    - genetic test screening
    - speech assessment
    - occupational assessment
    - physiotherapy assessment
    - psychology assessment
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- age-appropriate visual acuity examination (within last 6 months)
- age-appropriate audiometry examination (findings)

Clinical management advice and resources

Clinical management advice

Referrals for developmental assessment can be initiated by GPs, paediatricians, allied health professionals, educators (including early learning and preschool educators) in consultation with leadership and multidisciplinary services with supporting evidence attached at time of referral. Parallel referral to general paediatrics (public or private) for ongoing management following completion of developmental assessment may be beneficial.

Autism diagnostic assessments have a waiting time of approximately 14–18 months. Please note once a child is referred, the family and referrer will receive correspondence from the child development unit (CDU). If you have not heard from the CDU following a referral (usually contact within 6 weeks from receipt of referral), please contact to make sure referral has been received.

It is important to note that you will not be placed on a waiting list until the questionnaires are completed.

If you decide to pursue a private assessment, please inform us as soon as possible so that we can offer your appointment slot to another family in need. We are here to support you every step of the way.

Our team is available to assist you with any inquiries or concerns you may have.

Clinical resources

- FASD HUB Australia – FASD Diagnosis: Australian Guide to the Diagnosis of FASD
- Parenting SA – Milestones: Children 0 to 4 years – Parent Easy Guide
- Royal Australian College of General Practitioners – Problem Behaviour in Children (An Approach for General Practice)
- The Australasian Autism Research Council (AARC) – The National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders
- Therapeutic Guidelines – Assessing Developmental Delay and Disability

Consumer resources

- ADHD Foundation Australia - ADHD And The Facts
- Autism Awareness Australia – Autism: What Next?
- Cerebral Palsy Alliance - What is Cerebral Palsy?
- FASD HUB Australia – For Parents and Carers
- Global Developmental Delay – Understanding Global Developmental Delay
- Inclusion Australia – Intellectual Disability
- Language Disorder Australia - Developmental Language Disorder
- No FASD Australia
- Parental SA – Children With a Disability: Parent Easy Guide
- Raising Children Network - Conduct Disorder in Children and Teenagers
- Raising Children Network - School Age: Tracking Development & Development Concerns (aged 5-8 years)
- SA Health Child Development Unit brochure
- Women's and Children's Hospital Child Development Unit FAQ

Key words

behaviour, sensory, intellectual, disability, behaviour, problems, autism spectrum disorder, ASD, autism, autistic, fetal alcohol spectrum disorder, FASD, attention deficit hyperactive disorder, ADHD, global developmental delay, stuttering, mental health, auditory processing disorder, oppositional defiance disorder, NDIS, development, learning difficulty, CAMHS, dyslexia, auditory processing disorder, conduct disorder, cognitive, assessment

Chronic Cough (daily cough for > 4 weeks)

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.

- inhaled foreign body
- respiratory distress leading to
    - apnoeic episode
    - cyanosis
    - dyspnoea
    - intercostal/subcostal retractions
    - tracheal tug
    - inability to feed/sleep in infant
    - episodic vomiting after feeding or coughing
    - stridor
- haemodynamic instability
- suspected malignancy
- haemoptysis
- chronic cough with persistent fevers

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- refer to cardiology for chronic cough presentations with the following features:
    - abnormal heart sounds
    - abnormal/irregular pulse
    - murmur
    - abnormal electrocardiogram (ECG)
- exposure to contacts with confirmed tuberculosis (TB) - refer to SA Tuberculosis services

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- chronic cough present for greater than 4 weeks with concerning features:
    - colour change during coughing episode
    - dysphagia
    - feeding difficulties

  - finger and toe clubbing
  - night sweats
  - unintentional weight loss
  - unusual respiratory noises
  - vomiting associated with coughing episode

Category 2 (appointment clinically indicated within 90 days)

- recurrent bacterial pneumonia (at least 2 episodes in 12 months)
- refractory cough present for greater than 4 weeks despite first line management without concerning features
- protracted bacterial bronchitis not responding to empirical treatment

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history; specifically presence of comorbidity e.g. asthma, chronic lung disease, cystic fibrosis, whooping cough, gastric oesophageal reflux, allergic rhinitis
- family history of respiratory disease
- presenting symptoms including:
  - duration and frequency of episodes
  - triggers
  - concerning features
  - type of cough e.g. wet, honking, staccato, not present when sleeping, associated with vomiting
  - risk of exposure to tuberculosis (TB)/whooping cough
  - treatments trialled prior to referral and efficacy
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- cardiac/respiratory examination (findings)
- pathology: sputum microscopy, culture, and sensitivities (M/C/S) if relevant

Additional information to assist triage categorisation

- chest x-ray
- relevant diagnostic/imaging reports (including location of company and accession number)
- pulmonary function test (children > 6 years)

Clinical management advice and resources

Clinical management advice
Chronic cough is defined as daily cough present for > 4 weeks.

Likely causes differ by age. For infants and younger children, it is important to consider general growth and developmental trajectory, as these may be signs of a more serious underlying illness or warrant

more urgent management.

To determine the most suitable treatment, it's essential to identify the underlying cause of the cough, whether it falls into the acute, protracted acute, or chronic category. Most common reasons for a chronic cough can include:

- allergies/allergic rhinitis
- asthma
- environmental factors e.g. exposure to tobacco smoke, mould from air conditioners, proximity to industry/farm
- foreign body
- psychogenic cough
- respiratory infection
- undiagnosed respiratory disease
- viral illnesses
- protracted bacterial bronchitis

For children in their first few years of childcare or school, it is common and expected to have up to 12 viral infections per year. Primary care providers play an important role in providing reassurance to parents where no other clinical concerns are present, as well as minimising unnecessary of antibiotics for viral illnesses.

Clinical resources

- European Respiratory Society - ERS Guidelines on the Diagnosis and Treatment of Chronic Cough in Adults and Children
- Royal Children's Hospital Melbourne Clinical Practice Guideline - Cough
- Therapeutic Guidelines – Cough in Children
- Royal Children's Hospital Melbourne - Basic Paediatric ECG Interpretation
- SA Health – Tuberculosis (TB) – Including Symptoms, Treatment, and Prevention
- Cough in Children and Adults: Diagnosis, Assessment and Management (CICADA). Summary of an updated position statement on chronic cough in Australia

Consumer resources

- Royal Children's Hospital Melbourne Fact Sheet - Cough

Key words

Cough, chronic cough, pneumonia, haemoptysis, whooping cough, tuberculosis, TB

Chronic Diarrhoea

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

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- strong clinical suspicion of inflammatory bowel disease (IBD) or other condition likely to require endoscopy/colonoscopy – refer to Gastroenterology

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- recurrent/chronic abdominal pain with concerning features such as:
    - bloody stools
    - clubbing of fingers/toes
    - dysphagia
    - faltering growth (failure to thrive)

    - persistent fever
    - joint pain
    - mouth ulcers
    - persistent vomiting
    - skin rash
    - unexplained anaemia – asymptomatic Hb less than 85g/L
    - unintentional weight loss
- suspected malignancy (please contact paediatric medicine registrar on-call to discuss your concerns prior to referral)
- significant impact on school/work/extracurricular activities (at least 50% unattendance)

Category 2 (appointment clinically indicated within 90 days)

- recurrent/chronic diarrhoea without concerning features

Category 3 (appointment clinically indicated within 365 days)

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- 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 trialled 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
- abdominal examination (findings)
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends)
- allied health reports/summaries
- pathology:
    - complete blood examination (CBE)
    - urea, electrolytes, creatinine (UEC)
    - liver function tests (LFTs)
    - c-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)

- iron (Fe) studies
- coeliac serology
- urinalysis
- faecal calprotectin
- faecal multiplex polymerase chain reaction (PCR)
- stool microculture and sensitivities (M/C/S)

