

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](#)
 - **Hespe 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](#)

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

MEDICAL CONDITIONS

[Recurrent headaches](#)

[Recurrent abdominal pain](#)

[Chronic pain & somatisation](#)

[Iron Deficiency](#)

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**

General enquiries

Phone: 8572 3004

Email:

scmonashchildrens@monashhealth.org

Submit a referral

Refer via electronic referral using HealthLink. Details available at

<https://monashchildrenshospital.org/for-health-professionals/gp-ereerrals/>

Head of unit:

Dr Jacinta Coleman

Program Director:

Prof Nick Freezer

Last updated:

24/11/2023



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 ≥ 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.

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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

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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

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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
-

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

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IRON DEFICIENCY

WHEN TO REFER?

Initial GP Work Up

- Weight
- Height
- Description of diet (vegetarian, change in diet, weight loss)
- If female, provide menstrual history
- Haemoglobinopathy screen
- Coeliac scree

Urgent

Routine

Management Options for GP

- Dietician referral
- Oral iron must have been tried for at least 6 weeks if haemoglobin is normal

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