

RCH Paediatric Neurology Outpatient Clinical Prioritisation Criteria

Introduction and Referral Requirements

These Clinical Prioritisation Criteria (CPC) describe which paediatric neurology referrals are appropriate for outpatient assessment. The criteria are intended to support consistent triaging of referrals and are broadly in line with those developed by other paediatric neurology departments in Australia and New Zealand. The primary aim of these CPC is to ensure that all children needing to see a paediatric neurologist will be able to do so within an appropriate time frame.

If a clinical presentation meets any of the criteria listed within a specific section of this document, referrals may be made by any registered medical practitioner.

For conditions not listed in this document, the child should first be assessed by a general paediatrician. Referrals for conditions not listed will only be accepted if they are made by a paediatrician or clearly identify the responsible paediatrician overseeing the child's care.

Internal referrals, including from our Emergency Department, must also meet the CPC.

Referrals originating from another health service must clearly state the name of the responsible referring paediatrician. If you are a consultant paediatrician, please ensure that your referral states this, since your name alone does not identify you as such. Referrals that do not include the required clinical information outlined in each section will be declined.

Kindly note that we do not accept referrals for diagnosis of staring episodes, episodes of collapse, or other movements that might be epileptic seizures. We can assist general paediatricians in the diagnosis of these presentations (seizures versus daydreaming, syncope or other seizure mimics) in consultation by telephone and with the aid of home video. Where diagnostic uncertainty remains after telephone consultation we will accept a referral from a paediatrician for outpatient assessment.

We also do not accept referrals for incidental brain MRI findings considered of no clinical significance for the patient now or into the future, including static T2/FLAIR white matter hyperintensities and pineal cysts. Approximately 18% of MRIs in healthy volunteers show incidental findings. Of those that require referral, the majority are neurosurgical conditions (tumour, arachnoid cyst, vascular abnormalities such as cavernous angioma). Progressive demyelinating disorders (such as multiple sclerosis) are rare in childhood; if this condition is considered, telephone consultation with the on-call service is available after transfer of the scans to our PACS (imaging) system. Repeat imaging after 12 months is often sufficient to determine that incidental findings are static.

