

# REFERRAL GUIDELINES

## Paediatric Diabetes Clinic

**Head of Unit:** Dr Thomas Campbell

**Referrals:** Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: FAX **97881879**

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of their appointment.

### Clinic overview:

A multidisciplinary clinic with Paediatric Endocrinologists, Paediatricians, Diabetes Educators, Dietitians, Clinical Psychologists and Social Workers

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Highly unstable diabetes	1-2 weeks
Category 2 Routine		2-3 months
Emergency	<ul style="list-style-type: none"> <li>• New Type 1 diabetes diagnosis</li> <li>• New Type 2 diabetes diagnosis</li> <li>• Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones)</li> <li>• Acute, severe hyperglycaemia</li> <li>• Acute, severe hypoglycaemia.</li> <li>• Hyperosmolar non ketotic coma/ Hyperosmolar hyperglycemic state</li> <li>• Diabetes and severe vomiting</li> </ul>	Emergency Department

### IMPORTANT:

The following referral information is mandatory:

#### Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

#### Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

#### Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

#### Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

#### HEAD OF UNIT

Dr Thomas Campbell

#### PROGRAM DIRECTOR

#### ENQUIRIES

PH: 9784 2600

Reviewed: May 2022

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## Paediatric Diabetes Clinic

<p><b>Eligibility Criteria</b></p> <p><a href="#">Statewide Referral Criteria Diabetes</a></p> <p>Patients 2-16 years Patient to reside in Frankston Hospital Catchment area</p>
<p><b>Exclusions &amp; Alternative referral options</b></p> <p>&lt; 2 years to Monash Health or Royal Children's Hospital &gt;16 years- YADS Clinic Frankston Hospital</p>
<p><b>Minimum Referral Information Required</b></p> <p>Please note, referral cannot be processed if minimum information is missing</p> <ul style="list-style-type: none"> <li>Referring practitioner name, provider number and signature.</li> <li>Date of referral</li> <li>Patient's name, address, date of birth, Medicare number and phone number.</li> <li>Clinical details and reason for referral</li> <li>Relevant medical history</li> <li>Medications</li> <li>Allergies</li> <li>Results of all recent and relevant investigations</li> <li>Bring <b>Green Book</b> if aged 6 years and under</li> </ul>
<p><b>Clinic information</b></p> <p>Thursday 0830-1230 Frankston Hospital Building D Outpatients Area 1</p>

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