Additional information to assist triage categorisation

- fructose/lactose breath hydrogen testing
- abdominal ultrasound (US)
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical resources

- Therapeutic Guidelines - Overview and Principles of Managing Functional Gastrointestinal Disorders
- Royal Children's Hospital Melbourne - Diarrhoea - Chronic Non Bloody
- SA Health Paediatric Clinical Practice Guidelines – Gastroenteritis in Children

Consumer resources

- Healthdirect - Diarrhoea in Children

Key words

Diarrhea, stool, gastroenteritis, loose, fecal

Constipation/Encopresis

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
- focal tenderness/guarding
- gastric outlet obstruction
- haemodynamic instability
- overt rectal bleeding
- peritonism
- severe/uncontrollable abdominal pain
    - localised tenderness/guarding
- severe diarrhoea/vomiting with symptoms of dehydration
- suspected cauda equina syndrome
- suspected intussusception

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- constipation without a trial of clinical guideline recommendations prior to referral

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- constipation in an infant < 12 months old
- constipation with concerning features including:
    - abnormal neurological features
    - causing significant pain and distress
    - previous abdominal surgery
    - significant co-morbidities
    - unintentional weight loss
- obstructive defecation
- suspected malignancy

Category 2 (appointment clinically indicated within 90 days)

- associated significant behavioural problems
- anal fissure
- chronic constipation in child < 4 years meeting the Rome IV criteria for functional constipation (see 'clinical management advice')
- soiling associated with day wetting

Category 3 (appointment clinically indicated within 365 days)

- constipation in a child > 4 years meeting the Rome IV criteria for functional constipation (see 'clinical management advice')
- soiling not associated with faecal retention and overflow

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
  - surgical history especially relevant if previous abdominal surgery
  - blood in stools
  - failure to spontaneously pass meconium in first 48 hours of life
  - presence of concurrent enuresis or urinary dysfunction
- family history of autoimmune disease, inflammatory bowel disease, immunodeficiency syndromes
- **infant feeding information** – breast, formula, solids, dietary fluid/food intolerance
- **children over 12 months of age** – diet history
- medications and allergies
- presenting symptom history including:
  - dates and frequency of symptoms
  - duration and severity of episodes
  - current management regime including medications and efficacy
  - history of abdominal pain including frequency, duration/level of disruption (emergency presentations)
  - medication/treatment regimes used to date (including duration and outcomes)
  - stool frequency, consistency, frequency of soiling, presence of blood
  - stool withholding behaviour e.g., pain, toilet refusal, hiding during defecation, anxiety/distress
  - association with day wetting
  - treatment trialled and response
- quality of life concerns including
  - history of behavioural or psychological disturbance
  - missed work/school/extracurricular activities as a result
- menstrual history (if relevant)
- sexual history (if relevant)
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- bowel chart including Bristol stool chart
- abdominal examination (findings)

- neurological examination (findings)
- examination (visual) of rectum and sphincter (findings)
    - anal inspection for fissures/fistulae
    - digital rectal examinations are not routinely indicated and should only be performed if there is a clinical indication.
- allied health and other medical specialist involvement (if previous medical consultation completed) reports/summaries

Additional information to assist triage categorisation

- pathology:
    - complete blood examination (CBE)
    - urea, electrolytes, creatinine (UEC)
    - liver function tests (LFTs)
    - c-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - iron (Fe) studies
    - coeliac serology
    - urinalysis
    - faecal calprotectin
    - faecal multiplex polymerase chain reaction (PCR)
    - stool microculture and sensitivities (M/C/S)
- fructose/lactose breath hydrogen testing
- abdominal ultrasound (US) if suspected mass
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Rome IV Diagnostic Criteria for Functional Constipation

- In Infants Up to 4 Years
    - Must include 1 month of at least 2 of the following or 2 or fewer defecations per week:
        - history of excessive stool retention
        - history of painful or hard bowel movements
        - history of large-diameter stools
        - presence of a large fecal mass in the rectum
    - In toilet-trained children, the following additional criteria may be used:
        - at least 1 episode/week of incontinence after the acquisition of toileting skills
        - history of large-diameter stools that may obstruct the toilet
- For Children Greater than 4 Years
    - Must include 2 or more of the following occurring at least once per week for a minimum of 1 month with insufficient criteria for a diagnosis of irritable bowel syndrome:
        - 2 or fewer defecations in the toilet per week in a child of a developmental age of at least 4 years
        - at least 1 episode of fecal incontinence per week
        - history of retentive posturing or excessive volitional stool retention
        - history of painful or hard bowel movements
        - presence of a large fecal mass in the rectum
        - history of large diameter stools that can obstruct the toilet

Clinical resources

- National Center for Biotechnology Information – Paediatric Functional Constipation
- Royal Children's Hospital Melbourne – Constipation Clinical Guideline
- SA Health Paediatric Clinical Practice Guidelines – Constipation in Children
- Therapeutic Guidelines – Functional Constipation in Children

Consumer resources

- Healthdirect – Constipation in Children
- Royal Children's Hospital Melbourne – Constipation

Key words
constipation, stool, abdominal, pain, stomach, strain, fecal, fissure

Developmental Delay in a Child Less Than 6 Years of Age

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.

- frequent falls
- frequent/uncontrolled seizures
- sudden onset weakness (hypotonia) with absent reflexes
- sudden onset decreased neurological function
- suspected raised intracranial pressure

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

- attention deficit hyperactivity disorder
- autism spectrum disorder ongoing management – confirmed diagnosis
- complex behaviour with associated medical diagnosis
- fine motor problems – handwriting, cutting, manipulation and dexterity
- gross motor problems – locomotor, ball skills, coordination, climbing, motor planning
- sensory processing issues – sensitivities or sensory seeking behaviours
- speech and language problems
- suspected global developmental delay

Exclusions

- **assessment** for suspected autism spectrum disorder (ASD)/Foetal Alcohol spectrum disorder (FASD) – refer to 'Child Requiring Diagnostic Assessment for Developmental Concerns - Developmental Assessment Services' CPC
- auditory processing disorder
- oppositional defiance disorder – refer to child and adolescent mental health services (CAMHS)
- primary mental health presentations e.g. aggressive behaviour with high risk of significant injury to vulnerable family members/children who may be at risk of self-harm – refer to child and adolescent mental health services (CAMHS)
- specific learning difficulties e.g. dyslexia/reading
- stuttering **without** associated speech and language disorder

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- child aged < 6 years with any of the following:
    - developmental regression
    - seizures
    - abnormal neurological features
    - significant co-morbidities

Category 2 (appointment clinically indicated within 90 days)

- child aged < 6 years with any of the following:
    - premature birth (< 32 weeks gestation)
    - suspected autism spectrum disorder
    - moderate-severe developmental concerns
    - severe behavioural concerns – unable to attend childcare/school
    - at risk of physical harm or hurting others
    - investigated by child protective services
    - under the custody or guardianship of the Chief Executive

Category 3 (appointment clinically indicated within 365 days)

- child with any of the following:
    - between 3-5 years of age and concerns of:
        - oppositional defiance disorder
        - autism spectrum disorder
        - hyperactive disorder
    - mild-moderate behavioural concerns engaged in community mental health/support programs

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history, including family members affected with autism spectrum disorder (ASD), attention deficit hyperactive disorder (ADHD), learning difficulties or mental illness
- medications and allergies
- behaviours or other features identified by caregivers that have prompted referral request
- concerning features including,
    - developmental regression
    - significant physical illness
    - unintentional weight loss
    - seizure or neurological features
    - functional impairment e.g. feeding, toileting or sleep issues
    - behaviours of concern including:
        - features of ASD
        - features of attention deficit
        - features of oppositional defiant disorder
        - potential for aggression
- psychosocial factors e.g. parental relationship issues, mental illness, substance abuse, parental disability, family in crisis, or child protection involvement

- previous management trialled and outcomes
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends)
- physical examination (findings)
- neurological examination (findings)
- visual acuity examination (within last 6 months)
- audiometry examination (findings)

Additional information to assist triage categorisation

- investigations (if appropriate)
    - genetic test screening
    - speech assessment
    - occupational assessment
    - physiotherapy assessment
    - psychology assessment
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

We strongly suggest referrals are made to relevant allied health services (speech pathology, occupational therapy and physiotherapy), while awaiting paediatrician review. The NDIS early childhood approach can facilitate and expedite community allied health involvement in children with suspected developmental disorders that are likely to require longer term input. Patients can self-refer or be referred by clinicians.