RCH Neurology Referral Catchment Area

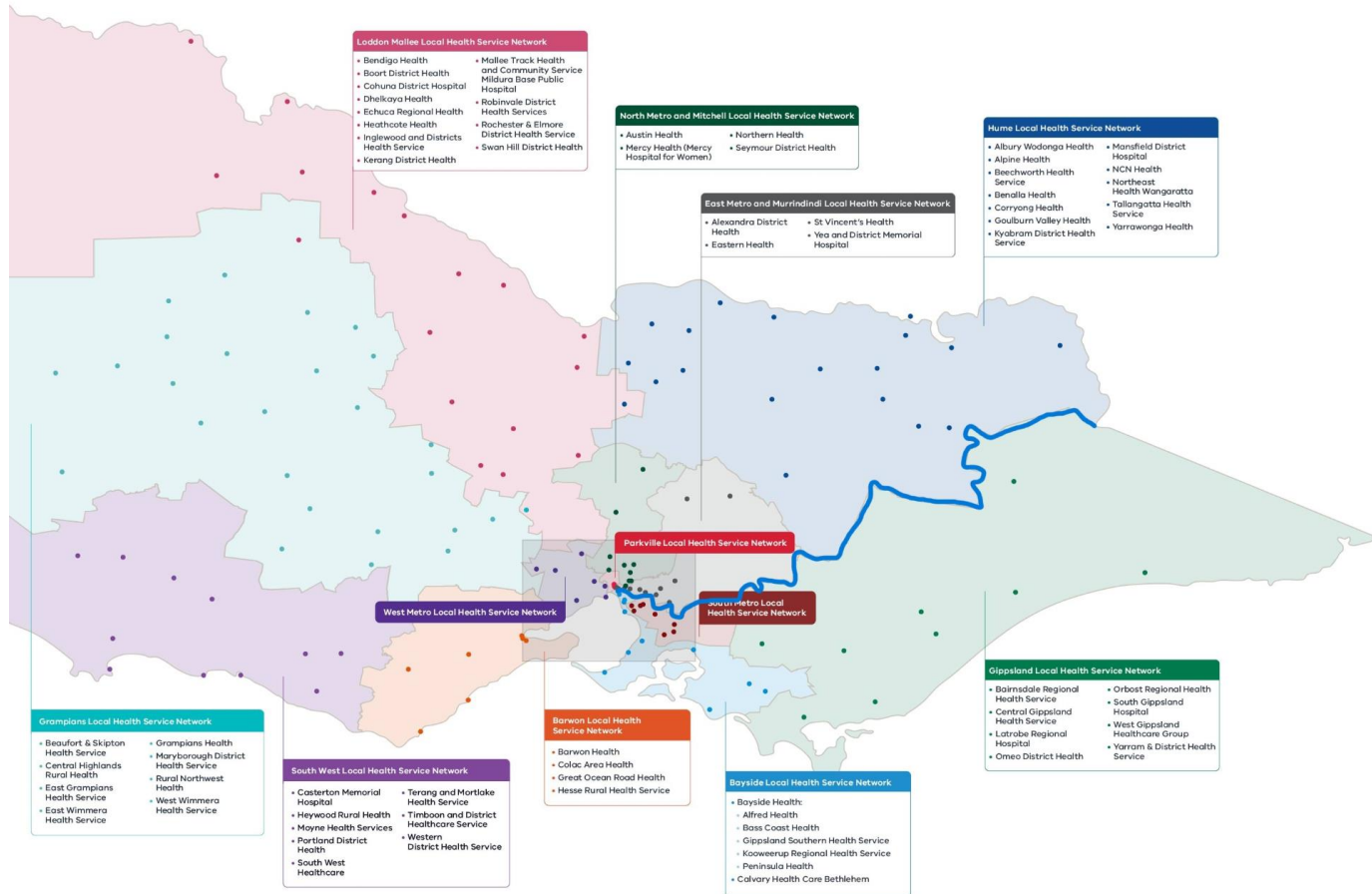
The RCH Neurology Department forms part of the Parkville Local Health Service Network (LHSN) and supports the broader direction of Victoria's Health Services Plan, which aims to build a connected health system that delivers the right care, in the right place, at the right time, for all Victorians. LHSNs are central to this approach, promoting collaboration across health services and supporting equitable access to high-quality care, as close to home as possible.

There are two tertiary paediatric neurology referral centres in Victoria, RCH and Monash. RCH Neurology provides multidisciplinary services for children with Spinal Muscular Atrophy (SMA) and Duchenne Muscular Dystrophy and other complex neuromuscular disorders (e.g. other complex muscular dystrophies and congenital myopathies). All other neurological conditions are diagnosed and treated at both centres. Referrals between Neurology departments are made by the treating neurologist where appropriate.

Referrals between the two Neurology departments may be made by the treating neurologist where clinically appropriate. Requests to transfer care to RCH Neurology require prior discussion with the RCH Neurology Head of Department to support appropriate clinical review, continuity of care and effective use of specialist services. Where families have concerns about their current care, they should first be supported to discuss these with their treating team and, where appropriate, their health service's Consumer Liaison Office.

This approach supports collaboration between Victoria's paediatric neurology services while aligning with the broader LHSN objectives of access and equity, quality and safety, workforce sustainability, and research and innovation, with the needs of children and families at the centre.

Further information about Victoria's Local Health Service Networks is available from the [Victorian Department of Health](http://health.vic.gov.au). [\[health.vic.gov.au\]](http://health.vic.gov.au)



Seizures / Epilepsy

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Suspected epileptic spasms or other epileptic encephalopathy presenting in infancy.
- Neonate or infant younger than 12 months presenting with epileptic seizures.
- High initial seizure burden (more than five seizures before commencement of anti-seizure medication), excluding typical absence seizures.
- New onset seizure associated with a new neurological deficit such as focal weakness, speech disturbance or cognitive impairment.
- Developmental, cognitive or psychiatric regression accompanying new onset or ongoing epileptic seizures.

