Paediatric Department of General Medicine Referral Guidelines

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Mandatory referral content

Demographic
- child’s name
- date of birth
- parent/guardian contact details
- referring GP details
- interpreter requirements

Please include clinical content as appropriate

May include:
- reason for referral
- clinical urgency
- duration of symptoms
- management to date and response to treatment
- relevant pathology and imaging reports
- past medical history
- current medications
- functional status
- family history

Priority

The allocation of services (prioritisation) is based on a standardised framework. A detailed referral will help us to triage your patient appropriately. The current waiting time for a non-priority referrals is in excess of one year. Referrals not complying with the required clinical and clerical information will be returned to the practitioner for review.

Please note this is a guideline for referral only. If concerned about a patient please contact the Medical Registrar On-Call 8161 7000
## Behavioural Issues (under 6 years)

| Information required | > Presence of **red flags** (see below)  
|                       | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                       | > Developmental history: Fine motor, gross motor, speech and social skills  
|                       | > Duration and type of behavioural issue, with an example of the behaviour in question  
|                       | > Medications and treatments provided to date  
|                       | > Psychosocial factors (for example parental relationship issues, mental illness, substance abuse, parental disability, family in crisis, or Child Protection involvement)  
|                       | > Problems with functional skills (feeding, toileting or sleep issues etc)  
|                       | > Written Information from psychologists, childcare or allied health (if applicable) |

| Investigation s Required | > Vision screening (if delays in fine or gross motor skills, or concerns about learning).  
|                         | > Hearing screening (If concerns about learning, suspected autism, suspected ADHD or speech delay). |

| Red Flags | > Developmental regression (loss of previously acquired developmental skills)  
|          | > Seizures or abnormal neurological signs  
|          | > Significant physical illness |

| Suggested GP management | **We strongly suggest other community services are engaged, as our waiting list is extensive**  
|                         | *The Department of General Medicine’s outpatient service is not a crisis service. Please refer to the Child and Adolescent Mental Health Service (CAMHS)*  
|                         | > Private psychologist with GP referral via Mental Health Care Plan  
|                         | > Please refer to the Child and Adolescent Mental Health service (CAMHS)*  
|                         | > Consider referral to a private paediatrician  
|                         | > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians. |

| Please ask parents to bring to their appointment | > Child’s health record book  
|                                                 | > Relevant test results  
|                                                 | > Therapist and psychology reports  
|                                                 | > School or kindergarten reports  
|                                                 | > If possible, please arrange alternate care for siblings |
# Behavioural Issues (over 6 years)

| Information required | > Presence of red flags (see below)  
|                      | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                      | > Duration and type of behavioural issue, with an example of the behaviour in question  
|                      | > Medications and treatments provided to date  
|                      | > Psychosocial factors (for example parental relationship issues, mental illness, substance abuse, parental disability, family in crisis, or Child Protection involvement)  
|                      | > Problems with functional skills (feeding, toileting or sleep issues etc)  
|                      | > Behaviour at school, including any exclusions, suspensions and expulsions  
|                      | > Written Information from psychologists, childcare or allied health (if applicable)  
| Investigation s Required | > Vision screening (if delays in fine or gross motor skills, or concerns about learning)  
|                      | > Hearing screening (If concerns about learning, suspected autism, suspected ADHD or speech delay)  
| Red Flags | > Developmental regression (loss of previously acquired developmental skills)  
|                      | > Seizures or abnormal neurological signs  
|                      | > Significant physical illness  
| Suggested GP management | **We strongly suggest other community services are engaged, as our waiting list is extensive**  
|                      | School guidance officer or counsellors  
|                      | > Private psychologist with GP referral via Mental Health Care Plan  
|                      | > Child and Adolescent Mental Health Service (CAMHS)*, particularly if risk of harm or suspicions of mental health disorder/parental mental health disorder  
|                      | > Consider referral to a private paediatrician  
|                      | > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians  
| Please ask parents to bring to their appointment | > Child’s health record book and relevant test results  
|                      | > Therapist and psychology reports  
|                      | > School reports  
|                      | > If possible, please arrange alternate care for siblings
# Developmental Delay (under 6 years)

## Information required
- Presence of **red flags** (see below)
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Developmental history: Fine motor, gross motor, speech and social skills
- Medical history (including birth history, gestation)
- Current functional skills (feeding, toileting or sleep issues)
- Written Information from psychologists, childcare or allied health (if applicable)
- Relevant family history
- Growth percentiles

