



Referrals to the children's department:

ALL children up to their 16th birthday, and those in full time education up to their 18th birthday.

General Paediatrics

Acute admissions:

Contact duty SHO bleep 7201. During the day children who potentially are able to go home will be seen in the acute assessment area of the ward. (you may be asked if you consider an urgent outpatient appointment to be an alternative.)

Children who are in a life threatening condition should be sent by emergency ambulance to the Emergency Department

To discuss patients and decide which referral route is best if you are not sure

Contact the duty general paediatric registrar, Mon to Fri bleep 7205.
Out of hours bleep 7202

Diabetes – we see all young people with a new diagnosis of diabetes up to the age of 18 on the SAME day – please ring the paediatric SHO to arrange admission.

Urgent opinions:

Fax a letter to 01225 824212. The consultant of the week will triage urgent referrals daily. Those referrals triaged as urgent will be seen within a week if appropriate: children needing to be seen that day will either be seen in out patients or be reviewed in the acute assessment area of the ward . Not all referrals sent in as 'urgent' are deemed so on triage so those appointments will be made through the routine system. Please manage parental expectations appropriately.

New outpatient referrals:

As a result of the 18 week referral to treatment guideline we have adopted a 'team' approach to seeing new referrals. Wherever possible they will be offered an appointment at the Community Hospital or clinic nearest to their home but if the waiting lists are long will be offered an appointment in Bath. If transport is an issue for the family please let us know so that we can make sure they either are seen at the locality hospital or please make arrangements for hospital transport.

Referral letters received via the Banes 'Single Point of Entry' are triaged by the community child health department – those requiring paediatric outpatients are sent on to the Booking Centre

If you use the 'choose and book' system , we triage the letter before the parent can make an appointment. This is to ensure the child is seen in the correct clinic. Please let the family know that whilst the 'Choose and Book' destination is Bath, they may be offered an appointment in a locality clinic.

Neonatal admissions:

Infants in community hospitals who require specialist paediatric care are referred via the neonatal SHO (bleep 7201) to the Neonatal Intensive Care Unit. Infants who have already been discharged home should be referred to the general paediatric SHO and will be admitted to the children's ward or postnatal ward as appropriate.

Prolonged Jaundice screens:

Fax a covering letter to 01225 824212 with contact details for the family and they will be seen in the next 2 working days.

Child protection enquiries:

There is a daily child protection rota (Mon to Friday) Contact Community Child Health: 01225 313640 extn 290 or 289.

Out of hours contact the paediatric specialist registrar, bleep 7202

Children's surgical referrals:

All infants under a year should be discussed with the paediatricians – there may be diagnostic issues/ child protection concerns that need to be addressed.

Older children with a clearly surgical need should be referred to the relevant teams – the paediatricians are happy to advise if requested.

Paediatric Allergy Clinic

Referrals with food and other allergies are seen in a specialised paediatric allergy clinic run by

- Dr Natasha Zurick, Consultant Paediatrician with an interest in allergy
- Dr Colin Downie, Associate Specialist
- Anna Carling, Paediatric Dietician.

The clinic is designed to streamline clinical assessment, skin prick testing, out patient food challenges, dietary advice and training in the management of anaphylaxis, including adrenaline administration. We hope to offer a consistent approach to analysing risk. We then agree with the family an appropriate prevention and treatment plan for both home and school. Demonstrating the absence or resolution of severe allergies is particularly important so that unnecessary precautions can be withdrawn.

Allergy testing is unfortunately not often helpful in chronic eczema so we do not routinely see these children in allergy clinic. Most eczema is not due to specific allergens but children with severe eczema not responding to topical steroids, particularly if under 2 years old, may benefit from a trial of exclusion diet. A dietician referral is recommended if a child is staying on an exclusion diet for more than a few weeks. We have produced an information leaflet for families about eczema and allergy which may be helpful.

Localised skin hypersensitivity reactions/contact dermatitis are best investigated by the dermatologists.

We do not perform desensitisation in children but will refer to Bristol or other centres if this is felt appropriate.

Either Dr Downie or Dr Zurick would be pleased to receive referrals for the clinic or requests for advice for the following:

1. Any child with an acute reaction to a food eg. urticaria, angioedema, oral allergy
2. Infants with significant GI symptoms related to food (may need general paediatric referral) – minor symptoms may be best seen by the dieticians
3. Recurrent urticaria – although most not due to allergy. We recommend you prescribe a regular non-sedating antihistamine eg cetirizine prior to referral.
4. Wasp and bee allergies
5. Severe hayfever, eczema, inhalant allergies which has not responded to standard medical treatment – although most will not need a clinic appointment