

# PROVINCIAL Pediatric Gastroenterology REFERRAL QUICK REFERENCE

## URGENT REFERRAL / EMERGENCY:

FOR ALL EMERGENCIES, REFER DIRECTLY TO THE EMERGENCY DEPARTMENT

OR

## CONTACT RAAPID

North: **1-800-282-9111** or **780-735-0811**  
 South: **1-800-661-1700** or **403-944-4486**

## MANDATORY REQUIREMENTS FOR ALL REFERRALS

### PATIENT DEMOGRAPHICS

- Patient last, first, & given names
- PHN/ULI
- Gender
- Home address *including* city & postal code
- Home phone, other phone (multiple contact numbers preferred)
- Emergency contact name and phone
- Guardian name & phone, and relation to patient

### RELEVANT INFORMATION

- Summary of medical & treatment history
- Current medications
- Languages - indicate if an interpreter is required and for which language
- Physical limitations
- Economic / social / psychological factors
- Special considerations

### GROWTH CHART

(or at least current weight and height)

- It is recommended to have at least current weight and height but preferably a record of multiple measures over time. All measures should be plotted on recommended growth charts.
- BMI should be calculated and plotted for children ages 2-17 years
- More information can be found at [www.ahs.ca/cgm.asp](http://www.ahs.ca/cgm.asp)

### REFERRING PROVIDER

- Name
- Address, *including* city & postal code
- Phone & fax

### FAMILY PHYSICIAN

- Name
- Indicate if same as referrer or if there is no family physician

REASON FOR REFERRAL	SUGGESTED TIME FRAME & INVESTIGATIONS	APPROXIMATE TIME TO BE SEEN
<b>ACUTE DIARRHEA WITH DEHYDRATION</b>		< 24 HOURS
<b>ACUTE LIVER FAILURE (INR &gt; 1.5)</b>	Within 24 hours: <ul style="list-style-type: none"> <li>• ALT</li> <li>• INR</li> <li>• Description of symptoms (e.g. altered level of consciousness)</li> </ul>	< 24 HOURS
<b>ACUTE PANCREATITIS</b>		< 24 HOURS
<b>ACUTE SIGNIFICANT GI BLEEDING / MELENA</b>		< 24 HOURS
<b>CAUSTIC INGESTION</b>		< 24 HOURS
<b>ESOPHAGEAL FOREIGN BODY / FOOD IMPACTION</b>		< 24 HOURS

**PRIORITY LEVELS: FOR APPROXIMATE WAIT TIMES BY LOCATION AND PRIORITY LEVEL, PLEASE REFER TO PEDIATRIC GI CLINICAL REFERENCE: APPENDIX A [www.ahs.ca/pathways](http://www.ahs.ca/pathways)**

REASON FOR REFERRAL	PRIORITY LEVEL	REASON FOR REFERRAL	PRIORITY LEVEL
Abdominal imaging: abnormal finding	1-3 DEPENDING ON THE LESION	Gastroesophageal reflux complicated: failure to thrive, hematemesis, respiratory symptoms	1
Abdominal pain ( <i>chronic or recurrent</i> )	RED FLAGS = 1 NO RED FLAGS = 3	Hematemesis ( <i>normal hemoglobin</i> )	1
Celiac screen: positive finding	SYMPTOMS = 1 NO SYMPTOMS = 2	Hepatitis ( <i>acute: ALT &gt;10x normal, normal INR</i> )	1
Chronic Diarrhea ( <i>duration &gt;4 weeks</i> )	>5% WEIGHT LOSS = EMERGENCY - 1 UNCOMPLICATED = 2-3	Hepatitis B, C serology positive	1-2
Constipation	AGE <1 MONTH = 1 AGE >1 MONTH = 3	Hyperbilirubinemia ( <i>conjugated or unconjugated</i> )	EMERGENCY - 1
Dysphagia or odynophagia	1-2	Inflammatory bowel disease ( <i>active/suspected/inactive</i> )	ACTIVE = EMERGENCY SUSPECTED = 1 - 2
Enlarged liver	1	Iron deficiency anaemia (with suspected GI causes)	1
Failure to thrive ( <i>with suspected GI causes</i> )	INFANTS/SEVERE = EMERGENCY - 1 UNCOMPLICATED = 2	Liver disease ( <i>chronic</i> ) / portal hypertension	1
Family history of polyps	1-2 DEPENDING ON AGE/SYNDROME	Liver enzymes ( <i>abnormal on 2 occasions over 3-6 months</i> )	EMERGENCY - 1
Fatty liver without elevated BMI ( <i>BMI ≤ 85th percentile</i> )	1-2	Pancreatitis ( <i>chronic / recurrent</i> )	EMERGENCY - 1
Fatty liver with elevated BMI ( <i>BMI ≥ 85th percentile</i> )	2-3	Persistent vomiting/nausea	COMPLICATED = 1 UNCOMPLICATED = 2-3
		Rectal bleeding	1

