Referral guidelines
Paediatric Cardiology

Exclusions

SERVICES NOT OFFERED BY MONASH HEALTH

- Sinus arrhythmia
- Benign antenatal findings with no other concerning features (e.g. intracardiac echogenic focus, left aortic arch with aberrant right subclavian artery)
- Patients over 18 years of age. Click here for adult Victorian Heart Hospital guidelines: Cardiology | health.vic.gov.au

Conditions

- Syncope / palpitations
- Chest pain
- Cardiac murmur
- Fetal diagnosis of congenital heart disease
- Dyslipidaemia
- Hypertension
- Kawasaki disease
- Rheumatic heart disease
- Hereditary Cardiac Disease
- Screening – conditions with cardiac disease associations

Priority

All referrals received are triaged by the Paediatric Cardiology team to determine urgency of referral

Emergency	For emergency cases please do any of the following: • Send the patient to the Emergency Department OR • Phone 000 to arrange immediate transfer to the Emergency Department OR • Contact the on-call Paediatric Cardiology team via Monash Health Switchboard
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. • There is potential for the patient to deteriorate quickly to the point it may result in an emergency. • Expected timeframe less than 30 days
Routine	• The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health. • Appointment timeframe greater than 30 days, depending on clinical lead.

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Program Director:
Dr Lilian Johnstone

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Monash Health

Referral guidelines
Paediatric Cardiology

Referral

How to refer to Paediatric Cardiology at Monash Children's Hospital

Mandatory referral contact

- Patient demographics
- Referring doctor details, including provider number; usual general practitioner (if different)
- Interpreter requirements
- Please note referrals are only accepted if sent via HealthLink
- Requests for paediatric investigations (other than 12 lead electrocardiogram) must be accompanied by a separate referral for a consultation in the paediatric cardiology clinic, unless from subspecialty consultants with prior approval, who will act on the results. Investigations for patients not referred for clinic consultation will be rejected pending referral. Please send a referral for consultation if unsure and we will determine the tests required prior to the consult.

The clinical information provided in your referral will determine the triage category

Contact us

Medical practitioners

- To discuss complex and urgent referrals contact: on-call Paediatric Cardiology fellow or consultant (03) 9594 6666

General enquires

- Phone (03) 7511 1111

Syncope / palpitations

Initial GP work-up

Patient history

- Comprehensive history and examination
- Past medical history related to cardiovascular disease
- Family history related to cardiovascular disease

Investigations

- 12 lead ECG at baseline and any ECG with documented arrhythmia
- If cardiac investigations or external cardiac consultations have been performed, please attach results

Management options

- If symptoms consistent with orthostatic intolerance / autonomic dysregulation:
- Increased fluid intake
- Liberalised salt intake
- Medical grade compression stockings
- Exercises to prevent deconditioning, may need to be recumbent.
- Limiting prolonged standing, hot environments
- Good sleep hygiene
- Ensure adequate diet
- Slow changes in posture

When to refer?

Emergency

Persistent or prolonged arrhythmia

Urgent / Routine

The clinical information provided in the referral will determine triage category

Important factors for consideration

- Single vs. recurrent events
- Circumstances surrounding the event(s)
- Family history of
    - Hereditary arrhythmias e.g. long QT syndrome (LQTS), catecholaminergic polymorphic ventricular tachycardia (CPVT)
    - Sudden cardiac death
    - Cardiomyopathy
    - Especially if first degree relative or multiple family members

Chest pain

Initial GP work-up

Please refer to the Clinical Practice Guidelines available: Clinical Practice Guidelines : Chest pain

Investigations

- If cardiac investigations or external cardiac consultations have been performed, please attach results

When to refer?

Emergency

Acute cardiac condition diagnosed, or abnormal investigations

Urgent / Routine

The clinical information provided in the referral will determine triage category

Important factors for consideration

- Circumstances surrounding the episode(s)
- Known congenital or acquired cardiac condition

Cardiac murmur

Initial GP work-up

Patient history

- Comprehensive history and examination
- Past medical history related to cardiovascular disease
- Family history related to cardiovascular disease

Investigations

- If cardiac investigations or external cardiac consultations have been performed, please attach results

When to refer?

Emergency
Haemodynamic compromise

Urgent / Routine
The clinical information provided in the referral will determine triage category

Important factors for consideration

- Type of murmur – grade, timing ie. systolic/ diastolic/continuous, location, variation with standing
- Nature of murmur: ongoing, or present only with inter-current illness
- Associated symptoms. For example, poor exertion, sport related symptoms, syncope, cyanotic episodes
- Additional concerns: poor weight gain, family history
- Aboriginal or Torres Strait Islander, Māori, Pacific Islander background or high risk for Rheumatic Heart Disease

Fetal diagnosis of congenital heart disease

Initial GP work-up

Patient history

- Cardiac lesion identified and details of imaging performed
- Maternal full name and date of birth

Investigations

- Prenatal imaging results
- Fetal cardiology assessment and recommendation, if performed.
- Genetic testing, if performed.