Clinical resources

- Parenting SA – Milestones: Children 0 to 4 years – Parent Easy Guide
- Royal Australian College of General Practitioners – Problem Behaviour in Children (An Approach for General Practice)
- The Australasian Autism Research Council (AARC) – The National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders
- Therapeutic Guidelines – Assessing Developmental Delay and Disability

Consumer resources

- Parental SA – Developmental Delay
- Living Well with Global Developmental Delay

Key words

behaviour, sensory, intellectual, disability, behaviour, problems, autism spectrum disorder, ASD, autism, autistic, foetal alcohol spectrum disorder, FASD, attention deficit hyperactive disorder, ADHD, global developmental delay, stuttering, mental health, auditory processing disorder, oppositional defiance disorder, NDIS, development, learning difficulty, CAMHS, dyslexia, auditory processing disorder, conduct disorder, cognitive, assessment

Developmental Delay/Intellectual Impairment in a Child Greater than 6 Years of Age

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.

- frequent falls
- frequent/uncontrolled seizures
- sudden onset weakness (hypotonia) with absent reflexes
- sudden onset decreased neurological function
- suspected raised intracranial pressure
- thunderclap headache

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

- attention deficit hyperactivity disorder
- autism spectrum disorder ongoing management (confirmed diagnosis)
- complex behaviour with associated medical diagnosis
- fine motor problems (handwriting, cutting, manipulation and dexterity)
- gross motor problems (locomotor, ball skills, coordination, climbing, motor planning)
- sensory processing issues (sensitivities or sensory seeking behaviours)
- speech and language problems
- suspected intellectual impairment

Exclusions

- **assessment** for suspected autism spectrum disorder (ASD)/Foetal Alcohol spectrum disorder (FASD) – refer to 'Child Requiring Diagnostic Assessment for Developmental Concerns - Developmental Assessment Services' CPC
- auditory processing disorder
- oppositional defiance disorder – refer to child and adolescent mental health services (CAMHS)
- primary mental health presentations e.g. aggressive behaviour with high risk of significant injury to vulnerable family members/children who may be at risk of self-harm – refer to child and adolescent mental health services (CAMHS)

- specific learning difficulties e.g. dyslexia/reading
- stuttering **without** associated speech and language disorder

Triage categories
Category 1 (appointment clinically indicated within 30 days)

- child with any of the following:
    - developmental regression (loss of previously acquired developmental skills)
    - faltering growth
    - seizures or neurological signs (such as abnormal tone or power)
    - suspected metabolic disorders

Category 2 (appointment clinically indicated within 90 days)

- child with any of the following:
    - at risk of physical harm or hurting others
    - change in behaviour with a suspected medical or underlying developmental co-morbidity
    - investigated by child protective services
    - moderate-severe developmental concerns
    - premature birth (< 32 weeks gestation)
    - severe behavioural concerns – unable to attend child care/school
    - severe behavioural concerns engaged in community mental health/support programmes
    - suspected autism spectrum disorder
    - under the custody or guardianship of the Chief Executive

Category 3 (appointment clinically indicated within 365 days)

- child with any of the following:
    - oppositional defiance disorder
    - autism spectrum disorder
    - hyperactive disorder
    - mild-moderate behavioural concerns engaged in community mental health/support programmes

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history, including family members affected with autism spectrum disorder (ASD), attention deficit disorder (ADD), learning difficulties or mental illness
- medications and allergies
- concerning features including,
    - developmental regression
    - significant physical illness
    - concurrent problems with weight or weight gain
    - seizure or neurological features (such as abnormal tone or power)
    - suspected metabolic disorders
    - functional impairment e.g. feeding, toileting or sleep issues
    - behaviours of concern including:

        - child with significant school refusal due to anxiety
        - exclusions, suspensions and expulsions
        - high-risk behaviours
        - potential for aggression
- psychosocial factors e.g. parental relationship issues, mental illness, substance abuse, parental disability, family in crisis, or child protection involvement
- previous management trialled and outcomes
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends)
- physical examination (findings)
- developmental history: fine motor, gross motor, speech and social skills
- current functional skills (feeding, toileting or sleep issues)
- neurological examination (findings)
- visual acuity examination (within last 6 months)
- audiometry examination (findings)

Additional information to assist triage categorisation

- investigations (if appropriate)
    - genetic test screening
    - speech assessment
    - occupational assessment
    - physiotherapy assessment
    - psychology assessment
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

- we strongly suggest referrals are made to relevant allied health services (speech pathology, occupational therapy and physiotherapy), while awaiting paediatrician review
- isolated speech/language delay, including simple consonant substitution or stuttering without red flags, will not be seen. We suggest referral to audiology and speech pathology (if families have the financial resources to access these services). Consider application for the National Disability Insurance Scheme (NDIS) if developmental delays are significant
- request learning assessment via school or private providers
- consider application for Carer's allowance from Centrelink
- consider referral to a private paediatrician
- please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

Clinical resources

- Parenting SA – Milestones: Children 0 to 4 years – Parent Easy Guide
- Royal Australian College of General Practitioners – Problem Behaviour in Children (An Approach for General Practice)

Consumer resources

- Parental SA – Developmental Delay
- Living Well with Global Developmental Delay

Key words

behaviour, sensory, intellectual, disability, behaviour, problems, autism spectrum disorder, ASD, autism, autistic, foetal alcohol spectrum disorder, FASD, attention deficit hyperactive disorder, ADHD, global developmental delay, stuttering, mental health, auditory processing disorder, oppositional defiance disorder, NDIS, development, learning difficulty, CAMHS, dyslexia, auditory processing disorder, conduct disorder, cognitive, assessment

Epilepsy and First Seizure

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.

- developmental/cognitive/psychiatric regression accompanying new onset, or ongoing epileptic seizures
- epileptic seizure in babies < 12 months of age
- new onset seizure with concerning features including:
    - cognitive impairment
    - focal weakness
    - requiring emergency support
    - speech impairment
- ongoing convulsive/non-convulsive seizure activity
- recurrent seizures (> 5) commencement of anti-epileptic drugs
    - excluding typical absence seizures
- sudden onset decreased neurological function
- suspected raised intracranial pressure
- specific seizure types with risk of epileptic encephalopathy e.g. infant with possible epileptic spasms

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- electroencephalogram (EEG) requests – refer to neurophysiology for assessment
- complex and/or intractable seizure disorders – refer to Neurology
- simple febrile seizures

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- suspected/confirmed epilepsy with any of the following:
    - abnormal neurological examination with features of ataxia or dysarthria
    - focal epilepsy greater than once per month before commencement of anti-epileptic medication
    - high-risk glucose transporter disorder
    - in a child < 2 years of age

- increasing head circumference (crossing centiles)
- menstrual cycle related tonic/clonic seizures with frequency greater than once a month (therapeutic on sodium valproate)
- milestone regression
- refractive epilepsy
- suspected epilepsy syndrome
- uncontrolled seizures/events greater than once per month

Category 2 (appointment clinically indicated within 90 days)

- suspected/confirmed epilepsy with any of the following:
  - focal epilepsy less than once per month before commencement of anti-epileptic medication
  - for which specific treatment/referral path may be indicated
  - in a child > 2 years of age
  - menstrual cycle related tonic/clonic seizures with frequency less than once a month (therapeutic on sodium valproate)
  - normal neurological examination
  - uncontrolled seizures/events less than once per month

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- medications and allergies
- smoking/alcohol and other drug status
- presenting symptoms/features including:
  - loss of consciousness/awareness
  - cyanosis
  - injuries
  - frequency of use of emergency services
  - medication/s
- duration and onset of symptoms
- frequency of events/episodes/witnessed/unwitnessed
  - impact of events e.g. days of school missed
  - post ictal response/duration
- previous management trialled and outcomes including current and past medications used to control epilepsy
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- neurological examination (findings)
- pathology
  - antiepileptic drug level/s

Additional information to assist triage categorisation

- electrocardiogram (ECG)
- electroencephalogram (EEG)
- allied health assessments and reports
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Please note that two separate referrals are required – EEG (see link to forms below) and for specialist assessment (paediatric medicine vs. paediatric neurology pending circumstances).

