

# PAEDIATRIC MEDICINE

## National Clinical Priority Assessment Criteria [CPAC]

### INPATIENT SERVICES

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

- |                |                             |
|----------------|-----------------------------|
| 1. Immediate   | - <i>treatment same day</i> |
| 2. Urgent      | - <i>within 1 week</i>      |
| 3. Semi-urgent | - <i>within 4 weeks</i>     |
| 4. Routine     | - <i>within 8 weeks</i>     |
| 5. Staged      | - <i>planned admission</i>  |

### NATIONAL REFERRAL GUIDELINES : PAEDIATRIC MEDICINE

Category	Criteria	Examples (not an exhaustive list)
1. Immediate	<ul style="list-style-type: none"> <li>• Acute problems that may require admission. (A telephone conversation between concerned referrer and Childs Health Specialist is essential)</li> <li>- 'Sick' child</li> <li>- Acute sudden and significant dysfunction threatening life, limb, sight and family.</li> <li>- Major risk if urgent treatment is delayed</li> </ul>	<ul style="list-style-type: none"> <li>- Haemorrhage in infancy</li> <li>- Intussusception</li> <li>- Reduced intake</li> <li>- Unexplained fever</li> <li>- Neonatal infections</li> <li>- Suspected child abuse</li> <li>- Acute sexual abuse</li> <li>- Suspected anaphylaxis</li> <li>- Significant infection</li> <li>- Acute exacerbation of known pathology</li> <li>- Inconsolable crying</li> <li>- Unexplained rashes</li> <li>- Neonates</li> <li>- Respiratory distress (see guidelines for neonatal admissions)</li> <li>- Unexplained change in level of consciousness</li> <li>- Poisoning</li> <li>- Suspected malignancy</li> <li>- Apnoea</li> <li>- Heart failure</li> <li>- Bowel obstruction</li> <li>- Gastroenteritis</li> <li>- FB's</li> <li>- Significant congenital abnormalities</li> </ul>
2. Urgent	<ul style="list-style-type: none"> <li>- Significant dysfunctions threatening life, limb, or family with major risk if treatment delayed</li> <li>- Significant parental problems</li> <li>- Not settling with urgent outpatient management</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive parental anxiety</li> <li>- Vomiting and weight loss in infancy</li> <li>- FTT under age of 12 months</li> <li>- Potential parental fatigue or abuse</li> <li>- Severe psychiatric disturbance</li> <li>- Respite care</li> <li>- Neonatal screening abnormality – CF, CAH, Hypothyroidism</li> <li>- Asthma, epilepsy, diabetes</li> <li>- Cardiac related symptoms</li> </ul>

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Category	Criteria	Examples (not an exhaustive list)
3. Semi-Urgent	Where prolonged delay could result in deterioration with risk to child or family.	<ul style="list-style-type: none"> <li>- Congenital abnormalities</li> <li>- Genetic conditions</li> <li>- UTI</li> <li>- Constipation</li> <li>- pH studies</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>
4. Routine	<ul style="list-style-type: none"> <li>- Routine inpatient planned investigations which are more conveniently performed on an inpatient basis for the child and family</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>
5. Staged	<ul style="list-style-type: none"> <li>- For investigations or treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Oncology</li> </ul>