### PAEDIATRIC CARDIOLOGY REFERRAL RECOMMENDATIONS

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| Paediatric cardiology manage conditions of the heart such as:  
  • Murmurs (pathological murmur associated with CHD and innocent or benign murmurs not associated with CHD)  
  • Chest pain  
  • Palpitations | A thorough history and physical examination is required to determine the diagnosis. | No investigations are required to be completed before referral | See Summary sheet for guidance. Please note that all paediatric cardiology referrals are triaged and prioritised by a specialist cardiologist, based on the information provided on the referral. Urgency is determined in accordance to clinical need. |

### Murmurs
- **History and comprehensive clinical examination**
- No investigations are required prior to referral and review
- Often only reassurance is required; > 99% of asymptomatic heart murmurs presenting in childhood are benign
- GPs can refer patients with a cardiac murmur to the dedicated Murmur clinic at PMH Cardiology for assessment by a paediatric cardiologist.
- Urgency of review often determined by patient age

### Chest pain
- **Comprehensive history and examination**
- No investigations are required prior to referral and review
- Often reassurance only required as > 99% chest pain presenting in childhood is benign non cardiac chest pain
- GPs can refer patients with chest pain to PMH Cardiology for assessment
- Urgency is determined in accordance to clinical need, as based on referral information

### Palpitations
- **Comprehensive cardiac history and clinical examination**
- No investigations are required prior to referral and review
- Further investigations may be required at the discretion of the cardiologist
- Management determined by the cause and severity of the palpitations
- GPs and Paediatricians can refer patients with palpitations to PMH Cardiology Service for assessment and treatment

Updated June 2012
Fainting/Syncope – first line referral should be to general paediatrician or neurology in the first instance. Syncope with a high index of suspicion for underlying cardiac cause (not Vaso vagal syncope) should be referred to cardiology for assessment, with sufficient information on the referral letter to ascertain level of urgency for review.

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<td>Atypical Syncope</td>
<td>Syncope associated with pathological murmur, swimming, drowning/near drowning, out of hospital cardiac arrest, family history of SCRD/ unexplained death in the young &lt; 35 years, family history of a genetic condition associated with sudden death eg. LQTS or HCM</td>
<td>• No investigations are required prior to referral and review</td>
<td>GPs and Paediatricians can refer patients with cardiac related syncope to PMH Cardiology Service for assessment Will be triaged as urgent</td>
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<td>Adults with congenital heart disease</td>
<td>All patients over 18 years and all new referrals over 16 years, not known to PMH Cardiology or other WA paediatric cardiology service, with CHD or history of treated CHD</td>
<td>Comprehensive history, clinical examination and investigation as determined by ACHD specialist Old records incl. operation notes important/invaluable</td>
<td>• No investigations are required prior to referral and review. • As children mature into adolescence and adulthood there is a dedicated Transition service to facilitate effective transition to ACHD service at RPH.</td>
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