



Initial work-up and pre-referral guidelines for paediatrics Child Behaviour/Mental Health/Developmental Concerns

Inattention, Overactivity (Possible ADHD)

Ages 3 to 18

Initial work-up	Referral when	Data needed
<ul style="list-style-type: none"> Standard history and physical exam, include history from parents/ caregivers regarding onset and course of symptoms and family history of similar patterns. Consider other causes of attention problems eg anxiety, family dysfunction, hearing loss Consider possibility of co morbidities e.g. disruptive disorders, emotional disorders, learning disabilities, developmental disorders Consider administration of PEDS Screening Tool: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=6472 	<ul style="list-style-type: none"> Significant parent concern (link to PEDS) Multidisciplinary assessment is required Response to simple behavioural measures not effective Medication may be considered Has co-morbid symptoms that require special assessment or interventions 	<ul style="list-style-type: none"> Demographic data Birth, developmental medical history Family and social history Copies of previous of mental health, language, cognitive & audiology assessments Treatments: recommended and delivered Response to treatment Information regarding previous medication interventions Information about any known risk factors e.g. SES, single parenting, young parents, CALD, ATSI <p>Kids Health Info ADHD – An overview Ways to help children with ADHD ADHD - Stimulant medication</p> <p>REFERRAL FORM Download (Word)</p> <p>PARENT HANDOUT Download (pdf)</p>

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Kids Connect Primary Care Liaison www.rch.org.au/kidsconnect/ / tel (03) 9345 4645 - please give feedback on guidelines

Kids Health Info Parent information www.rch.org.au/kidsinfo

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Communication Problems / Unusual Socialization (Potential Autism Spectrum Disorders / Aspergers Disorder)

Ages 2-15

Initial work-up	Referral when	Data Needed
<ul style="list-style-type: none"> Standard history and physical exam, include history from parents/caregivers regarding onset and course of symptoms, family history of similar problems. Developmental progression e.g. <ul style="list-style-type: none"> single words = 12-15 m, 2 word sentences = 2 yr conversations = 3-4 yr imaginative pretend play = 18 m eye contact, warm interaction Differential diagnosis e.g. consider language disorder, intellectual disability, hearing loss Consider administration of PEDS Screening Tool: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=6472 If child has been previously diagnosed, in addition to RCH referral consider referral to community 	<ul style="list-style-type: none"> Significant parent concern (link to PEDS) Significant language delay Unusual repetitive behaviors Poor social responsiveness Concern from other agencies (MCH Nurses, childcare, preschool) 	<ul style="list-style-type: none"> Demographic data Birth, developmental and medical history Family and social history Copies of previous mental health, language, cognitive, audiology assessments Early Intervention / Treatments: recommended and delivered Response to treatment <p>REFERRAL FORM Download (Word)</p> <p>PARENT HANDOUT Download (pdf)</p>

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<p>based services e.g. Early Intervention, Disability Services should be considered.</p> <p>Early Intervention: http://www.office-for-children.vic.gov.au/children/ccdnav.nsf/childdocs/-AC92DB94286EC4AACA25700A007CC5F4?open</p> <p>or Disability: http://nps718.dhs.vic.gov.au/ds/disabilitysite.nsf/sectionone/contact_us?open#intake</p>		
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Initial work-up and pre-referral guidelines for paediatrics Child Behaviour/Mental Health/Developmental Concerns