When to refer?

Emergency
Haemodynamic compromise

Urgent / Routine
Lesion specific.
The clinical information provided in the referral will determine triage category.

Important factors for consideration

- Benign antenatal findings with no other concerning features (e.g. intracardiac echogenic focus, left aortic arch with aberrant right subclavian artery) do not require postnatal cardiology assessment.

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Dyslipidaemia

Initial GP work-up

Please refer to Australian Familial Hypercholesterolaemia paediatric guideline: https://onlinelibrary.wiley.com/doi/10.1111/jpc.16096

Investigations

- 2x FULL fasting lipid profiles (must include at minimum TC, HDL, LDL, Triglycerides) taken 3-months apart with attempt at lifestyle change in the interim
- Urea and electrolytes
- Liver function tests
- Thyroid function tests
- HbA1c

When to refer?

Emergency
Not applicable

Urgent / Routine
The clinical information provided in the referral will determine triage category

Important factors for consideration
Please include in the referral the following details:

- Co-morbid diagnoses and relevant past medical history, including secondary causes for high cholesterol, such as obesity, diabetes, renal failure, inflammatory bowel disease
- Current medications
- Family history of early hypercholesterolaemia, premature coronary artery disease, coronary intervention or cardiac event (AMI), peripheral vascular disease, ischaemic stroke
    - Age of onset, sex, ethnicity and relationship to the patient
- Details of confirmed familial hypercholesterolaemia gene variant (genetic report), and/or raised lipid levels, and/or Lp(a) levels in first degree or second degree relative if feasible and their relationship to the patient (include name, variant details, state and lab tested)

Hypertension

Initial GP work-up and management

Please refer to the Monash Children's Hospital Nephrology referral guidelines: 2024_monash-childrens-hospital_referral-guidelines_paed-nephrology.pdf

When to refer?

Emergency
Hypertensive emergencies are managed by General Paediatric and Nephrology teams

Urgent / Routine
The clinical information provided in the referral will determine triage category.

Important factors for consideration

- Palpation of the femoral artery pulses
- Upper versus lower limb blood pressures
- Screening for cardiac complications of chronic hypertension in the asymptomatic individual

Kawasaki Disease

Initial GP work-up

Please refer to the Clinical Practice Guidelines available: Clinical Practice Guidelines : Kawasaki disease

When to refer?

Emergency

Suspicion of acute Kawasaki Disease

- The acute presentation of Kawasaki Disease is managed primarily by the General Paediatric team

Urgent / Routine

Please contact the on-call paediatric cardiology team to discuss time frame for assessment if no baseline cardiac imaging has been performed or high-risk features for cardiac sequelae.

The clinical information provided in the referral will determine triage category.

Important factors for consideration

- High risk features
    - Abnormal echocardiogram at baseline
    - Age < 12 months
    - Recurrence of fever after initial treatment with IVIG

Acute Rheumatic Fever / Rheumatic Heart Disease

Initial GP work-up and management

Please refer to the relevant Clinical Practice Guidelines (ARF and RHD Guideline - RHD Menzies) or the RHDAustralia app.

When to refer?

Emergency

Suspicion of Acute Rheumatic Fever

- The acute presentation of Rheumatic Fever is managed primarily by the General Paediatric team

Urgent / Routine

Please contact the on-call paediatric cardiology team to discuss time frame for assessment if no baseline cardiac imaging has been performed.

The clinical information provided in the referral will determine triage category.

Important factors for consideration

- Last episode of acute rheumatic fever
- Penicillin prophylaxis prescribed and compliance
- Clinical and ECG findings

Hereditary Cardiac Disease

Initial GP work-up

Patient history

- Comprehensive history and examination
- Clear details of relationship to patient, type of cardiac disease and age of onset

Investigations

- Genetic testing, if performed

When to refer?

Emergency
Not applicable

Urgent / Routine
The clinical information provided in the referral will determine triage category.

Important factors for consideration

- Screening of first-degree family members
    - Cardiomyopathy (hypertrophic vs. dilated).
    - Bicuspid aortic valve
    - Connective tissue disorders with aortopathy association
    - Heritable arrhythmias
- For suspected genetic conditions, please consider a separate referral to Cardiac Genetics

Conditions with cardiac disease associations

Initial GP work-up and management

Patient history

- Comprehensive history and examination

Investigations

- Genetic testing, if performed

When to refer?

Emergency
Not applicable

Urgent / Routine
The clinical information provided in the referral will determine triage category.

Important factors for consideration

- Syndromes with risk for cardiomyopathy, especially infantile onset. For example, Duchenne muscular dystrophy, mitochondrial disease, glycogen storage disorders, fatty acid oxidation disorders, mucopolysaccharidosis.
- Syndromes known to be associated with congenital heart disease. For example, trisomy 21 (Down Syndrome), 22q11 deletion syndrome (DiGeorge Syndrome), Noonan syndrome, Williams syndrome