

# PAEDIATRIC MEDICINE

## National Access Criteria for First Assessment [ACA]

### OUTPATIENT SERVICES

**Category Definitions :** These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

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|----------------|--|
| 1. Urgent      | - <i>seen at next available clinic and within one week</i> |
| 2. Semi-urgent | - <i>within 4 weeks</i>                                    |
| 3. Routine     | - <i>within 8 weeks</i>                                    |

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

#### NATIONAL REFERRAL GUIDELINES : PAEDIATRIC MEDICINE

Category	Criteria	Examples (not an exhaustive list)
<b>1. Urgent</b>	<ul style="list-style-type: none"> <li>Under 3 months age</li> <li>Pre evaluated referral (e.g., immediate category per telephone or in person)</li> <li>Sudden and significant dysfunction threatening life, limb, or family.</li> <li>Major risk if assessment delayed</li> <li>The alternative being the admission of the child</li> <li>Deteriorating chronic condition</li> </ul>	<ul style="list-style-type: none"> <li>Excessive parental anxiety</li> <li>Vomiting and weight loss in infancy</li> <li>Potential parental fatigue or abuse</li> <li>Severe psychiatric disturbance</li> <li>Neonatal screening abnormality- CF, CAH</li> <li>Hypothyroidism</li> <li>Cardiac related symptoms</li> <li>Significant/unstable asthma, epilepsy, diabetes</li> </ul>
<b>2. Semi - Urgent</b>	<ul style="list-style-type: none"> <li>Under 9 months</li> <li>Pre evaluated referral (e.g., Immediate/ urgent category)</li> <li>Moderate functional impairment</li> <li>When prolonged delay could result in hospital admission or deterioration</li> <li>Unexpected clinical deterioration of a known clinical disorder</li> <li>Protracted undetected clinical course (inappropriate late referral/presentation)</li> </ul>	<ul style="list-style-type: none"> <li>Congenital abnormalities</li> <li>Genetic conditions</li> <li>UTI</li> <li>Headaches</li> <li>FTT</li> <li>Asthma stabilisation</li> <li>Unstable epilepsy</li> <li>Concerning lab. results, e.g. Anaemia, biochemical,</li> <li>Developmental delay</li> <li>Persistent cough</li> <li>Chronic diarrhoea</li> <li>Milk intolerances</li> </ul>
<b>3. Routine</b>	<ul style="list-style-type: none"> <li>Family/GP reassurance</li> <li>Pre evaluated referral (e.g., higher urgency categories)</li> <li>Where no progression of symptoms/ disease is expected within this time</li> <li>Out of region referrals from other colleagues with controlled problems</li> <li>Chronic conditions and conditions with long term implications</li> </ul>	<ul style="list-style-type: none"> <li>Behavioural problems</li> <li>Obesity</li> <li>Learning/mobility disabilities</li> <li>Mental Health</li> <li>Growth problems</li> <li>Asymptomatic murmur over 6 months</li> <li>Enuresis, encopresis</li> <li>Lethargy</li> <li>Family screening of genetic issues</li> <li>Chronic skin conditions</li> <li>Allergies</li> </ul>

**Note:**

- Children are managed in a child centred service.
- The adolescent (with onset of puberty) should be managed in the most appropriate service. *ie. paediatric/adult.*
- A pre evaluated referral is one where the Paediatric service has evaluated the referral and recategorised the degree of urgency.
- Referrals of children who need to be seen immediately must be discussed by telephone with the Paediatric service. Written confirmation of the referral should accompany or follow by fax.
- It is desirable that referrals for children who need to be seen urgently (within one week) are discussed by telephone with the Paediatric service. Written confirmation of the referral should accompany or follow by fax.
- Paediatrician involvement in the management of 'significant trauma' cases should be according to local hospital protocols.