Behaviour / Emotional Problems		
Age 0-18		
Initial work-up	Referral when	Data Needed
<ul style="list-style-type: none"> Standard history and physical exam, include history from parents/ caregivers regarding onset and course of symptoms and family history of similar problems Consider both internalising and externalising behaviour problems, parenting skills, parental mental health, social factors, family dysfunction (e.g.abuse) school problems. Consider possibility of co- morbidities e.g. learning disabilities, developmental disorders Consider administration of PEDS Screening Tool: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=6472 If concerned about psychosis refer urgently to RCH Mental Health Services: Western CAMHS 1800-445511, or Southern Health tel 9594 1300 or other regional CAMHS (Child & Adolescent Mental Health Service). 	<ul style="list-style-type: none"> Significant parent concern (link to PEDS) Problem difficult to define Response to simple behavioural measures not effective Medication may be considered Has co-morbid symptoms that require special assessment or interventions If suicidal or danger of self harm refer to Emergency Department or call the Crisis Assessment Team <p>RCH ED triage tel (03) 9345 6139</p>	<ul style="list-style-type: none"> Demographic data Birth, developmental and medical history Family and social history Copies of previous of mental health, language, cognitive, audiology assessments Treatments: recommended and delivered Response to treatment Information regarding previous medication interventions <p>REFERRAL FORM Download (Word)</p> <p>PARENT HANDOUT Download (pdf)</p>

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Learning Difficulties / School Problems

Ages 5-18

Initial work-up	Referral when	Data Needed
<ul style="list-style-type: none"> Standard history and physical exam, include history from parents/ caregivers regarding onset and course of symptoms and family history of similar patterns. Hearing and Vision assessment School history Consider contributing causes eg anxiety, family dysfunction, auditory processing problems Consider co morbidities e.g. ADHD, other behaviour disorders, language disorders, developmental disorders, intellectual disability Consider administration of PEDS Screening Tool: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=6472 	<ul style="list-style-type: none"> Significant parental concern (link to PEDS) Child not functioning as expected in school Cause of learning problems not clear Routine school supports e.g. reading recovery, not effective or not sustained Previous assessments not well understood, or integrated into school or homework programs. Child developing anxiety, low self esteem. 	<ul style="list-style-type: none"> Demographic data Birth, developmental and medical history Family and social history School history Copies of previous of mental health, language, cognitive, audiology assessments Treatments: recommended and delivered Response to treatment Information regarding previous medication interventions <p>REFERRAL FORM Download (Word)</p> <p>PARENT HANDOUT Download (pdf)</p>

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Developmental problems		
Ages 0-18		
Initial work-up	Referral when	Data needed
<ul style="list-style-type: none"> Standard history and physical exam include history from parents/caregivers regarding onset and course of symptoms and family history of similar patterns Developmental history (MCH notes, child care records) Hearing and vision assessment Consider administration of PEDS Screening Tool: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=6472 Differential diagnosis and co- morbidities(e.g. vision, hearing, autism spectrum, behaviour problems) If diagnosed, in addition to RCH referral also refer to community based services e.g. Early Intervention, Disability Services should be considered. Early Intervention: http://www.office-for-children.vic.gov.au/children/ccdnv.nsf/childdocs/-AC92DB94286EC4AACA25700A007CC5F4?open or Disability: http://nps718.dhs.vic.gov.au/ds/disabilitysite.nsf/sectionone/contact_us?open#intake 	<ul style="list-style-type: none"> Parents are concerned (link to PEDS) Developmental progression delayed or uneven Suspect associated medical conditions 	<ul style="list-style-type: none"> Demographic data Birth, developmental and medical history Family and social history Copies of previous of mental health, language, cognitive, audiology assessments Early intervention: recommended and delivered Response to early intervention <p>REFERRAL FORM Download (Word)</p> <p>PARENT HANDOUT Download (pdf)</p>

