Monash Health Referral Guidelines
Paediatric Neurology

EXCLUSIONS

Services not offered by Monash Health

- Adults over 18 years of age
- Already under treatment for the same condition at another Victorian public hospital
- Tics
- Behavioural disorders
- Febrile seizures
- Headache without a red flag - **Reflags for paediatric headache**
    - Age <6 years
    - Acute or thunderclap onset
      Sudden, severe headache (especially if first or worst ever)
    - Headache with fever or neck stiffness
      Consider meningitis/encephalitis
    - Focal neurological signs or seizures
    - Papilloedema or signs of raised intracranial pressure
      (e.g. early morning vomiting, worsening with lying down or Valsalva)
    - Personality or cognitive change
    - Progressive or persistent worsening headache
    - Headache waking the child from sleep
    - Recent head trauma
    - Headache triggered by exertion, cough, or Valsalva

CONDITIONS

- Epilepsy / Seizures
- Suspected Seizures / Paroxysmal Events
- Motor / Developmental Delay with Neurological Concerns
- Collapse / Fainting
- Suspected Neuromuscular Disorders
- Headache
- Neurovascular Disorders
- Movement Disorders
- Focal Peripheral Neuropathy
- Brain malformation (e.g. lissencephaly, agenesis of corpus callosum, cerebellar hypoplasia)
- Neonatal neurology
- Neurometabolic disorders
- Neuroinflammatory conditions
- Incidental abnormal MRI brain

Last updated:
Oct 2025

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PRIORITY

All referrals received are triaged by **Monash Health 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

REFERRALS

Emergency Department Referrals – Acute Red Flags

- Immediate referral to ED if any of the following are present:
- New-onset headache with red flags
- Papilloedema (on eye exam)
- Frequent/prolonged seizures
- Developmental regression + abnormal neurological signs
- Suspected infantile spasms
- Acute weakness, ataxia, or gait changes
- Acute focal neurological deficit (e.g., face/arm/leg)
- Acute confusion or hallucinations

Outpatient Referrals – Common Triage Categories

Urgent (<30 days)

- Frequent afebrile seizures
- Afebrile seizures <2 years
- Focal seizures
- Motor delay <6 months of age with areflexia
- Subacute focal neurological deficits
- Developmental regression (non-autism related)

Routine (>30 days)

- Infrequent afebrile seizures (>2 years old)
- Paroxysmal events – GP/Paediatrician review first
- Longstanding gait issues, hypotonia, neuromuscular weakness
- Chronic headache, resistant migraine (if not responsive to GP and paediatrician management)
- Developmental delay with neurological concerns (excl. autism)

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REFERRAL
How to refer to Monash Health

Secure eReferral by HealthLink is now our preferred method of referral.

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 on (03) 9594 6666

General enquiries
Phone: 1300 342 273

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Epilepsy / Seizures

EPILEPSY / SEIZURES

Initial GP Work Up

Detailed event history
Developmental + medical history
Neurological exam + head circumference
Prior EEG, MRI, genetic tests
Videos if available

Referring Doctor to Initiate Investigations Alongside Neurology Referral

Baseline bloods
Urine metabolic screen
EEG (per RCH pre-referral guidelines)
MRI brain (if focal, <2 years old, or abnormal EEG)
Genetics (if indicated)

BACK

Suspected Seizures / Paroxysmal Events

SUSPECTED SEIZURES / PAROXYSMAL EVENTS

Initial GP Work Up

Event description, frequency, context
Witness reports
Videos if available

Recommended:

EEG (if accessible)
ECG/Holter if indicated
General paediatrician review

BACK

Motor / Developmental Delay

MOTOR / DEVELOPMENTAL DELAY

Initial GP Work Up

Developmental history
Tone, reflexes, head circumference
Neurocutaneous signs
Growth charts

Recommended Investigations:

CK, TFTs, B12, lactate, ammonia
Microarray, urine metabolic screen
Eye & hearing assessments
Brain MRI (if indicated)
Clinical genetics referral / exome (if warranted)

BACK

Collapse / Fainting (After non-neurological causes excluded by general paediatrician)

COLLAPSE / FAINTING

Initial GP Work Up

Detailed history, triggers, duration
Postural BP and neuro exam

Recommended Investigations:

ECG
Blood glucose
Cardiology referral if indicated

BACK

Suspected Neuromuscular Disorders

SUSPECTED NEUROMUSCULAR DISORDERS

Initial GP Work Up

Gait, tone, reflexes, family history
Central vs peripheral involvement

Recommended Investigations:

CK, microarray
EMG/NCS (via HealthLink eReferral)
Cardiology review

BACK

Headache (Non-Acute)

HEADACHE (NON-ACUTE)

Chronic headache, resistant migraine not responsive to GP and paediatrician management

Initial GP Work Up

Onset, frequency, red flag features
Neuro exam, head circumference, BP
Response to treatments

Recommended:

Eye review + fundoscopy photo
Neuroimaging if any red flags
Consider Pain Clinic for chronic daily headaches

BACK

Neurovascular Disorders

NEUROVASCULAR DISORDERS

WHEN TO REFER?

Emergency

Post-ictal child not fully recovered
TIA-like episodes
Progressive hemiparesis, new-onset speech changes
Suspected vasculitis or Moya-Moya
Neurological signs in sickle cell patients
Link to MCH stroke protocol

Urgent

AVM or small aneurysm follow-up
Resolved TIA with normal imaging

BACK

Movement Disorders

MOVEMENT DISORDERS

Symptoms

Tremor, dystonia, chorea, myoclonus
Ataxia, bradykinesia

Initial GP Work Up

Age of onset, perinatal history
Development, family history
Triggers, medications/toxins

Referring Doctor to Initiate Investigations Alongside Neurology Referral

CBC, LFTs, electrolytes
MRI (if progressive or focal signs)
EEG (if epilepsy suspected)
Genetic & metabolic tests (if indicated)
Autoimmune screen (if encephalitis suspected)
Video recordings for review

BACK

Focal Peripheral Neuropathy

FOCAL PERIPHERAL NEUROPATHY

Initial GP Work Up

Detailed description of weakness, atrophy, gait, or sensory change
Videos if available
Results of imaging and labs
Any previous interventions (e.g., physiotherapy, bracing)

Referring Doctor to Initiate Investigations Alongside Neurology Referral

FBC, CRP/ESR
Electrolytes, B12, glucose, TSH
MRI or Ultrasound of affected limb/spine
EMG/NCS – discuss with on-call Neurologist at MCH if access limited

BACK