- Women's and Children's Health Network
- Southern Adelaide Local Health Network
- Northern Adelaide Local Health Network - phone 8182 9966

Clinical resources

- Epilepsy Australia – First Aid
- Epilepsy Action Australia – Online Tools and Resources
- International League Against Epilepsy – Definitions and Classifications
- National Center for Biotechnology Information – Monitoring Antiepileptic Drugs: A Level-Headed Approach
- Royal Children's Hospital Melbourne – About Epilepsy
- Royal Children's Hospital Melbourne – Ketogenic Diet
- SA Health Paediatric Clinical Practice Guidelines – Seizures in Children
- Therapeutic Guidelines – Epilepsy

Consumer resources

- Epilepsy Action Australia – About Epilepsy
- Epilepsy Foundation – Landing Page
- Royal Children's Hospital Melbourne – About Epilepsy

Key words

epilepsy, seizure, fit

Faltering Growth/Failure to Thrive

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 malnutrition
- temperature instability
- postural heart rate changes

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- child has crossed two percentile curves
- infants > 12 months old with faltering growth
- children > 6 years of age and any concerning features:
    - flat or lethargic
    - vomiting
    - chronic diarrhoea
    - sudden or significant weight loss
    - hypoglycaemia/hyperglycaemia
    - suspected eating disorder
    - suspected mental illness in parents
    - parental concern

Category 2 (appointment clinically indicated within 90 days)

- children > 6 years of age without concerning features

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/birth/developmental/immunisation history
- psychosocial history including family support, siblings, stressors
- medications and allergies
- presenting symptoms including:
    - dates and frequency of symptoms
    - sensory and texture issues with food (if any)
    - food avoidance/restricted eating patterns (if any)
    - associated symptoms e.g., dysphagia, eczema, asthma, prolonged illness/infection
    - previous management trialled/response
    - presence of concerning features
- dietitian summary/report
- 3-day food chart
- weight/height trends
- body mass index (BMI) if child is ≥ 16 years
- growth chart trends
- blood pressure (trends)
- abdominal examination (findings)
- pathology:
    - complete blood examination (CBE)
    - urea, electrolytes, creatinine (UEC)
    - liver function tests (LFTs)
    - random glucose level (BSL)
    - iron (Fe) studies
    - thyroid function tests (TFTs)
    - folate level
    - vitamin B12 level
    - c-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - coeliac serology
    - urinalysis
    - faecal calprotectin
    - faecal multiplex polymerase chain reaction (PCR)
    - stool microculture and sensitivities (M/C/S)

Additional information to assist triage categorisation

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

Clinical management advice and resources

Clinical management advice

Slow weight gain refers to a child or infant whose present weight or rate of weight increase falls noticeably below what is typically anticipated based on their age and gender, or if their weight has declined by two or more major percentile lines.

Slow weight gain can be indicative of insufficient growth for the child's overall health and development and should prompt a thorough medical and psychosocial evaluation. In cases of slow weight gain, the child's length and head circumference often remain relatively stable initially, but if inadequate nutrition persists severely or for an extended period, these measurements may also be affected. It's important to note that slow weight gain doesn't always have an underlying pathological cause.

Referrals to allied health clinicians, such as speech pathologists (for swallowing assessment) and dietitian's (for consideration of additional caloric supplementation) are advised. Exclusion diets should only be initiated under the guidance and supervision of a qualified dietitian or paediatric specialist. It's not recommended to remove gluten from the diet without proper professional oversight, as early cessation may cause a false negative reading in diagnosis confirmation.

Provide guidance on breastfeeding techniques and milk supply for breastfed babies and refer to a lactation consultant where possible.

Consumer resources

- Australian Breastfeeding Association
- Gidget Foundation Australia
- Perinatal Anxiety and Depression Australia (PANDA)

Key words

Faltering growth, failure to thrive, malnutrition, weight loss, underweight, growth

Headaches/Migraines

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
- papilloedema
- sudden onset (days) poor feeding/irritability
- sudden onset decreased neurological function
- suspected head injury post trauma
- suspected meningitis
- suspected raised intracranial pressure
- thunderclap headache
- concerning features of raised intracranial pressure may include:
    - headache worse in the morning
    - headache exacerbated by coughing, sneezing, straining, or bending forwards
    - papilledema
    - pulsatile tinnitus
    - visual symptoms – including transient reduction in vision with straining
- in the case of suspected raised intracranial pressure but without any of the above features
    - arrange urgent ophthalmological examination to look for papilloedema
    - arrange urgent cerebral imaging to exclude space occupying lesion or cerebral venous sinus thrombosis
- if features of raised intracranial pressure and abnormal cerebral imaging, refer to nearest emergency department

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- acute head trauma – consider referral to paediatric neurosurgery if the child does not meet threshold for emergency department presentation
- post concussive syndrome – refer to Child and Adolescent Brain Injury Rehabilitation Service (CABIRS)

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- disabling migraine headaches despite trials of at least two first line migraine preventive medications
    - a third prophylactic agent and headache diary should be commenced while awaiting review
- intracranial hypertension with any of the following features:
    - paediatric medicine require further investigation or specialist input
    - suspected overuse of medication
    - unresponsive to medication management without visual impairment

Category 2 (appointment clinically indicated within 90 days)

- headache/migraine controlled with medications requiring specialist diagnosis or management

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- complete past medical/surgical/developmental/immunisation history
- current medication list including medications and treatments used to date
- family history of neurological disorders
- use of alcohol, tobacco, and other drugs
- presenting symptoms including
    - onset, frequency and duration of headaches
    - pain description (location, quality)
    - functional impairment
    - associated features e.g. vomiting, early morning/wakes the child from sleep, triggered or aggravated by coughing, sneezing or positional changes e.g. bending forwards, sudden onset and severe, neurological symptoms
    - previous treatments trialled (including maximum dose reached and duration of therapy) for headaches/migraines
- headache diary
- history of significant head injury
- sleep quality and duration, including apnoea or snoring
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends)
- neurological examination (findings) including recent ophthalmology/optometry assessment

Additional information to assist triage categorisation

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

Clinical management advice and resources

Clinical management advice

The most common primary headaches in children include migraines and tension-type headaches. Viral

illnesses often cause secondary headaches. In some cases, headaches may also be a symptom of underlying psychosocial issues.

Visual issues such as eye strain and myopia, along with muscle tension associated with anxiety, teeth grinding, or fatigue, contribute to headaches. Treatment options include simple pain relief, physiotherapy, relaxation techniques, and migraine prevention for those over 16 years of age. It is crucial to assess whether there are underlying mental health concerns such as anxiety, school avoidance, or social stressors that may be contributing to the headaches.