## Investigations Required
- Vision screening (if concerns about vision or delays in fine or gross motor skills)
- Hearing screening (If concerns about hearing, or speech/language delay)

## Red Flags
- Developmental regression (loss of previously acquired developmental skills)
- Seizures or abnormal neurological signs (such as abnormal tone or power)
- Significant problems with growth or weight gain
- Features of autism (please specify)
- History of Prematurity (less than 32 weeks’ gestation)

## Suggested GP management
We strongly suggest referrals are made to the relevant community allied health services (speech pathology, occupational therapy and/or physiotherapy), while awaiting paediatrician review

*Isolated Speech/language delay, including simple consonant substitution or stuttering without red flags, will be triaged as low-priority. We suggest referral to audiology and speech pathology.*

- Consider application for the National Disability Insurance Scheme (NDIS) if developmental delays are significant
- 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

## Please ask parents to bring to their appointment
- Child’s health record book
- Relevant x-rays and pathology tests
- Hearing and vision test results
- Therapist and psychology reports
- Reports from school, kindergarten or childcare
- If possible, please arrange alternate care for siblings
# Learning Difficulties / Developmental Disability (over 6 years)

## Information required
- Presence of red flags (see below).
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Developmental history: Fine motor, gross motor, speech and social skills
- Medical history (including birth history)
- Current functional skills (feeding, toileting or sleep issues etc)
- Written Information from the school, psychologists, or allied health (if applicable)
- Features of autism (specify)

## Investigations Required
- Vision screening (if concerns about vision or delays in fine or gross motor skills)
- Hearing screening (If concerns about hearing, or speech/language delay)

## Red Flags
- Developmental regression (loss of previously acquired developmental skills)
- Seizures or neurological signs (such as abnormal tone or power)
- Suspected metabolic disorders
- Concurrent problems with growth or weight gain

## Suggested GP management

**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 be triaged as low-priority. We suggest referral to audiology and speech pathology.*

- 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

## Please ask parents to bring to their appointment
- Child’s health record book
- Relevant x-rays and pathology tests
- Hearing and vision test results
- Therapist and psychology reports
- Reports from school, kindergarten or childcare
- If possible, please arrange alternate care for siblings
Macrocephaly, Microcephaly, Unusual Head Shape, or Fontanelle Size/Closure

| Information required | > Presence of red flags (see below)  
|                      | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                      | > Developmental history: Fine motor, gross motor, speech and social skills  
|                      | > Medical history (including birth history)  
|                      | > Family history of neurological disorders  
|                      | > Syndromic or dysmorphic features, for example extremities or orofacial abnormalities |

| Investigations Required | > Head circumference, length and weight (serial measurements, if available) with percentile chart  
|                        | > Status of the fontanelle (open or closed, estimate size)  
|                        | > Parent's head circumferences  
|                        | > Consider fundoscopy |

| Red Flags | > Significant delay in any area of development  
|           | > History of central nervous system trauma or infection  
|           | > Associated symptoms (eg, headache, ataxia), neurodevelopmental abnormalities, or syndromic features  
|           | > Developmental regression (loss of previously acquired developmental skills)  
|           | > Seizures or abnormal neurological signs (such as abnormal tone or power)  
|           | > Disproportionate head circumference compared to weight and height  
|           | Please note: a palpable pulse in the fontanelle is a normal finding |

| Send to Emergency Department | > Head circumference is rapidly crossing centiles (consider raised intracranial pressure)  
|                              | > Poor feeding, Irritability  
|                              | > Vomiting  
|                              | > Headaches  
|                              | > Fever  
|                              | > Ataxia or dysarthria  
|                              | > Bulging fontanelle |

| Suggested GP management | > Consider referral to a private paediatrician  
|                         | > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians |

| Please ask parents to bring to their appointment | > Child’s health record book  
|                                                | > Relevant x-rays and pathology tests  
|                                                | > Hearing and vision test results |
## Irritable Infant / Infant with Suspected Gastro-oesophageal Reflux

### Information required

- Presence of red flags (see below)
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Medical history (including antenatal and perinatal history)
- Medications (past and current)
- Head circumference, length and weight (serial measurements, if available)
- Urine dipstick (if acutely irritable, fever, or increase in vomiting)
- Parents’ current and past mental health history

### Investigations Required

- No investigations are required

### Red Flags

- Failure to thrive
- Acute increase in vomiting
- Presence of blood or mucous in the stools (consider cow’s milk protein allergy)
- Severe eczema
- Maternal mental health concerns
- Diarrhoea or perineal excoriation

