

# Monash Children's Hospital

## Referral Guidelines

### PAEDIATRIC PAIN MANAGEMENT

#### EXCLUSIONS

Services not offered by Monash Children's Hospital

- Conversion Disorder where pain is not the primary complaint eg 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

[Complex Regional Pain Syndrome \(CRPS\)](#) also known as Reflex Sympathetic Dystrophy

[Chronic abdominal pain](#)

[Chronic headaches](#)

[Other chronic pain conditions](#)

#### 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

Head of unit:  
Dr Simon Cohen

Program Director:  
Prof Nick Freezer

Last updated:  
18/06/2019



# Monash Children's Hospital Referral Guidelines PAEDIATRIC PAIN MANAGEMENT

## REFERRAL

How to refer to  
Monash Children's  
Hospital

### 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

## CONTACT US

### Medical practitioners

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

### Submit a referral

Fax referral form to Monash Children's  
Hospital Specialist Consulting Services:  
Fax: 8572 3007  
Email: [smonashchildrens@monashhealth.org](mailto:smonashchildrens@monashhealth.org)

### General enquiries

Phone: 8572 3004

Head of unit:  
Dr Simon Cohen

Program Director:  
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## 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 ie 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

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### 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

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## OTHER CHRONIC PAIN CONDITIONS

### CHRONIC PAIN CONDITIONS

### WHEN TO REFER?

#### 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:
  - Appropriate medications to assist pain, coping, sleep and function.
  - Physiotherapy to reverse secondary deconditioning, restore function, stamina and ability
  - Occupational therapy to support school and social and to assist with weekly timetabling
  - 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.

#### 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

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