Outpatient Referrals Accepted

- Child has not achieved seizure freedom following trials of two anti-seizure medications.
- Child has not achieved seizure freedom within two years of epilepsy diagnosis.
- Epilepsy with onset before three years of age.
- Epilepsy associated with myoclonic seizures in children younger than four years.
- Epilepsy associated with developmental plateau or regression.
- Suspected developmental and epileptic encephalopathy including Dravet syndrome and Lennox-Gastaut syndrome.
- EEG abnormalities that are inconsistent with the clinical presentation or suggestive of an encephalopathy.
- Recognised conditions associated with a high risk of medically refractory epilepsy (e.g. epileptogenic MRI abnormality, tuberous sclerosis complex, Sturge-Weber syndrome or suspected neurocutaneous disorder).
- Female with epilepsy older than 12 years currently taking sodium valproate.

Required Referral Information

- Age at onset of epilepsy
- Detailed description of seizures including onset, duration, frequency and associated features.
- Current and previous anti-seizure medications and response to treatment.
- Developmental status or academic functioning.
- Neurological examination findings.
- Relevant investigation results including EEG, imaging or genetic testing if performed.
- Name of responsible consultant paediatrician if referral is made from another health service.

Headache / Migraine

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Headache associated with papilloedema, change in vision, double vision or new neurological examination findings.
- Headaches that wake the child from sleep or are present immediately on waking.
- New severe headache.
- Sudden onset headache reaching maximal intensity within five minutes.
- Headache associated with persistent change in personality, cognition or deterioration in school performance.

Outpatient Referrals Accepted

- Recurrent hemiplegic migraine.
- Idiopathic intracranial hypertension referred by a paediatrician or by the RCH ophthalmology department where there is diagnostic uncertainty regarding the cause of the headache.
- Migraine that has failed treatment with two preventative medications.
- Headaches causing significant school absence or functional impairment referred by a paediatrician.
- Headaches where medication overuse is documented.

Required Referral Information

- Detailed headache history including onset, frequency and duration.
- Impact on daily activities including school attendance.
- Associated symptoms such as vomiting or light sensitivity.
- Blood pressure measurement.
- Medication history including over-the-counter medications.
- Neurological examination including fundoscopy
- Results of prior ophthalmology or optometry assessments
- Name of responsible consultant paediatrician if referral is made from another health service.

Functional Neurological Symptoms

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Functional neurological symptoms where the child is unable to mobilise safely or has frequent falls or seizure-like attacks.

Outpatient Referrals Accepted

- Functional neurological symptoms where there is diagnostic uncertainty.
- Referral for second opinion regarding diagnosis of functional neurological disorder.

Required Referral Information

- Description of symptoms including onset, duration and frequency.
- Impact of symptoms including school attendance.
- Neurological examination findings.
- Relevant investigation results if performed.
- Results of prior medical and allied health assessments including mental health.
- Name of responsible consultant paediatrician if referral is made from another health service.

Movement Disorders

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Acute onset movement disorder including ataxia, chorea, or parkinsonism.
- Movement disorder resulting in frequent falls, inability to walk or attend school.
- Movement disorder exacerbation resulting in inadequate intake, sleep disturbance, metabolic (fever, dehydration) or airway compromise.

Outpatient Referrals Accepted

- Recent onset movement disorder following initial assessment by a general paediatrician.
- Exacerbation of an existing movement disorder resulting in functional impairments.
- New onset movement disorder in an infant younger than 12 months.
- Chronic stable movement disorders including tremor, dystonia, chorea or myoclonus.
- Medically refractory movement disorder for multidisciplinary input and consideration of specialised interventions (such as intrathecal baclofen, deep brain stimulation).
- Chronic tic disorder when referred by a paediatrician after first line management strategies have been unsuccessful.
- Recent genetic diagnosis of movement disorder

Required Referral Information

- Detailed description of abnormal movements including onset, involved body parts and symptom evolution/progression.
- Impact on functional abilities.
- Neurological examination findings.
- Relevant investigation results if performed.
- Current and previous movement disorder medications and response to treatment.
- Name of responsible consultant paediatrician if referral is made from another health service.