### Send to the Emergency Department

- Weight loss
- Haematemesis
- Jaundice
- Projectile vomiting with impact on hydration
- Fever
- Lethargy or poor feeding

### Suggested GP management

- If child is growing adequately, no special treatment may be needed. Reassure parents that reflux is a normal phenomenon in babies.
- Consider milk thickener if formula-fed
- Consider referral to Child and Youth Health Nurse or Torrens House
- Consider referral to a private paediatrician
- Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

### Please ask parents to bring to their appointment

- Child’s health record book
- Relevant x-rays and pathology tests
# Headaches

## Information required
- Presence of red flags (see below)
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Developmental history: Fine motor, gross motor, speech and social skills
- Duration and frequency of headaches
- Medical history (including birth history)
- Medications and treatments used to date
- Family history of neurological disorders
- Syndromic features
- History of significant head injury
- Degree of limitation on daily living or school attendance
- Sleep quality and duration, including apnoeas or snoring

## Investigations Required
- Consider fundoscopy
- CT head is rarely indicated

## Red Flags
- Headaches that wake the child at night
- Headaches are present immediately on wakening
- New and severe headaches
- Neurological abnormalities (for example altered gait or speech)
- Headaches associated with change of mood, mental status or school performance
- Recent head injury
- Papilloedema or other signs of raised intracranial pressure

## Suggested GP management
- Consider visual problems (for example eye strain, myopia)
- Consider muscular tension (for example anxiety, teeth-grinding in sleep, tiredness)
- Simple analgesia
- Physiotherapy
- Relaxation
- Migraine prophylaxis (over 16 years)
- Consider referral to Child and Adolescent Mental Health Service (for example anxiety, school avoidance or social stressors)
- Consider referral to a private paediatrician
- Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

## Please ask parents to bring to their appointment
- Child’s health record book
- Relevant x-rays and pathology tests
- Hearing and vision test results
## Constipation or Encopresis

| Information required | > Presence of red flags (see below)  
|                      | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                      | > Current stooling habits, including frequency and Bristol stool type  
|                      | > Duration of constipation  
|                      | > Psychosocial impact, for example affecting attendance at school  
|                      | > Presence of concurrent enuresis or urinary dysfunction  
|                      | > Examination of the abdomen. Digital rectal examinations are not routinely indicated and should only be performed if there is a clinical indication  
|                      | > Medications and treatments used to date, including duration of treatments  
|                      | > Failure to spontaneously pass meconium in first 48 hours of life  
|                      | > Blood in stools  
| Investigations Required | > No investigations are required  
| Red Flags | > Vomiting  
|          | > Severe abdominal pain  
|          | > Tenderness on abdominal examination  
|          | > Weight loss  
|          | > Abnormal gait or neurological examination to the lower limbs  
| Suggested GP management | > Consider secondary causes of constipation such as coeliac disease, hypothyroidism, anal fissures or stool-withholding behaviour. In adolescents, also consider diabetes mellitus, hyperkalaemia, anorexia nervosa, and depression  
|          | > Review dietary and fluid intake  
|          | > Consider dietician referral  
|          | > Commence stool softener/laxative daily  
|          | > Child may need oral “washout” regime of macrogol (if over 2 years of age)  
|          | > Refer to SA Health Paediatric guideline on Constipation in Children  
|          | > Consider referral to a private paediatrician  
|          | > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians  
| Please ask parents to bring to their appointment | > Child’s health record book  
|          | > Relevant x-rays and pathology tests  

## Enuresis (bedwetting over 7 years old)

### Information required
- Presence of red flags (see below)
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Presence of daytime urinary urgency or frequency.
- Psychosocial impact, for example affecting attendance at school
- Presence of concurrent constipation. It is useful to know current stooling habits, including frequency and type of bowel opening
- Presence of concurrent sleep apnoea or snoring
- Abdominal examination
- Medications and treatments used to date

### Investigations Required
- A urine glucose, microscopy and culture to exclude a UTI or diabetes
- Ultrasound of kidney/ureters/bladder is not usually clinically indicated for nocturnal enuresis without red flags

### Red Flags
- Infrequent voiding (fewer than 3 times per day)
- Daytime incontinence of urine (more than 4 years old)
- Incontinence of faeces (excluding encopresis)
- Loss of continence after 6 months of dryness
- Abnormal gait or neurological examination to the lower limbs
- Suspected congenital or structural abnormalities

