Monash Children’s Hospital
Referral Guidelines
PAEDIATRIC INFECTIOUS DISEASES

EXCLUSIONS
Services not offered by Monash Children’s Hospital

CONDITIONS

SYSTEMIC CONDITIONS
- Bloodborne viruses
- Fever / Pyrexia of unknown origin
- Fever and rash
- Fever in immunocompromised
- Post travel

NON-SYSTEMIC CONDITIONS
- Diarrhoea
- Genital discharge
- Jaundice
- Meningitis
- Respiratory infection – lower
- Respiratory infection – upper
- Skin and soft tissue infections
- Tuberculosis and other mycobacterial infections

PREVENTATIVE MEDICINE
- Post splenectomy
- Pre exposure prophylaxis
- Pre travel

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

Patients over 18 years of age: Click here for Monash Health Infectious Diseases guidelines

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REFERRAL
How to refer to Monash Children’s Hospital

Find up-to-date information about how to send a referral to Monash Health on the eReferrals page on our website.

CONTACT US
Medical practitioners
To discuss complex & urgent referrals contact: On-call [registrar or consultant] via <insert contact details>

General enquiries
Phone: 8572 3004
SYSTEMIC CONDITIONS

BLOODBORNE VIRUSES

Presentation
- Hepatitis C
- Hepatitis B
- HIV and AIDS

Initial GP Work Up
- Insert relevant information

Investigations
- Faeces for M&C
- Faeces for ova, cysts and parasites

Management Options for GP
- Encourage parents ensure child remains hydrated

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate

[GENITAL DISCHARGE]

Initial GP Work Up
- STI history

Investigations
- M,C & S swab of discharge
- Serology of syphilis, HIV
- Urine for Chlamydia, gonococcal PCR

Management Options for GP
- Insert relevant information

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate
FEVER AND RASH

Initial GP Work Up
- History of travel, animal contacts
- Seek history of medication and bites

Investigations
- FBE, LFTs, U+E, Cr
- Blood cultures
- If vesicular rash, swab for herpes virus PCR

Management Options for GP
- Consider meningococcal infection

WHEN TO REFER?

Emergency
 Insert relevant information or delete text box if not appropriate

Urgent
 Insert relevant information or delete text box if not appropriate

Routine
 Insert relevant information or delete text box if not appropriate

FEVER IN IMMUNOCOMPROMISED

Initial GP Work Up
- Medical history

Investigations
- FBE, LFTs, U+E, Cr
- Blood cultures
- If vesicular rash, swab for herpes virus PCR

Management Options for GP
- Insert relevant information

WHEN TO REFER?

Emergency
 Insert relevant information or delete text box if not appropriate

Urgent
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Routine
 Insert relevant information or delete text box if not appropriate

BACK
SYSTEMIC CONDITIONS (cont’d)

POST TRAVEL

Initial GP Work Up
- History of travel, animal contacts
- Seek history of medication and bites

Investigations
- Blood cultures (typhoid)
- FBE, LFTs, U+E, Cr
- Thick and thin film and ICT for malaria
- CXR
- Urine M&C
- Faeces M&C
- Serology: Dengue, Hepatitis A

Management Options for GP
- Consider meningococcal infection

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate
NON-SYSTEMIC CONDITIONS

DIARRHOEA

Presentation
- Acute diarrhoea
- Chronic diarrhoea – refer to Gastroenterology

Initial GP Work Up
- Symptomatic illness
- Treatment history

Investigations
- LFTs, liver biopsy result if performed
- HIV Antibody test result and Western blot

Management Options for GP
- Information for Hepatitis B can be found here
- Consider referral to Gastroenterology for Hepatitis

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
- Newly diagnosed patients
- If acutely unwell, phone Infectious Diseases registrar on XXXX

Routine
Refer on confirmation of diagnosis

[FEVER / PYREXIA OF UNKNOWN ORIGIN]

WHEN TO REFER?