Hypotonic Infant

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Tachypnoea or signs of respiratory compromise.
- Feeding difficulties associated with weight loss.
- Infants with signs suggestive of spinal muscular atrophy including profound head lag, proximal weakness, absent reflexes or tongue fasciculations.

Outpatient Referrals Accepted

- Infants younger than 12 months with significant hypotonia.
- Infants with weakness impairing antigravity movement.
- Plateau or regression of motor skills in infancy.
- Absent deep tendon reflexes.
- History of ventilatory support in the neonatal period.

Required Referral Information

- Detailed history related to hypotonia.
- Neurological examination including tone, power and reflexes.
- Birth, developmental and family history.
- Relevant investigations if performed.
- Name of responsible consultant paediatrician if referral is made from another health service.

Gait Abnormality, Isolated Motor Delay or Focal Weakness

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Acute onset focal weakness or gait abnormality suggestive of stroke.
- Rapidly progressive weakness.
- Breathing difficulties associated with suspected neuromuscular disorder.
- Feeding or swallowing difficulties.
- Acute foot drop or focal neuropathy.

Outpatient Referrals Accepted

- Confirmed neuromuscular disorder.
- Single elevated creatine kinase greater than 3 times the upper limit of normal.
- Persistently elevated creatine kinase greater than 250 IU/L.
- Progressive muscle weakness or plateau of motor development.
- Decline or delay in gross or fine motor function.
- Muscle wasting, weakness or limb asymmetry.
- Foot deformity or areflexia raising concern for neuropathy.

Required Referral Information

- History related to motor delay or weakness.
- Neurological examination findings.
- Birth and developmental history.
- Creatine kinase result if performed.
- Relevant investigations including genetic testing or imaging if performed.
- Name of responsible consultant paediatrician if referral is made from another health service.

Neurovascular disorders including Stroke

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Acute suspected stroke requiring urgent emergency assessment.

Outpatient Referrals Accepted

- New diagnosis of moyamoya.
- Recent ischaemic or haemorrhagic stroke.
- Follow-up of stroke due to cerebral venous sinus thrombosis.
- Other cerebral vascular malformations or arteriopathies.
- Genetic disorders associated with known increased risk of stroke.
- Cutaneous disorders associated with known cerebrovascular abnormalities.

Required Referral Information

- Details of neurological events including timing and symptoms.
- Current neurological examination findings.
- Genetic diagnosis, skin abnormalities (e.g. capillary malformation, haemangioma)
- Relevant imaging and investigation results.
- Name of responsible consultant paediatrician if referral is made from another health service.

Other Neurological Conditions

If a clinical presentation meets any of the listed criteria, referrals may be made by any registered medical practitioner.

Refer to Emergency Department

- Acute developmental regression.
- Acute encephalopathy or altered level of consciousness.

Outpatient Referrals Accepted

- Neuroinflammatory disorders requiring neurological follow-up.
- Developmental or intellectual impairment with progressive deterioration in skills.
- Speech regression where epileptic encephalopathy is suspected.
- Cerebral palsy referred for aetiological diagnostic clarification.
- Rare neurological disorders (such as neurofibromatosis, ataxia-telangiectasia or Joubert syndrome).
- Brain malformations
- White matter disorders including leukodystrophies
- Unexplained macrocephaly or microcephaly.
- Static cranial or peripheral neuropathies requiring diagnostic assessment.

Required Referral Information

- Description of clinical presentation including onset and progression.
- Neurological examination findings.
- Relevant investigations including imaging or genetic testing.
- Name of responsible consultant paediatrician if referral is made from another health service.

Fetal Conditions with Neurological Risk

Refer to Emergency Department

- Not applicable.

Outpatient Referrals Accepted

- The preference is for fetal neurological consultation referrals to come from maternal fetal medicine units for assessment of suspected neurological abnormalities.
- Some referrals may be accepted from a consultant obstetrician or consultant clinical geneticist

Required Referral Information

- Details of the fetal abnormality or neurological concern.
- Relevant family history.
- Results of fetal imaging (ultrasound and/or MRI)
- Results of other investigations including genetic testing and infection screening.
- Name of responsible referring consultant maternal fetal medicine specialist.