

# Monash Children's Hospital Referral Guidelines ADOLESCENT MEDICINE

## EXCLUSIONS

Services not offered by Monash Children's Hospital Adolescent Medicine Team

- **New patients 18 years and over** to be referred to the relevant [Monash Health adult outpatient service](#)
- Mental health outpatient care to be referred to:
  - **Early in Life Mental Health Service (ELMHS)**  
**Ph:** 1300 369 012  
**Fax:** 9594 6333  
Or to find your local tertiary mental health service [click here](#)
  - **Headspace National Youth Mental Health Foundation (12-25yrs)**  
To find your local tertiary service [click here](#)
- Seizures: refer to [Paediatric Neurology](#) service
- Chronic Fatigue Syndrome: refer to [Paediatric Rehabilitation](#)
- Complex Regional Pain Syndrome: refer to [Pain Management Service](#)
- Autism Assessments: refer to [Developmental Paediatrics](#) (Paediatrician referral required )
- ADHD / Developmental Disability Assessments: refer to [Paediatric Clinic](#) at Sandringham hospital
- Gynecological Conditions: refer to [Adolescent Gynecological Service](#)
- If tertiary level care is not required consider referral to your local General Paediatric Services ie [Peninsula Health](#) / [Eastern Health](#) / [Sandringham Hospital](#).

## CONDITIONS

### DISORDERED EATING

[Anorexia Nervosa](#)

[Bulimia Nervosa](#)

[Binge eating disorder](#)

[Avoidant Restrictive Food Intake Disorder](#)

### MEDICAL CONDITIONS

[Recurrent headaches](#)

[Recurrent abdominal pain](#)

[Chronic pain & somatisation](#)

We provide services for adolescent patients with chronic and complex health care needs requiring secondary consults for additional adolescent health issues.

We also see adolescent patients needing tertiary level care with medical issues.

**Head of unit:**  
Dr Jacinta Coleman

**Program Director:**  
Prof Nick Freezer

**Last updated:**  
30/06/2019



# Monash Children's Hospital

## Referral Guidelines

### ADOLESCENT MEDICINE

#### 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

#### 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: On-call Consultant via Monash Health switchboard **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 Jacinta Coleman

##### Program Director:

Prof Nick Freezer

##### Last updated:

30/06/2019



## DISORDERED EATING

### ANOREXIA NERVOSA, BULIMIA NERVOSA, BINGE EATING DISORDER, ARFID

### WHEN TO REFER?

#### Initial GP Work Up

- Intake history
- Activity history
- History of vomiting or laxative abuse
- Current mental health state
- Current height
- Current weight
- Current BMI
- Amount of weight loss
- Postural cardiovascular observations (Lying and Standing)
- FBE / UEC / Ca/ Mg / PO4 / LFT's / random BSL / Iron studies / Vit D / Zn / TFT's
- ECG

#### Management Options for GP

- Needs referral to the [local tertiary mental health service](#) for psychological assessment and treatment
- Or private psychologist experienced in this area [Australia Psychology Society](#)
- Ongoing close monitoring of weight & cardiovascular observations

#### Emergency

- Resting HR < 50 bpm
- Postural hypotension  $\geq 20$ mmHg
- T <35°C (oral)
- Electrolyte abnormalities eg hypokalaemia, hypernatremia
- Severe weight loss (>20% premorbid weight)
- Suicidality

#### Urgent

If none of above criteria not met please refer to our service and continue to monitor closely.

[BACK](#)

## MEDICAL CONDITIONS

### HEADACHES

#### Initial GP Work Up

- Weight and height
- Weight loss
- Timing of headaches
- Associated symptoms such as vomiting
- Triggers
- Sleep history
- Neurological examination
- Mental state assessment
- Impact on school attendance / lifestyle

#### Management Options for GP

- Headache diary
- Refer to mental health supports eg. Headspace
- Consider physiotherapy
- Consider imaging

### WHEN TO REFER?

#### Emergency

- Early morning headaches
- Morning vomiting
- Abnormal neurological examination
- Visual disturbance
- Unexplained weight loss

#### Urgent

- Significant functional impairment
- Altered mood or behaviour

#### Routine

- Prolonged duration > 3 months
- Normal neurological examination and / or neuroimaging

[BACK](#)

### RECURRENT ABDOMINAL PAIN

#### Initial GP Work Up

- Pain Hx – location, duration, timing, triggers and relieving factors
- Associated symptoms eg vomiting
- Diet Hx
- Stool Hx
- Sleep Hx
- Gynaecological Hx
- Screen for psychosocial stressors
- Weight and weight loss
- Impact on school attendance / lifestyle

#### Management Options for GP

- Pain diary
- Refer to psychologist to address any co-morbid psychosocial stressors and strategies for pain management
- Consider referral to [Adolescent Gynaecological Service](#) at Monash Children's Hospital

### WHEN TO REFER?

#### Urgent

- Significant functional impairment
- Weight loss

#### Routine

Prolonged duration > 6 months with no other concerning features eg no weight loss

[BACK](#)

## MEDICAL CONDITIONS (cont'd)

### CHRONIC PAIN & SOMATISATION



### WHEN TO REFER?

#### Initial GP Work Up

- Pain Hx – location, duration, timing, triggers and relieving factors
- Associated symptoms eg vomiting
- Diet Hx
- Stool Hx
- Sleep Hx
- Screen for psychosocial stressors
- Weight and weight loss
- Impact on school attendance / lifestyle
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#### Urgent

Significant functional impairment

#### Routine

Prolonged duration > 6 months with no other clinical concerns

#### Management Options for GP

- Pain diary
- Refer to psychologist to address any co-morbid psychosocial stressors and strategies for pain management
- Consider referral to physiotherapy
- Consider referral to the [Monash Children's Hospital Pain](#) service particularly if specific syndromes are suspect such as Complex Regional Pain Syndrome

[BACK](#)