### Suggested GP management
- Reassurance. 15-20% of normal, healthy children have not achieved night-time continence by 5 years of age. 7% of 7 year olds and 5% of 10 year olds will still experience regular night time incontinence
- Consider referral to continence physiotherapist or enuresis clinic
- Review dietary and fluid intake.
- Remove caffeine from the diet
- Consider stool softener/laxative if concurrent constipation
- Consider referral to a private paediatrician
- Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

### Please ask parents to bring to their appointment
- Child’s health record book
- A 24-hour bladder diary (recording the time and volume of all fluid input and urine output).
- Relevant x-rays and pathology tests

### References:
# Chronic Diarrhoea (more than 2 week’s duration)

| Information required | > Presence of red flags (see below)  
|                      | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                      | > History of symptoms  
|                      | > Growth parameters (weight, length/height and head circumference)  
|                      | > Abdominal examination  
|                      | > Medications and treatments used to date  
|                      | > Suspected/proven food associations  
| Investigations Required | > Stool microscopy and culture, and examination for fat and fatty acid crystals and parasites  
|                      | > Full blood count, electrolytes and liver function, coeliac screening antibodies (if child over 2 years)  
|                      | > Consider fructose and lactose breath hydrogen testing  
| Red Flags | **Consider sending to the Emergency Department**  
|          | > Severe diarrhoea  
|          | > Bloody stools  
|          | > Weight loss or failure to thrive  
|          | > Fever  
| Suggested GP management | > Consider a trial of a lactose/fructose-free diet  
|                      | > Consider referral to a private paediatrician  
|                      | > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians  
| Please ask parents to bring to their appointment | > X Child’s health record book  
|                      | > Relevant x-rays and pathology tests  

## Failure to Thrive (Under 5 years old)

### Information required
- Presence of **red flags** (see below)
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Developmental history
- Any recent illnesses or concurrent medical issues (such as infections, asthma or severe eczema)
- Relevant social history
- Current and previous growth parameters (weight, length/height and head circumference)
- Medications

### Investigations Required
- Urinalysis
- Stool microscopy and culture, and examination for fat and fatty acid crystals
- Full blood count, electrolytes and liver function, coeliac screening antibodies (if child over 2 years), thyroid function tests, iron studies

### Red Flags
- Flat or lethargic
- Vomiting
- Chronic diarrhoea
- Weight loss
- Severe failure to thrive, crossing more than 2 percentile lines

### Suggested GP management
- If breast-fed baby, offer advice about technique and supply. Consider referral to lactation consultant or local midwife
- Consider dietetic involvement for caloric supplementation
- Exclusion diets should only be implemented with dietician/paediatric support
- Do not stop gluten in the diet
- Consider referral to a private paediatrician
- Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

### Please ask parents to bring to their appointment
- Child’s health record book
- Relevant x-rays and pathology tests
### Underweight (over 5 years)

| Information required | > Presence of red flags (see below)  
|                       | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                       | > Dietary history including picky eating or sensory issues with food  
|                       | > Developmental history  
|                       | > Symptoms of anxiety, depression or restricted eating patterns  
|                       | > Any recent illnesses or concurrent medical issues (such as infections, asthma or severe eczema)  
|                       | > Symptoms of oromotor dysfunction (problems with chewing, swallowing or chronic cough)  
|                       | > Relevant social history and mental health history  
|                       | > Current and previous growth parameters (weight, length/height and head circumference)  
|                       | > Medications  
|                       | > Suspicion or suggestion of an eating disorder  

| Investigations Required | > Urinalysis  
|                        | > Stool microscopy and culture, and examination for fat and fatty acid crystals  
|                        | > Full blood count, electrolytes and liver function, coeliac screening antibodies, thyroid function tests, iron studies, B12, folate  

| Red Flags | > Flat or lethargic  
|           | > Vomiting  
|           | > Chronic diarrhoea  
|           | > Sudden or significant weight loss  
|           | > Hypo-glycaemia or hyper-glycaemia  
|           | > Suspected eating disorder  

| Suggested GP management | > Dietetic involvement for caloric supplementation  
|                        | > Exclusion diets should only be implemented with dietician/paediatric support  
|                        | > Do not stop gluten in the diet  
|                        | > Consider referral to a private paediatrician  
|                        | > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians  

| Please ask parents to bring to their appointment | > Child’s health record book  
|                                                   | > Relevant x-rays and pathology tests  