Clinical resources

- Royal Children's Hospital Melbourne – Headache
- Therapeutic Guidelines – Headache and Facial Pain Classification and Diagnosis

Consumer resources

- Royal Children's Hospital Melbourne – Migraine Headache Fact Sheet
- Royal Children's Hospital Melbourne – Headache Diary

Key words

Headache, migraine, brain, neurology, concussion

Iron Deficiency

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 symptomatic anaemia with:
  - acute overt gastrointestinal (GI) bleeding
  - chest pain
  - dyspnoea
  - haemodynamic instability e.g., shock, hypotension, syncopal episodes

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

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Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

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Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- child aged > 2 years without oral iron supplementation for a minimum of 12 weeks (or where oral iron supplementation not tolerated) without suspicion of underlying illness or other cause for concern

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- refractory iron deficiency with any concerning features including:
  - unintentional weight loss > 5% (within last 6 months)
  - family history of gastrointestinal malignancy including colorectal cancer
  - asymptomatic haemoglobin 80-90g/L
  - unknown cause

Category 2 (appointment clinically indicated within 90 days)

- recurrent iron deficiency with confirmation of diagnosis e.g., autoimmune/inflammatory disorders, kidney failure or vascular malformation

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/birth/developmental/immunisation/psychosocial/menstrual history
- family history including gastrointestinal/colorectal cancer, coeliac disease, inflammatory bowel disease (IBD)
- medications and allergies
- presenting symptoms including:
    - dates and frequency of symptoms
    - sensory and texture issues with food (if any)
    - food avoidance/restricted eating patterns (if any)
    - associated symptoms e.g., dysphagia, eczema, asthma, prolonged illness/infection
    - previous management trialled/response
    - presence of concerning features
- dietitian summary/report
- 3-day food chart
- weight/height trends
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends)
- abdominal examination (findings)
- pathology:
    - complete blood examination (CBE)
    - reticulocyte count (suspected iron deficient anaemia)
    - urea, electrolytes, creatinine (UEC)
    - liver function tests (LFTs)
    - random glucose level (BSL)
    - iron (Fe) studies
    - coeliac serology
    - thyroid function tests (TFTs)
    - folate level
    - vitamin b12 level
    - c-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - urinalysis
    - faecal calprotectin
    - faecal multiplex polymerase chain reaction (PCR)
    - stool microculture and sensitivities (M/C/S)

Additional information to assist triage categorisation

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

Clinical management advice and resources

Clinical management advice

Iron deficiency is primarily a nutritional disorder although it is also caused by physiologically increased requirements in children > 5 years and in adolescents. Less common causes may be from iron absorption or chronic blood loss. If left untreated, iron deficiency anaemia can lead to delays in development and learning difficulties.

Symptoms in children may present as paleness, fatigue, weakness, or a lack of energy, subpar growth, breathlessness, or the presence of a heart murmur. Older children may display behaviours of

hyperactivity, disrupted sleep patterns, and difficulty concentrating.

Risk factors that contribute to iron deficiency include:

- Aboriginal and/or Torres Strait Islander or refugee background/s
- delayed introduction of solids
- heavy menstrual bleeding
- high consumption of cows' milk
- low birth weight
- low maternal iron during pregnancy
- poor diet
- premature birth
- recurrent illness/infections

Consider iron infusion with General Practitioner in appropriately selected adolescents (e.g. patient is otherwise healthy, symptomatic, good idea of deficiency aetiology, failed trial of oral supplementation).

Clinical resources

- Perth Children's Hospital - Iron Deficiency and Iron Deficiency Anaemia
- Royal Children's Hospital Melbourne – Iron Deficiency
- Women's and Children's Health Network – Guidelines for Paediatric Intravenous Medication Administration: Iron (ferric carboxymaltose)

Consumer resources

- Better Health Victoria – Iron and Iron Deficiency
- Nutrition Australia – Fact Sheets (Iron)SA Health Consumer Information – Iron Deficiency and Iron Therapy

Key words

iron, deficiency, infusion, anaemia, low, haemoglobin

Neonatal/Infant Presentation

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
- raised intracranial pressure
- injury e.g., clavicle fracture, non-accidental injury
- incarcerated inguinal hernia
- urinary tract infection
- hair tourniquet
- corneal foreign body/abrasion
- respiratory distress/stridor
- severe diarrhoea/vomiting with symptoms of dehydration
- suspected intussusception

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- full term delivery (37-40 weeks gestation) with concerns of:
  - blood or mucous in stools (exclude cow's milk allergy)
  - faltering growth
  - maternal mental health concerns
  - milestone development
  - severe diarrhoea/perineal excoriation without symptoms of dehydration
  - severe eczema
  - severe vomiting without symptoms of dehydration
  - irritability with sleep/settling unresponsive to first-line management strategies
- premature delivery (earlier than 35 weeks gestation)

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 (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/birth/developmental/immunisation history
- psychosocial history including family support, siblings, stressors
- medications and allergies
- presenting symptoms including:
    - dates and frequency of symptoms
    - duration and severity of episodes
    - treatment trialled and response
    - current management regime including medications
- presence of concerning features
- postnatal depression screening assessment
- abdominal examination (findings)
- height/weight
- growth chart trends
- allied health reports/summaries
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Managing infants with suspected gastroesophageal reflux disease (GORD) can present a challenge in clinical practice and requires a collaborative, multidisciplinary approach. When assessing a fussy baby/infant with suspected gastroesophageal reflux key areas to address may include:

- assess parent/s to ensure they are coping and provide access to support services (including postnatal depression screening).
- consider the inclusion of thickeners for formula fed babies to assist in reducing symptoms
- infants with ‘normal growth’ require limited intervention if they are growing in alignment with expected parameters, and meeting milestones. Providing support and reassurance to parents that reflux is a common occurrence in babies can often alleviate concerns.
- referring parent/s to lactation consultants, child and youth health nurses, and/or facilities such as Torrens House can offer additional guidance and support, to support parents managing infants with feeding difficulties.

Clinical resources

- Royal Children’s Hospital Melbourne – Crying Baby/Infant Distress
- Royal Children’s Hospital Melbourne – Feeding Difficulties
- Royal Children’s Hospital Melbourne – Slow Weight Gain
- Therapeutic Guidelines - Postpartum Lactation Promotion

Consumer resources

- Beyond Blue – Edinburgh Postnatal Depression Scale (EPDS)
- Child and Family Health Service (CaFHS) – Services Overview
- CaFHS Aboriginal and Torres Strait Islander Families – Parent Easy Guides

- CaFHS Multicultural Families – Breastfeeding in Different Languages
- National Domestic Family and Sexual Violence Service – Home Page
- Perinatal Anxiety and Depression Australia (PANDA)

Key words

neonate, neonatal, infant, baby, newborn, premature, preterm

Neurodevelopmental Presentation in a Child Less Than 6 Years of Age

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.

