

Paediatric Neurology referral guidelines

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Mandatory referral content

Demographic

- > child's name
- > date of birth
- > parent/guardian contact details
- > referring GP details
- > interpreter requirements

Clinical

- > reason for referral
- > presentation,
- > duration of disorder
- > findings on physical examination
- > duration of symptoms
- > management to date and response to treatment
- > relevant pathology, and imaging reports
- > past medical history
- > current medications
- > functional status
- > family history

Please note this is a guideline for referral only. If there is a change in the clinical condition, please contact the Neurology Registrar or Consultant on-call via Women's and Children's Hospital switch board 81617000

Referrals not complying with required clerical and clinical information set out in these guidelines or that are illegible will be returned to the referring practitioner for review. This may result in delayed appointment/treatment for your patient.

Priority

Priority will be based upon the information provided in this referral. All referrals to the Neurology Department will be assessed and triaged by a Consultant Neurologist who will allocate a Clinical Priority Category as appropriate:

Urgent clinical referral: Please contact the on-call Neurology consultant via WCH switch on 81617000

GUIDE TO OUTPATIENT PRIORITY

PRIORITY 1: We aim to see all patients as soon as possible within clinic capacity

PRIORITY 2: Next available appointment.

PRIORITY 3: Please note many routine referrals may not be seen at present due to the increasing demand on the service

- > **Due to the high level of service demand, referrals for the primary conditions listed below will only be accepted from a paediatric medical specialist.**
- > **Referral from general practitioners and referrals from emergency department personnel should be referred to community Paediatric medical specialists or the Women's and Children's Hospital General Medical outpatient department.**

CONDITION	EXCEPTIONS FOR WHICH DIRECT NEUROLOGY REFERRAL SHOULD BE MADE (These will be accepted for triage)
ALL HEADACHES	<ul style="list-style-type: none"> > Suspected raised Intracranial pressure > Focal neurological features > Complicated migraine > Altered conscious state
FIRST SEIZURE #	<ul style="list-style-type: none"> > Less than 12 months old > Focal seizure > Abnormal development and / or Neurological examination <p># These guidelines relate to clinical review following first seizure; all EEG requests will be accepted (see note page 3)</p>
BEHAVIOURAL ASSESSMENT	<ul style="list-style-type: none"> > Suspected raised Intracranial pressure > Focal neurological features > Altered conscious state
AUTISM	<ul style="list-style-type: none"> > Focal neurological features > Altered conscious state
TIC DISORDERS	<ul style="list-style-type: none"> > Focal neurological features > Criteria specific Tourette's syndrome
GLOBAL DEVELOPMENTAL DELAY	<ul style="list-style-type: none"> > Focal neurological features > Suspected neurodegenerative course
BELL'S PALSY	<ul style="list-style-type: none"> > Associated cranial neuropathies > < 12 months of age <p>Note: on presentation there should be screening CBP and BP</p>
FAINTS/SYNCOPE/ PRE-SYNCOPE / DIZZINESS	<ul style="list-style-type: none"> > Other neurological features not attributable to syncope (e.g. focal neurology) > Prolonged post ictal state (>15 min) > True vertigo (without known ENT cause)

Should you consider a neurology referral for these listed conditions is required, please contact the on-call Neurology consultant via WCH switch on 81617000.

ELECTROENCEPHALOGRAPHY (EEG) REFERRAL GUIDELINES

Routine and standard sleep EEGs are performed in the Neurology Department at the Women's and Children's Hospital (please specify on the referral form if you consider sleep deprivation or sleep EEG is required).

All referrals for diagnostic EEG studies will be accepted.

Referrals for inpatient video EEG monitoring (IVEM) are only available for request by consultant neurologists.

All electrophysiology requests must be submitted on our Electrophysiology request form available on the WCH website

http://www.wch.sa.gov.au/services/az/divisions/paedm/neurology/documents/WCHN_Neurology_Electrophysiology_Request_Form.pdf

If clinical review is also required, a referral letter (see guidelines page 2) must accompany the diagnostic request form.

WHEN TO REQUEST FOR EEG

Indications for routine EEG	Routine EEG is generally <u>unhelpful</u> in these situations	Routine EEG is <u>not indicated</u>
<ul style="list-style-type: none">> To confirm a clinical suspicion of epilepsy after careful clinical evaluation> To assist in predicting seizure recurrence risk after a first unprovoked (epileptic) seizure> To determine the type of seizure (focal or generalised) or epilepsy> To allow an epilepsy syndrome diagnosis> To assist in choosing an antiepileptic medication> To monitor treatment of epilepsy under Neurologist advice	<ul style="list-style-type: none">> Simple febrile seizures> Headache or migraine (without history of seizures)> Autism, learning difficulties, attention deficits or intellectual impairment (without history of seizures)> Psychiatric symptoms or conditions, including behaviour disturbance and aggression (without history of seizures)	<ul style="list-style-type: none">> For children with typical syncope> For children with typical breath-holding spells (reflex anoxic syncope)> For children with motor or verbal tics> For children with postural dizziness, orthostatic tachycardia> For children with non-specific fatigue

For more advice on whether to request a routine EEG, please contact the on-call Neurology consultant via WCH switch on 81617000.

NERVE CONDUCTION (NCS) AND ELECTROMYOGRAPHY (EMG) REFERRAL GUIDELINES

All referrals for diagnostic NCS/EMG will be accepted.

All NCS and EMG requests must be submitted on our Electrophysiology request form available on the WCH website

http://www.wch.sa.gov.au/services/az/divisions/paedm/neurology/documents/WCHN_Neurology_Electrophysiology_Request_Form.pdf

If clinical review is also required, a referral letter (see guidelines page 2) must accompany the diagnostic request form.

EVOKED POTENTIALS REFERRAL GUIDELINES

Referrals for evoked potentials (VEP, ERG, AEP and Somatosensory EP) will be accepted as a specialist referral only

All EP requests must be submitted on our Electrophysiology request form available on the WCH website

http://www.wch.sa.gov.au/services/az/divisions/paedm/neurology/documents/WCHN_Neurology_Electrophysiology_Request_Form.pdf

For more information

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