**Overweight (BMI percentile over 85th percentile, or BMI over 30)**

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<th>Information required</th>
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<td>&gt; Presence of red flags (see below)</td>
<td>&gt; Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues</td>
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<tr>
<td>&gt; Dietary history</td>
<td>&gt; Developmental history, particularly any concurrent developmental delay</td>
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<td>&gt; Relevant social history</td>
<td>&gt; Current and previous growth parameters (weight, length/height and head circumference) and current BMI</td>
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<td>&gt; History suggestive of sleep disordered breathing</td>
<td>&gt; Suspicion of intellectual problems or learning difficulties</td>
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<td>&gt; Medications</td>
<td>&gt; Presence of polyuria, polydipsia, nocturia, acanthosis nigricans, hepatomegaly</td>
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<th>Investigations Required</th>
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<tr>
<td>&gt; BMI Centile Chart - Girl</td>
<td>&gt; BMI Centile Chart – Boy</td>
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<td>&gt; Full blood count, electrolytes and liver function, thyroid function tests, iron studies, HbA1C, C-peptide, fasting insulin, vitamin D, blood glucose</td>
<td>&gt; Measure blood pressure</td>
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<td>&gt; Consider Urinalysis</td>
<td>&gt; Consider Referral to a Dietician</td>
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<th>Red Flags</th>
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<tr>
<td><strong>Consider sending to the Emergency Department</strong></td>
<td>&gt; Hypo-glycaemia or hyper-glycaemia</td>
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<td>&gt; Check fasting BGL</td>
<td>&gt; Support family to increase physical activity levels</td>
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<td>&gt; Discuss free-play time as preferable to screen-time.</td>
<td>&gt; Identify high-calorie foods that can be reduced, eliminated, or replaced</td>
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<td>&gt; Discuss appropriate food portions for children</td>
<td>&gt; Consider referral to a pediatric endocrinologist</td>
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<td>&gt; Consider referral to a dietician</td>
<td>&gt; Consider referral to ENT if suspect sleep apnoea</td>
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<tr>
<td>&gt; Consider referral to a private paediatrician</td>
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<tr>
<th>Suggested GP management</th>
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<tr>
<td>&gt; Child’s health record book</td>
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<tr>
<th>Please ask parents to bring to their appointment</th>
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### Recurrent infections or Suspected Immunodeficiency

| Information required | > Presence of red flags (see below)  
|                     | > Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                     | > Number and nature of infections  
|                     | > Current and previous growth parameters (weight, length/height and head circumference)  
|                     | > Family history of immunodeficiency  
|                     | > Medications and treatment duration required  
| Investigations Required | > Full blood count  

### Red Flags

- > 2 or more serious bacterial infections within a year  
- > Failure of an infant to gain weight or grow normally  
- > Recurrent deep skin or organ abscesses  
- > Persistent thrush in the mouth or elsewhere on skin after age 1 year  
- > Persistent lymphadenopathy or generalised lymphadenopathy  
- > Chronic diarrhoea

### Suggested GP management

- > Consider referral to a private paediatrician  
- > Consider referral to paediatric immunologist  
- > Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

### Please ask parents to bring to their appointment

- > Child’s health record book  
- > Relevant x-rays and pathology tests
| Information required | > Presence of red flags (see below)  
> Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
> Number and nature of asthma exacerbations  
> Severity and frequency of interval symptoms  
> Triggers for symptoms (eg cold air, exercise, pollens, viral infections)  
> Severe asthma attacks requiring hospital admission or intensive care admissions  
> Current and previous growth parameters (weight, height/length and head circumference)  
> Current and previous medications  
> Family history of asthma or atopy  
> Extent of school absenteeism or limitation in daily function |
| Investigations Required | > Consider Spirometry if over 6 years old |
| Red Flags | *The Department of General Medicine’s outpatient service is not an acute care service. Consider Sending to the Emergency Department if there are acute asthma symptoms.*  
> Frequent episodes of asthma (please specify number and severity)  
> Frequent interval symptoms (please specify)  
> Previous admissions to hospital for asthma  
> Anaphylaxis  
> Resistant to standard management |
| Suggested GP management | > Consider starting a preventer medication  
> Ensure puffer, mask and spacer technique is adequate  
> Write an asthma action plan for the family and school  
> Consider referral to a paediatric respiratory physician  
> Consider referral to a private paediatrician  
> Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians. |
| Please ask parents to bring to their appointment | > Child’s health record book  
> Relevant x-rays and pathology tests |
## Seizures