- aggressive behaviour with immediate threatening risk to vulnerable family members
- suicidal or immediate danger of self-harm

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

ongoing management of a child with complex presentation:

- autism spectrum disorder (ASD)
- fetal alcohol spectrum disorder (FASD)
- attention deficit hyperactive disorder (ADHD)
- global developmental delay

Exclusions

- **assessment** for suspected autism spectrum disorder (ASD)/fetal Alcohol spectrum disorder (FASD) – refer to 'Child Requiring Diagnostic Assessment for Developmental Concerns - Developmental Assessment Services' CPC
- auditory processing disorder – please refer to audiology +/- occupational therapy
- oppositional defiance disorder – refer to child and adolescent mental health services (CAMHS)
- primary mental health presentations e.g. aggressive behaviour with high risk of significant injury to vulnerable family members/children who may be at risk of self-harm – refer to child and adolescent mental health services (CAMHS)
- specific learning difficulties e.g. dyslexia/reading
- stuttering **without** associated speech and language disorder
- severe behavioural concerns without possible medical concerns, unable to attend childcare/school – refer to child and adolescent mental health services (CAMHS)

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- child aged < 6 years with any of the following

    - new onset or unstable physiological concerns such as
        - abnormal neurological features
        - seizures
        - developmental regression

Category 2 (appointment clinically indicated within 90 days)

- child aged < 6 years with any of the following:
    - physiological concerns
        - premature birth (< 32 weeks gestation)
        - significant unmanaged co-morbidities which could affect behaviour
    - psychosocial concerns
        - acute behaviour changes in known developmental disorder
        - investigated by child protective services/under the custody or guardianship of the Chief Executive

Category 3 (appointment clinically indicated within 365 days)

- ongoing management of a child with complex presentation:
    - autism spectrum disorder (ASD)
    - fetal alcohol spectrum disorder (FASD)
    - global developmental delay

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history, including family members affected with autism spectrum disorder (ASD), attention deficit hyperactive disorder (ADHD), learning difficulties or mental illness
- medications and allergies
- concerning features including,
    - developmental regression
    - significant physical illness
    - unintentional weight loss
    - seizure or neurological features
    - functional impairment e.g. feeding, toileting or sleep issues
    - behaviours of concern including:
        - features of ASD
        - features of ADHD
        - potential for aggression
- psychosocial factors e.g. parental relationship issues, mental illness, substance abuse, parental disability, family in crisis, or child protection involvement
- previous management trialled and outcomes
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- physical examination (findings)
- neurological examination (findings)

- visual acuity examination (within last 6 months) – can be performed by GP or local optometrist where available
- audiometry examination (findings)

Additional information to assist triage categorisation

- investigations (if appropriate)
  - genetic test screening
  - speech assessment
  - occupational assessment
  - physiotherapy assessment
  - psychology assessment
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Behavioural disorders in children encompass a range of conditions characterised by persistent patterns of disruptive or problematic behaviours. Recognising and understanding symptoms is crucial for commencement of early intervention approaches with parents, educators, and mental health professionals to improve outcomes for children and their families.

The NDIS early childhood approach can facilitate and expedite community allied health involvement in children with suspected developmental disorders that are likely to require longer term input. Patients can self-refer or be referred by clinicians.

Clinical resources

- Emerging Minds
- Parenting SA – Milestones: Children 0 to 4 years – Parent Easy Guide
- Royal Australian College of General Practitioners – Problem Behaviour in Children (An Approach for General Practice)
- The Australasian Autism Research Council (AARC) – The National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders
- Therapeutic Guidelines – Assessing Developmental Delay and Disability

Consumer resources

- ADHD Foundation Australia - ADHD And The Facts
- Emerging Minds
- FASD HUB Australia – For Parents and Carers
- Global Developmental Delay – Understanding Global Developmental Delay
- Language Disorder Australia - Developmental Language Disorder
- Parental SA – Children With a Disability: Parent Easy Guide
- Parental SA – Developmental Delay
- Raising Children Network - Conduct Disorder in Children and Teenagers
- Raising Children Network – Pre-schoolers: Development

Key words

Behaviour, sensory, intellectual, disability, behaviour, problems, autism spectrum disorder, ASD, autism, autistic, fetal alcohol spectrum disorder, FASD, attention deficit hyperactive disorder, ADHD, global developmental delay, stuttering, mental health, auditory processing disorder, oppositional defiance disorder, NDIS, development, learning difficulty, CAMHS, dyslexia, auditory processing disorder, conduct disorder, cognitive, assessment

Neurodevelopmental Presentation in a Child More Than 6 Years of Age

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.

- aggressive behaviour with immediate threatening risk to vulnerable family members
- suicidal or immediate danger of self-harm

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) to discuss your concerns prior to referral.

If the young person is aged between 16 to 18 years, please contact the NEAMI 'Urgent Mental Health Service' based at 215 Grenfell Street, Adelaide, 24 hours a day, 7 days a week on 08 8448 9100.

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.

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Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

- children with suspected or diagnosed complex presentations who require ongoing medical management such as
  - autism spectrum disorder (ASD)
  - fetal alcohol spectrum disorder (FASD)
  - attention deficit hyperactive disorder (ADHD)
  - intellectual impairment
  - global developmental delay

Exclusions

- **assessment** for suspected complex neurodevelopmental disorders such as autism spectrum disorder (ASD)/Foetal Alcohol spectrum disorder (FASD) – refer to 'Child Requiring Diagnostic Assessment for Developmental Concerns - Developmental Assessment Services' CPC
- auditory processing disorder
- oppositional defiance disorder – refer to child and adolescent mental health services (CAMHS)
- primary mental health presentations e.g. aggressive behaviour with high risk of significant injury to vulnerable family members/children who may be at risk of self-harm – refer to child and adolescent mental health services (CAMHS)
- specific learning difficulties e.g. dyslexia/reading
- stuttering **without** associated speech and language disorder

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- child aged > 6 years with any of the following
  - new onset or unstable physiological concerns such as
    - abnormal neurological features
    - seizures
    - developmental regression

Category 2 (appointment clinically indicated within 90 days)

- child aged > 6 years with any of the following:
  - physiological concerns
    - premature birth (< 32 weeks gestation)
    - significant unmanaged co-morbidities which could affect behaviour
  - psychosocial concerns
    - acute behaviour changes in known developmental disorder
    - investigated by child protective services/under the custody or guardianship of the Chief Executive

Category 3 (appointment clinically indicated within 365 days)

- ongoing management of a child with complex presentation:
  - autism spectrum disorder (ASD)
  - fetal alcohol spectrum disorder (FASD)
  - global developmental delay

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history, including family members affected with autism spectrum disorder (ASD), attention deficit disorder (ADD), learning difficulties or mental illness
- medications and allergies
- concerning features including
  - developmental regression
  - significant physical illness
  - unintentional weight loss
  - seizure or neurological features
  - functional impairment e.g. feeding, toileting or sleep issues
  - behaviours of concern including:
    - features of ASD
    - features of ADHD
    - features of oppositional defiant disorder
    - potential for aggression
- psychosocial factors e.g. parental relationship issues, mental illness, substance abuse, parental disability, family in crisis, or child protection involvement
- previous management trialled and outcomes
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends

- blood pressure (trends)
- physical examination (findings)
- neurological examination (findings)
- visual acuity examination (within last 6 months)
- audiometry examination (findings)

Additional information to assist triage categorisation

- Investigations (if appropriate):
  - genetic test screening
  - speech assessment
  - occupational assessment
  - physiotherapy assessment
  - psychology assessment
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Behavioural disorders in children encompass a range of conditions characterised by persistent patterns of disruptive or problematic behaviours. Recognising and understanding symptoms is crucial for commencement of early intervention approaches with parents, educators, and mental health professionals to improve outcomes for children and their families.

