## EXCLUSIONS

Services not offered by Monash Children's Hospital

- Conversion Disorder where pain is not the primary complaint e.g., functional weakness, non-epileptic attacks, hemi-sensory symptoms; refer to relevant [Monash Children's Hospital service](#).
- Primary chronic fatigue: refer to Monash Children's Hospital [Paediatric Rehabilitation](#).
- Patients over 16 age unless attending school: Click here for adult Monash Health Pain Medicine guidelines.

## CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex Regional Pain Syndrome (CRPS)</td>
<td>also known as Reflex Sympathetic Dystrophy</td>
</tr>
<tr>
<td>Chronic abdominal pain</td>
<td></td>
</tr>
<tr>
<td>Chronic headaches</td>
<td></td>
</tr>
<tr>
<td>Other chronic pain conditions</td>
<td></td>
</tr>
</tbody>
</table>

## PRIORITY

All referrals received are triaged by Monash Children's Hospital clinicians to determine urgency of referral.

### EMERGENCY

For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

### URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

### ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month.
## Mandatory referral content

**Demographic:**
- Full name
- Date of birth
- Next of kin
- Postal address
- Contact number(s)
- Email address
- Medicare number
- Referring GP details (including **provider number**)
- Usual GP (if different)
- Interpreter requirements

**Clinical:**
- Reason for referral
- Duration of symptoms
- Management to date and response to treatment
- Past medical history
- Current medications and medication history if relevant
- Functional status
- Psychosocial history
- Dietary status
- Family history
- Diagnostics as per referral guidelines

[Click here](#) to download the outpatient referral form

## Medical practitioners

To discuss complex & urgent referrals contact: Dr Simon Cohen, Pain Consultant through Monash Health Switchboard 03 9594 6666

**General enquiries**
Phone: 8572 3004

## Submit a referral

Fax referral form to Monash Children’s Hospital Specialist Consulting Services:
Fax: 8572 3007
Email: scmonashchildrens@monashhealth.org

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**Head of unit:**
Dr Simon Cohen

**Program Director:**
Prof Nick Freezer

**Last updated:**
18/06/2019
PAIN DISORDERS

COMPLEX REGIONAL PAIN SYNDROME (CRPS)  
Also known as: REFLEX SYMPATHETIC DYSTROPHY OR CAUSALGIA

Initial GP Work Up  
Orthopaedic issues need to be excluded prior to referral if conditions that require surgery or specific interventions.

Management Options for GP  
Exclusion of underlying pathology or treatable medical conditions

WHEN TO REFER?

Emergency
- Early referral generally results in better outcomes. Head of Unit, Dr Simon Cohen, Pain Consultant happy to discuss and see early.
- Contact Dr Cohen through Monash Hospital Switchboard 03 9594 6666

WHEN TO REFER?

PAIN DISORDERS

CHRONIC ABDOMINAL OR HEADACHE PAIN

Initial GP Work Up  
- Greater than 3 months duration especially if impacting on function especially missing school  
- Usually have seen a paediatrician / gastroenterologist / neurologist to exclude underlying conditions

Management Options for GP  
The preference of the Chronic Pain Service is to work actively in partnership with the General Practitioner in ongoing management and to work in close communication with other specialist services who are providing treatment for the same or related problem.

WHEN TO REFER?

Urgent - Priority 1
- Pain interfering with sleep or self-care, or requiring the assistance of another for activities of daily living  
- Children whose pain interferes with school attendance

Urgent - Priority 2
Pain < 1 year not responding to GP management; frequent pain exacerbations occasioning Emergency Dept. presentations or hospital admissions, pain associated with marked physical interference or emotional distress

Routine - Priority 3
Pain > 1 year not responding to GP management, diagnostic advice, medication optimisation, psychological distress, physical interference
OTHER CHRONIC PAIN CONDITIONS

Common Presentations Include:
• Pain associated with medical conditions eg. juvenile chronic arthritis
• Ongoing pain following trauma or surgery where there is concern regarding transition to persistent pain
• Chronic pain with concerns regarding current drug management especially use of opioids
• Cancer pain
• Chronic Pelvic pain
• Chronic widespread pain / fibromyalgia
• Chronic pain with a significant impact in sleep, self care, school attendance, recreation
• Pre operative pain assessments for children with pain conditions
• Pain associated with chronic neurological disorders
• Difficult to control neuropathic pain is suspected
• Shingles
• Ehlers-Danlos Syndrome / hypermobility

Initial GP Work Up
All reasonable investigations have been completed to exclude underlying pathology or medically / surgically treatable conditions.

Management Options for GP
• The preference of the Chronic Pain Service is to work actively in partnership with the General Practitioner in ongoing management and to work in close communication with other specialist services who are providing treatment for the same or related problem.
• The aim is to assist the child and family to manage the symptoms, to improve function, sleep and quality of life. This is achieved through a holistic approach of:
  o Appropriate medications to assist pain, coping, sleep and function.
  o Physiotherapy to reverse secondary deconditioning, restore function, stamina and ability
  o Occupational therapy to support school and social and to assist with weekly timetabling
  o Psychology to assist with coping and function in the presence of pain and associated mood and anxiety issues.
• Some of these services are available at MCH if the patient is within MCH catchment area and some will need to be coordinated with services local to the patient.

WHEN TO REFER?

Urgent - Priority 1
Pain < 3 months since onset and:
• Interfering with sleep or self-care, or requiring the assistance of another for activities of daily living;
• Interferes with school attendance;
• Refractory cancer pain;
• Early neuropathic pain
• Complex regional pain syndrome (CRPS)

Urgent - Priority 2
Pain < 1 year not responding to GP management; frequent pain exacerbations occasioning Emergency Dept. presentations or hospital admissions, neuropathic pain, persistent pain following trauma or surgery, pain associated with marked physical interference or emotional distress

Routine - Priority 3
Pain > 1 year not responding to GP management, diagnostic advice, medication optimisation, psychological distress, physical interference