### Information required

- Presence of red flags (see below)
- Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues
- Number, type and duration of seizures
- Note if the child was febrile or unwell at the time of the seizure
- Growth, particularly head circumference and centiles
- Neurological examination
- Developmental history
- Birth history including prematurity or birth complications (for example low APGARs)
- Medications and treatments

### Investigations Required

- No investigations required

### Red Flags

**Consider sending to the Emergency Department**

- Vomiting
- Headaches
- Abnormalities on neurological examination, including ataxia or dysarthria, papilledema
- Regression of milestones

### Suggested GP management

- Consider referral to a private paediatrician
- Consider referral to a paediatric neurologist
- Consider EEG and/or neuroimaging, depending on clinical indications
- Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians

### Please ask parents to bring to their appointment

- Child’s health record book.
- Relevant x-rays and pathology tests
## Chronic Cough (> 4 weeks’ duration).

<table>
<thead>
<tr>
<th>Information required</th>
<th>&gt; Presence of red flags (see below)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>&gt; Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues</td>
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<td></td>
<td>&gt; Neonatal history including prematurity</td>
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<td>&gt; Environmental factors such as tobacco smoke exposure</td>
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<td></td>
<td>&gt; Weight and height</td>
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<td></td>
<td>&gt; Developmental assessment</td>
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<td>&gt; Coughing or gagging with oral intake</td>
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<td></td>
<td>&gt; Asthma, atopy, rhinitis</td>
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<tr>
<td></td>
<td>&gt; Family history of cystic fibrosis</td>
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<td></td>
<td>&gt; Medications and treatments</td>
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</tbody>
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<tr>
<th>Investigations Required</th>
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<tr>
<td></td>
<td>&gt; Consider PFTs if over 6 years old</td>
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<td></td>
<td>&gt; Consider chest x-ray if clinically indicated (for example suspicion of inhaled foreign body)</td>
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<tr>
<td></td>
<td>&gt; Shortness of breath or significantly increased work of breathing.</td>
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<td>&gt; Hypoxia (suspected or proven)</td>
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<td>&gt; Fever</td>
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<td></td>
<td>&gt; Failure to thrive</td>
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<tr>
<td></td>
<td>&gt; Chronic diarrhoea</td>
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<td></td>
<td>&gt; Haemoptysis</td>
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<tr>
<td></td>
<td>&gt; Cardiac murmurs</td>
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<td>&gt; History or suspicion of inhaled foreign body</td>
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<th>Suggested GP management</th>
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<td></td>
<td>&gt; Consider referral to a paediatric respiratory physician</td>
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<td></td>
<td>&gt; Over-the-counter medications are ineffective for the symptomatic relief of acute cough(^1)</td>
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<tr>
<td></td>
<td>&gt; Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians</td>
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References:
**Iron deficiency**

| Information required | Presence of red flags (see below)  
|                      | Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues  
|                      | Weight and height percentiles  
|                      | Dietary history  
|                      | Medications and treatments, including duration and compliance  

| Investigations Required | FBE and reticulocyte count, Iron studies, B12 and folate  
|                        | Consider also checking vitamin D, EUC, and LFTs  
|                        | Consider screening for coeliac disease, if no clear cause for iron deficiency is apparent  
|                        | Consider blood lead levels in children with pica, developmental delays or a history of lead exposure (for example traditional medicines)  

| Red Flags | Failure to thrive  
|           | Severe anaemia (Hb under 80)  
|           | Symptomatic (for example dizziness, postural hypotension, breathlessness)  
|           | Blood loss  

| Suggested GP management | The Department of General Medicine will not routinely review children over 2 years of age who have not trialled oral iron for 3 months prior to referral, unless there is suspicion of underlying illness or other cause for concern.  
|                       | Consider referral to a private paediatrician  
|                       |Prescribe Iron supplements for 3 months, then re-check the iron levels. Paediatric dosing is available from the Australian Medicines Handbook  
|                       | Support breastfeeding and limit cow milk intake to 500 ml/day after 12 months of age; milk consumption may be high in some groups  
|                       | Dietary advice (regular meat intake, pulses, green vegetables). Consider referral to dietician  
|                       | Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians  

*Intravenous iron is not routinely indicated for children with iron-deficiency anaemia, and will generally not be considered unless the child has failed a 6-month trial of oral iron therapy*  

| Please ask parents to bring to their appointment | Child’s health record book  
|                                                   | Relevant x-rays and pathology tests |