Clinical resources

- Emerging Minds
- Parenting SA – Milestones: Children 0 to 4 years – Parent Easy Guide
- Royal Australian College of General Practitioners – Problem Behaviour in Children (An Approach for General Practice)
- The Australasian Autism Research Council (AARC) – The National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders
- Therapeutic Guidelines – Assessing Developmental Delay and Disability

Consumer resources

- ADHD Foundation Australia - ADHD And The Facts
- Cerebral Palsy Alliance - What is Cerebral Palsy?
- Emerging Minds
- FASD HUB Australia – For Parents and Carers
- Global Developmental Delay – Understanding Global Developmental Delay
- Inclusion Australia – Intellectual Disability
- Language Disorder Australia - Developmental Language Disorder
- Parental SA – Children With a Disability: Parent Easy Guide
- Raising Children Network - Conduct Disorder in Children and Teenagers
- Raising Children Network - School Age: Tracking Development & Development Concerns (aged 5-8 years)

Key words

Behaviour, sensory, intellectual, disability, behaviour, problems, autism spectrum disorder, ASD, autism, autistic, foetal alcohol spectrum disorder, FASD, attention deficit hyperactive disorder, ADHD, global developmental delay, stuttering, mental health, auditory processing disorder, oppositional defiance disorder, NDIS, development, learning difficulty, CAMHS, dyslexia, auditory processing disorder, conduct disorder, cognitive, assessment

Overweight

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 hyperglycaemia
- suspected hypoglycaemia
- ketones present on urinalysis

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- homozygous familial hypercholesterolemia
- hypertension greater than 95th percentile for age/gender
- suspected obstructive sleep apnoea
- metabolic syndrome
- associated type 2 diabetes mellitus
- abnormal lipid results (please contact the paediatric medicine on-call registrar to discuss your concerns prior to referral/commencement of medication)

Category 2 (appointment clinically indicated within 90 days)

- children < 6 years of age with a body mass index (BMI) > 95th percentile for age/gender
- concerns about height and growth velocity
- other symptomatic obesity including:
    - obstructive sleep apnoea
    - hip or knee pain
    - high levels of psychological distress about weight
    - signs of insulin resistance
- suspected underlying medical or endocrine cause

Category 3 (appointment clinically indicated within 365 days)

- children > 6 years of age with a body mass index (BMI) > 95th percentile for age/gender

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/immunisation history
- developmental history - particularly concerns of developmental delay, features of autism spectrum disorder, intellectual problems, or learning difficulties
- medications and allergies
- presenting symptoms including:
    - avoidant/restricted food intake or disordered eating patterns
    - previous strategies trialled and outcomes
    - behavioural concerns/stressors
    - obesity related co-morbidities including obstructive sleep apnoea (OSA), non-alcoholic fatty liver disease (NAFLD)
- presence of concerning features including:
    - polyuria
    - polydipsia
    - nocturia
    - acanthosis nigricans
    - hepatomegaly
- dietitian summary/report
- 3-day food chart
- weight/height trends
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends)
- abdominal examination (findings)
- pathology:
    - complete blood examination (CBE)
    - urea, electrolytes, creatinine (UEC)
    - liver function tests (LFTs)
    - c-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - iron (Fe) studies
    - coeliac serology
    - urinalysis
- if suspected OSA
    - sleep study
- if suspected type 2 diabetes mellitus
    - glycated haemoglobin test (HbA1c)
    - random blood glucose level
- allied health and other medical specialist involvement (if previous medical consultation completed) reports/summaries

Additional information to assist triage categorisation

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

Clinical management advice and resources

Clinical management advice

Timely identification, using a multidisciplinary team approach optimises the management of childhood obesity by providing a comprehensive, personalised, and well-coordinated strategy. By collaborating with multiple specialties at the same time, we are able to address the complexities of the condition, leading to more successful and sustainable outcomes.

Clinical resources

- Australian New Zealand Society for Paediatric Endocrine and Diabetes (ANZSPED) – Weight Disorders and Obesity
- National Health and Medical Research Council - Australian Dietary Guidelines
- National Health and Medical Research Council - Summary Guide for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia
- Royal Children's Hospital Melbourne – Growth chartss
- Royal Children's Hospital Melbourne - Hypertension in Children and Adolescents

Consumer resources

- Child and Youth Health Services (CaFHS)
- Parenting SA - Young People, Body Image and Food - Parent Easy Guide
- SA Health - Healthy Eating for Kids and Teens

Key words

avoidant, restrictive food intake disorder, AFRID, binge, eating, disorder, specified, unspecified

Plagiocephaly: Unusual Head Shape

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.

- ataxia/dysarthria
- bulging fontanelle
- headaches
- nausea/vomiting
- sudden onset (days) poor feeding/irritability
- sudden onset decreased neurological function
- suspected raised intracranial pressure

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Exclusions

- plagiocephaly without concerning features in a child aged less than 5 years
- suspected craniosynostosis – refer to Cleft and Craniofacial SA

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- neurodevelopmental regression
- dysmorphic syndrome features
- faltering growth
- head growth crossing centiles

Category 2 (appointment clinically indicated within 90 days)

- presence of torticollis
- developmental delay

Category 3 (appointment clinically indicated within 365 days)

- plagiocephaly without concerning features in a child aged > 5 years

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- current medications and dosages
- allergies and sensitivities
- presenting symptoms including description of abnormal head shape and severity
- previous management/treatment trialled including:
    - repositioning regime
    - previous exercises trialled and outcome
- growth chart trends including head circumference
- blood pressure (trends)
- neurological examination (findings) specifically including presence of:
    - neurodevelopmental regression
- skull examination (findings) e.g. palpate fontanelles and sutures
- allied health involvement and relevant reports
- use of helmet orthosis

Additional information to assist triage categorisation

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

Clinical management advice and resources

Clinical management advice
Please note that plagiocephaly referrals can be managed by the following specialist services:

- plastics and reconstructive surgery
- paediatric medicine

Skull x-ray's are not recommended as part of the referral criteria for plagiocephaly.

Clinical resources

- Royal Children's Hospital Melbourne – Deformational Plagiocephaly
- NSW Health – Management of Positional Plagiocephaly by Allied Health Professionals
- Royal Australian College of General Practitioners - Assessment of Paediatric Head Shape and Management of Craniosynostosis

Key words

plagiocephaly, head, skull, brain, fontanelle

Sleep Disorders

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.

- nil

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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

The following disorders are common and can generally be managed by reassurance from primary care providers, but can be referred to paediatric medicine if complex.

- rapid eye movement (REM) parasomnias e.g. nightmares, REM sleep behaviour disorder
- non-REM parasomnias e.g. sleep terrors, confusional arousals, and sleepwalking
- parasomnias occurring in either and/or both non-REM or REM sleep e.g. sleep-related eating disorder, sleep-related enuresis, parasomnia disorders

Exclusions (refer to Respiratory & Sleep Medicine)

- infant with observed prolonged apnoeas
- recurrent snoring with associated symptoms such as apnoeas, restless sleep, mouth breathing, daytime tiredness or headaches, poor concentration requiring objective evaluation to confirm the evidence of obstructive sleep apnoea
- recurrent snoring in children with risk factors for obstructive sleep apnoea (e.g. obesity, hypotonia, facial dysmorphology, specific syndromes like Trisomy 21)

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- nil

Category 3 (appointment clinically indicated within 365 days)

- rapid eye movement (REM) parasomnias e.g. nightmares, REM sleep behaviour disorder
- non-REM parasomnias e.g. sleep terrors, confusional arousals, and sleepwalking
- parasomnias occurring in either and/or both non-REM or REM sleep e.g. sleep-related eating disorder, sleep-related enuresis, parasomnia disorders

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- history:
    - past medical/surgical history
    - onset, duration, and progression of symptoms, including:
        - parental observations and description of sleep patterns
            - snoring
            - restlessness
            - snorting arousals or apnoeic episodes
            - disturbed sleep, night terrors
            - enuresis, bruxism
        - daytime symptoms
            - hypersomnolence
            - irritability
            - hyperactivity
            - poor school performance
    - management history including treatments trialled/implemented prior to referral
    - current medication list including non-prescription medication, herbs and supplements
- examination:
    - body mass index (BMI) if child is aged ≥ 16 years
    - large tonsils
    - nasal obstruction
    - craniofacial abnormality
    - consider six-week trial of nasal steroids

Additional information to assist triage categorisation

- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- tonsillar hypertrophy grading scale

Clinical management advice and resources

Clinical management advice

Childhood behavioural sleep problems manifest across age groups as various forms of difficulty initiating and/or maintaining sleep. These difficulties are often amenable to home-based behavioural interventions, which can be taught to parents and, de-pending on their developmental stage, the child or adolescent. Sustaining the intervention for sufficient sleep duration can be challenging for families.

