

Paediatric Neurology Clinics at Western Health:

Western Health provides the following Specialist Clinic services for children up to 17 years of age who require assessment and management of actual, or suspected paediatric neurological conditions.

REFERRALS WILL ONLY BE ACCEPTED FROM A PAEDIATRICIAN.

If the referral is from the Emergency Department, an ED Consultant needs to be involved in the referral; referrals from ED should document the conversation with the Paediatric Neurologist and requesting ED Consultant.

Referrals will be triaged on a daily basis by a General Paediatrician according to specific clinical requirements.

Referrals may be triaged to alternative Paediatric Specialist Clinics at Western Health.

Specialist Clinics are provided in the Joan Kirner Women's & Children's at Sunshine Hospital.

The Paediatric Neurology Clinic operates once weekly.

Conditions not seen by Paediatric Neurology at Western Health:

- Seizures in infants < 6 months of age.
- First afebrile seizures → refer to General Paediatric Medicine.
- New onset seizures in > 16 years of age → **consider** refer adult neurology.
- Chronic neurologic conditions requiring ongoing, multidisciplinary management at a paediatric tertiary health service (e.g. neuromuscular conditions, neurofibromatosis, and Multiple sclerosis).

The acute conditions listed below require immediate assessment – please refer the patient to the Sunshine Hospital Emergency Department.

- **New onset headache and vomiting**
- **Frequent, prolonged or compromising seizures**
- **Seizures with associated developmental regression or abnormal neurology**
- **Infantile spasms**
- **Acute weakness**
- **Acute ataxia**
- **Acute gait abnormality**

Access & Referral Priority Paediatric Neurology:

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

The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT

Appointment timeframe 30 days

Seizures

- Frequent (> monthly) despite first-line anti-epileptic treatment
- In children < 2 years of age

Motor Delay and/or Hypotonia

- In infants < 6 months of age with areflexia and suspicion of Spinal Muscular Atrophy

Developmental Regression

- Assessed by Paediatrician with concern for a neurological basis

ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

Seizures

- Infrequent, short and non-compromising seizures
- In children > 2 years of age

Epilepsy

- Established diagnosis and on treatment but requiring collaboration with a sub-specialist

Paroxysmal events/query seizures

- Requiring sub-specialist assessment

Motor abnormality

- Gait abnormality/weakness/ataxia
- Chronic/long-standing

Collapse/fainting

- Cardiac cause excluded
- If sub-specialist opinion is required

Headache/migraine

- Without red flags (new-onset, early morning, vomiting, abnormal neurology)
- If exceeds General Paediatrician management

Motor Delay and/or Hypotonia

- In children > 6 months of age with preserved reflexes

Developmental Delay

Western Health Specialist Clinics Referral Guidelines

- Investigated by a General Paediatrician with concern for a neurological basis

- **Tics** If exceeds General Paediatrician management

Condition Specific Referral Guidelines:

Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care. If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.

Condition:	Key Information Points:	Clinical Investigations
Epilepsy/seizures	Essential <ul style="list-style-type: none"> • Past medical history/comorbidities • Seizure semiology, frequency and duration • Clinical examination <ul style="list-style-type: none"> ➢ Ensure no abnormal neurology ➢ Head circumference measurement ➢ Skin lesions/birth marks 	<ul style="list-style-type: none"> • Copies of previous investigations • Bloods: sodium, calcium and glucose if new onset • EEG (sleep deprived if events from sleep) • Consider referral for MRI Brain if EEG suggests structural focal basis
Paroxysmal events, query seizures	Essential <ul style="list-style-type: none"> • Event semiology, frequency and duration • Clinical examination <ul style="list-style-type: none"> ➢ Ensure no abnormal neurology ➢ Head circumference measurement ➢ Skin lesions/birth marks 	<ul style="list-style-type: none"> • Video of events if possible
Motor/Developmental Delay	Essential <ul style="list-style-type: none"> • Past medical history • Clinical examination <ul style="list-style-type: none"> ➢ Head circumference measurement ➢ Full neurological examination 	<ul style="list-style-type: none"> • Copies of previous investigations or assessments • Thyroid function test, comprehensive metabolic panel, creatine kinase, Vitamin B12, folate, lactate, ammonia • Microarray • Urine metabolic screen
Developmental Regression	Essential <ul style="list-style-type: none"> • Past medical history • Details of presentation • Clinical examination <ul style="list-style-type: none"> ➢ Head circumference measurement 	<ul style="list-style-type: none"> • Thyroid function test, comprehensive metabolic panel, creatine kinase, Vitamin B12, folate, lactate, ammonia • Microarray

Western Health Specialist Clinics Referral Guidelines

	<ul style="list-style-type: none"> ➤ Full neurological examination 	<ul style="list-style-type: none"> • Urine metabolic screen & organic acids
Headaches/migraines	<p>Essential</p> <ul style="list-style-type: none"> • Headache semiology, frequency and duration • Exclude red flags • Clinical examination <ul style="list-style-type: none"> ➤ Ensure no abnormal neurology ➤ Exclude papilloedema 	<ul style="list-style-type: none"> • Please forward any copies of previous MRI studies • Patient, parent/caregiver to complete Headache Diary
Collapse/faint	<p>Essential</p> <ul style="list-style-type: none"> • Triggers for events • Clinical examination <ul style="list-style-type: none"> ➤ Lying & standing Blood Pressure 	<ul style="list-style-type: none"> • ECG • Consider cardiology review
Tics	<p>Essential</p> <ul style="list-style-type: none"> • Past medical history/comorbidities 	<ul style="list-style-type: none"> • Video of events if possible