Emergency
If rigors present

Urgent
Patients with XXXX

Routine
Insert relevant information or delete text box if not appropriate

Initial GP Work Up
- Travel and animal contact history

Investigations
- FBE
- LFTs
- CRP Urine for MSU Blood cultures
- CXR

Management Options for GP
- Insert relevant information
NON-SYSTEMIC CONDITIONS (cont’d)

JAUNDICE

Initial GP Work Up
History of:
• Travel
• Gallstone pain medications
• Exposure to hepatitis

Investigations
• Upper GIT USS
• LFTs
• FBE, Haemolytic screen
• Serology for Hep BsAg, Hep A IgM, IgG, Hep C antibody

Management Options for GP
• Insert relevant information

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate

MENINGITIS

Initial GP Work Up
• Insert relevant information

Investigations
• Insert relevant information

Management Options for GP
• Insert relevant information

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate
NON-SYSTEMIC CONDITIONS (cont’d)

RESPIRATORY INFECTION – UPPER

Initial GP Work Up
• Insert relevant information
Investigations
• Throat swab for PCR for respiratory viruses
• Nasopharyngeal aspirate PCR
• Serology for EBV, influenza, pertussis
Management Options for GP
• Insert relevant information

WHEN TO REFER?

Emergency
If rigors, breathless on room air or oxygen desaturation

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate

RESPIRATORY INFECTION – LOWER

Initial GP Work Up
• Insert relevant information
Investigations
• Sputum for M& C CXR
• Legionella and pneumococcal
• Urinary antigens
• Consider any TB contacts, sputum for AFB, M & C
• Serology Legionella, Mycoplasma and Chlamydia
Management Options for GP
• Insert relevant information

WHEN TO REFER?

Emergency
If rigors, breathless on room air or oxygen desaturation

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate
NON-SYSTEMIC CONDITIONS (cont’d)

SKIN AND SOFT TISSUE INFECTIONS

Initial GP Work Up
- Insert relevant information

Investigations
- Swab of purulent discharge
- FBE
- U&Es
- LFTs
- PCR for M. ulcerans if suspicious

Management Options for GP
- Insert relevant information

WHEN TO REFER?

Emergency
- Insert relevant information or delete text box if not appropriate

Urgent
- Insert relevant information or delete text box if not appropriate

Routine
- Insert relevant information or delete text box if not appropriate

TUBERCULOSIS AND OTHER MYCOBACTERIAL INFECTIONS

Presentation
- Extrapulmonary Tuberculosis
- Bairnsdale Ulcer
- Mycobacterium Avian Complex
- Leprosy

Initial GP Work Up
- Insert relevant information

Investigations
- Insert relevant information

Management Options for GP
- Insert relevant information

WHEN TO REFER?

Emergency
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Urgent
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Routine
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PREVENTATIVE MEDICINE

POST SPLENECTOMY

Initial GP Work Up
• Reason for splenectomy
• Reason for hyposplenism e.g. extensive spleen damage, splenic hypoembolisation
• Date of splenectomy
• Vaccination history
• Prophylactic history
• History of sepsis/thrombosis
• Referral if travel advice given

Investigations
• FBE and film required
• Howell – Jolly bodies
• IgM memory B cell

Management Options for GP
• Insert relevant information

WHEN TO REFER?

Emergency
If signs of bacterial infection refer immediately to the Emergency Department. Phone Infectious Diseases registrar on XXXX

Urgent
Insert relevant information or delete text box if not appropriate

Routine
Insert relevant information or delete text box if not appropriate

PRE EXPOSURE PROPHYLAXIS

Initial GP Work Up
• Insert relevant information

Investigations
• Insert relevant information

Management Options for GP
• Insert relevant information

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
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Routine
Insert relevant information or delete text box if not appropriate

BACK
PRE TRAVEL

Initial GP Work Up
• Clinical history
• Record of previous vaccinations
• Medications
• Travel plans

Investigations
• Insert relevant information

Management Options for GP
• Consider www.smartraveller.gov.au for travel advice

WHEN TO REFER?

Emergency
Insert relevant information or delete text box if not appropriate

Urgent
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Routine
Insert relevant information or delete text box if not appropriate