Allied health practitioners play a central role in tailoring the explanation of management strategies to families and children or adolescents. Sleep diaries and education materials from evidence-based websites can assist the practitioner and family in achieving successful diagnosis and treatment.

Clinical resources

- BMJ Best Practice – Parasomnias in children
- Royal Australian College Of General Practitioners (RACGP) - Sleep Problems in Children
- Therapeutic Guidelines - Sleep Problems in Children and Adolescents
- Therapeutic Guidelines - Parasomnias

Consumer resources

- Raising Children Network - Persistent Sleep Problems in Children and Teenagers (aged 3-18 years)

Key words

night, terrors, difficulty, sleeping, sleep, disorder, insomnia, restless, leg, nightmares, sleepwalking, nocturnal enuresis, narcolepsy, delayed, phase, problem, persistent, anxiety, depression, teenage, teen, childhood, child

Syncope/Pre-Syncope

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.

- loss of consciousness in association with palpitations
- sudden loss of consciousness during exercise
- possible infantile spasms in a baby < 12 months
    - which may include frequent brief episodes of head bobbing (with or without arm extension)

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000

Women's and Children's Hospital Network

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

Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

- Mount Gambier District Hospital (08) 8721 1200

Flinders and Upper North Local Health Network

- Whyalla Hospital (08) 8648 8300

Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

- recurrent vasovagal syncope of unknown aetiology
- refractory postural hypotension
- breath-holding spells
- functional neurological disorder
- seizure/epilepsy
- headache/migraines
- anaemia
- medication toxicity e.g. clonidine

Exclusions

- narcolepsy – refer to respiratory and sleep medicine
- refer to cardiology for the following suspected origin:
    - brady/tachyarrhythmia
    - long QT syndrome
    - Brugada syndrome
    - Wolff-Parkinson-White syndrome
    - postural orthostatic tachycardia syndrome
    - structural abnormalities e.g. aortic stenosis, hypertrophic cardiomyopathy

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- syncopal/pre-syncopal episodes with any concerning features including:
    - chest pain or palpitations
    - cyanosis or pallor
    - falls
    - funny turns symptomatic of atypical seizures
    - injury
    - unexplained loss of consciousness

Category 2 (appointment clinically indicated within 90 days)

- child with any of the following:
    - probable breath-holding spells
    - episodic vaso-vagal
    - sleep disturbance related
    - self-stimulatory/behavioural

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- family history of genetic cardiac arrhythmia/s, or sudden unexplained death in children or young adult/s
- medications and allergies
- smoking/alcohol and other drug status
- presenting symptoms/features including:
    - chest pain or palpitations
    - cyanosis or pallor
    - falls
    - funny turns symptomatic of atypical seizures
    - injury
    - unexplained loss of consciousness
    - duration and onset of symptoms
    - frequency of events/episodes/witnessed/unwitnessed
- quality of life concerns including
    - missed work/school/extracurricular activities as a result
- height/weight
- body mass index (BMI) if child is aged ≥ 16 years
- growth chart trends
- blood pressure (trends, postural blood pressure)
- physical examination (findings)
- urinalysis
- echocardiogram (ECG)

Additional information to assist triage categorisation

- electroencephalogram (EEG)

- bloods:
  - haemoglobin (Hb)
  - ferritin
  - electrolytes
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Please note that syncope/presyncope referrals can be managed by Cardiology and Ear, Nose and Throat in addition to general medicine.

Clinical resources

- Royal Children's Hospital Melbourne Clinical Practice Guideline - Syncope
- Royal Children's Hospital Melbourne Clinical Practice Guideline - Basic Paediatric ECG Interpretation
- Royal Children's Hospital Melbourne Clinical Practice Guideline - Poisoning - Acute Guidelines For Initial Management

Key words

syncope, pre-syncope, syncopal, pre-syncopal, faint, breath holding, unconscious, consciousness, vasovagal, hypotension

Urinary Incontinence/Enuresis

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.

- acute urinary retention
- incontinence with abnormal neurological examination findings
- urosepsis
- suspected cauda equina syndrome

Please contact the paediatric medicine on-call registrar (or relevant surgical or medical subspecialty) 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.

Metropolitan Local Health Networks

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511

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Women's and Children's Hospital Network

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Country Local Health Networks - *please note that referral requirements may vary at regional sites*

Limestone Coast Local Health Network

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Eyre and Far North Local Health Network

- Port Lincoln Hospital (08) 8682 5831

Inclusions, exclusions, and triage categories

Inclusions

- incontinence related to developmental delay/neurodiverse diagnosis

Exclusions

- primary nocturnal enuresis
- day wetting without allied health involvement prior to referral

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- incontinence associated with concerning features including:
    - neurological examination abnormalities
        - please contact the paediatric medicine on-call registrar to discuss your concerns prior to referral

Category 2 (appointment clinically indicated within 90 days)

- incontinence in child with any of the following:
    - associated with a history of recurrent urinary tract infections (UTIs)
    - infrequent voiding (fewer than 3 times per day)
    - investigated by child protection services
    - loss of continence after 6 months of dryness
    - mental health concerns
    - secondary enuresis or new onset incontinence in a previously dry child
    - suspected congenital or structural abnormalities
    - suspected or confirmed developmental delay/neurodiverse

- under the custody or guardianship of the Chief Executive
- unusual social circumstances

Category 3 (appointment clinically indicated within 365 days)

- incontinence in child with any of the following:
  - secondary enuresis or new onset incontinence in a previously dry child
  - day wetting in child greater than 4 years of age
  - nocturnal enuresis child greater than 7 years of age

Referral information

For information on referral forms (not including Statewide eReferrals) 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, under guardianship/out-of-home care arrangements and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- age
- past medical/surgical/psychosocial/birth/developmental/immunisation history
- presenting symptoms history, including:
  - daytime accidents
  - frequency
  - urgency
  - straining
  - pain on urination
  - if periods of dryness ask about physical, emotional and social triggers
  - previous treatments
  - history of constipation
  - history of UTI's
- quality of life concerns including
  - missed work/school/extracurricular activities
- height/weight
- body mass index (BMI) if child is aged 16 years or older
- growth charts
- blood pressure
- examination (findings)
  - abdominal examination
  - neurological examination (secondary enuresis/regression)
  - urinalysis (dipstick) result
    - if glucose present, ensure BGL also performed
- pathology:
  - mid-stream urine (MSU) M/C/S

Additional information to assist triage categorisation

- bladder diary
- kidneys, ureters, bladder ultrasound including pre and post volumes
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical management advice and resources

Clinical management advice

Please note that urinary incontinence/enuresis referrals can be managed by the following specialist services:

- paediatric medicine

- urology

Sudden onset incontinence who have previously been dry (for at least six months) can be a marker of serious pathologies such as diabetes mellitus, genitourinary tumours, and spinal cord problems and should be assessed urgently.
Alternative causes that could play a role in nocturnal enuresis, such as diabetes, urinary tract infection (UTI), fecal soiling, pinworm infestation, renal failure, seizures, sleep disorders, and other related conditions.
Children diagnosed with developmental delay, autism spectrum disorder (ASD), and/or attention deficit disorder (ADD) with urinary incontinence need an occupational therapist (OT) assessment and plan of urinary continence prior to referral.

Clinical resources

- Continence Foundation of Australia - Bladder Diary with Instructions
- Royal Children's Hospital Melbourne - Urinary Incontinence - Daytime Wetting Clinical Guidelines
- SA Health Paediatric Clinical Practice Guidelines – Urinary Tract Infections in Children

Consumer resources

- Continence Foundation of Australia - Bladder Diary with Instructions
- Continence Foundation of Australia – Day Wetting

Key words

Enuresis, nocturnal, day, daytime, wetting, incontinence