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Continence - Enuresis/ Wetting		
<i>Ages 6-18</i>		
Initial work-up	Pre-referral Treatment	Referral when
<p>Night wetting</p> <ul style="list-style-type: none"> Offer treatment 6yrs or older Use diary to measure and monitor Explore parenting practices e.g. night fluid restriction, overnight toileting, punitive practices Urine microscopy not required unless separate symptoms indicative of UTI <p>Day wetting</p> <ul style="list-style-type: none"> Consider urge incontinence, low awareness bladder sensation Exclude UTI with urine microscopy Consider constipation <p>Day and night wetting</p> <ul style="list-style-type: none"> Exclude continual dripping day and night (true incontinence) 	<p>Night wetting</p> <ul style="list-style-type: none"> Explain causes including genetics Cease night fluid restriction Ensure parents understand overnight toileting is not curative Enuresis alarm 6-12 weeks Alarm should be retried each year NB Imipramine not recommended (high risk) Treat UTI <p><u>Radiologic studies</u></p> <ul style="list-style-type: none"> Radiologic studies are <i>not always necessary</i>. If they have been done, send reports with referral. The patient should bring films to the appointment. <p>May refer to RCH MI for ultrasound - may bulk bill if requested. RCH Imaging and REFERRAL FORM: http://www.rch.org.au/kidsconnect/service.s.cfm?doc_id=9506 (<i>Kids Connect</i>)</p>	<p>Refer to General Medicine, Continence Clinic or Centre for Community Child Health:</p> <ul style="list-style-type: none"> Over 6 years, night wetting persistent failed treatment Day wetting persistent after constipation / UTI treated Day and night wetting <p>Refer to paediatric nephrology:</p> <ul style="list-style-type: none"> Any age with continual dripping (true incontinence). Any child with a febrile urinary tract infection with abnormal renal US Any child with a congenital anatomic genitourinary concern (posterior urethral valves, vesicoureteral reflux, hydronephrosis, ureteropelvic junction obstruction, bladder or urethral abnormalities or genital malformation). <p>Kids Health Info Bedwetting REFERRAL FORM Download</p> <p>PARENT HANDOUT Download</p>

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Continence - Encopresis / Soiling		
Ages 4-18		
Initial work-up	Pre-referral Treatment	Referral when
<ul style="list-style-type: none"> • History of onset, course and pattern of soiling • Associated history of constipation, wetting • Developmental history, toilet training history • Associated behaviour patterns • Parent and child's attitude to problem • Dietary history (rarely the main cause) • Physical exam including spine, abdomen and perineal, perianal area • Rectal examination is not routinely recommended • Abdominal x-rays are not required for diagnosis, may be useful if treatment resistant 	<ul style="list-style-type: none"> • Explanation/ demystification of fecal retention and soiling, minimize blame and shame • Behaviour modification (diary, (regular toileting, star charts, rewards) • Combination stool softener and stimulant laxative • Encourage high fibre diet, adequate clear fluids • Treatment and monitoring often required for months 	<ul style="list-style-type: none"> • Soiling is prolonged, treatment resistant • Associated significant behavioral problems • Soiling associated with day wetting • Soiling not associated with fecal retention and overflow <p>REFERRAL FORM Download (Word)</p> <p>PARENT HANDOUT Download (pdf)</p>
<p>See: http://www.mja.com.au/public/issues/182_05_070305/cat10379_fm.html</p> <p>Constipation and toileting issues in children, By Anthony G Catto-Smith, The Australian Medical Journal</p>		

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CONTACT INFORMATION

Quick Access RCH Number	(03) 9345 7060
<i>For the following departments:</i>	<i>Press:</i>
Emergency Department - clinical advice	1
Outpatient appointments - bookings	2
Pathology - results	3
Radiology - results	4
Main RCH switchboard – ask for appropriate specialist on-call	5

Rural doctors only, OPD bookings	(03) 9345 6789
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Admission enquiries	
Admission enquiries	(03) 9345 6172
ED admission enquiries	(03) 9345 6477
Admission enquiries after hours	(03) 9345 5522 via switchboard

RCH Drug Info Line	(03) 9345 5208
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Seriously unwell child	(03) 9345 7007
<i>For the following departments:</i>	<i>Press:</i>
Paediatric Emergency Transfer	1
Newborn Emergency Transfer	2
RCH Emergency Department	3
Monash Medical Centre ED	4

CLINICAL ADVICE

Centre for Community Child Health	(03) 9345 5466
Mental Health Intake	1800-445511
Centre for Adolescent Health	(03) 9345 5890
RCH Emergency Department triage nurse	(03) 9345 6139

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Feedback and suggestions welcomed: kids.connect@rch.org.au

These guidelines were developed by specialists at the Royal Children's Hospital and reviewed by a working group of metropolitan and rural general practitioners in Victoria.

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