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REASON FOR REFERRAL	PROCESS	MANDATORY INFORMATION	SUGGESTED TIME FRAME & INVESTIGATIONS
<b>ABDOMINAL IMAGING: ABNORMAL FINDING</b>	Consider contacting pediatric gastroenterology service directly to determine the optimal approach	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	<b>OPTIONAL:</b> Image finding
<b>ABDOMINAL PAIN (CHRONIC OR RECURRENT)</b>	1. Refer to pediatrician	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> <li>Description of symptoms if relevant</li> <li><b>RED FLAGS:</b> weight loss; diarrhea ± blood; vomiting; nocturnal waking; fever; fatigue; age &lt;3 years old</li> </ul>	
	2. Refer to pediatric GI (if required by pediatrician)	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> <li>Description of symptoms if relevant</li> <li><b>RED FLAGS:</b> weight loss; diarrhea ± blood; vomiting; nocturnal waking; fever; fatigue; age &lt;3 years old</li> </ul>	<b>&lt; 6 MONTHS</b> Pediatric consult; Celiac screen on gluten CBC, ESR/CRP; Albumin; ALT, GGT, Bili
<b>CELIAC SCREEN: POSITIVE FINDING</b>	Refer to pediatric GI	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> <li>Description of symptoms (e.g. weight loss, diarrhea)</li> </ul>	<b>&lt; 6 MONTHS</b> Celiac screen on gluten; CBC; Ferritin
<b>CHRONIC DIARRHEA (DURATION &gt;4 WEEKS)</b>	1. Consider referral to pediatrician	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	
	2. Refer to pediatric GI	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> <li><b>RED FLAG:</b> &gt;5% weight loss</li> </ul>	<b>&lt; 1 MONTH</b> CBC, ESR/CRP; Total protein/albumin; Electrolytes, TCO <sub>2</sub> ; Iron studies; Celiac screen on gluten; Stool O&P, culture; C. Diff toxin; (age >1 year)
<b>CONSTIPATION</b>	1. Refer to pediatrician	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	
	2. Refer to pediatric GI (if required by pediatrician) <i>In Calgary, simple constipation is triaged initially to constipation teaching sessions. Four sessions are currently offered in a year.</i>	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	<b>&lt; 6 MONTHS</b> Pediatric consult; Description of stool; Treatment (dose, duration, results); Electrolytes, TCO <sub>2</sub> ; Ca; TSH; Celiac screen on gluten
<b>DIET / TEXTURE PROGRESSION DIFFICULTY</b>	1. Refer to pediatrician	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	
	2. Consider referral to Nutrition Services if ≥1 food groups are missing from the diet or very low food variety with suspected nutrient deficiency	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	
	3. For feeding issue, refer to Feeding and Swallowing Services	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> </ul>	
<b>DYSPHAGIA OR ODYNOPHAGIA</b>	Refer to pediatric GI	<ul style="list-style-type: none"> <li>Growth chart or at least current weight and height</li> <li>Description of symptoms</li> </ul>	

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<b>ENLARGED LIVER</b>	1. Patients with prominent neurological symptoms or associated acidosis, hypoglycemia, hyperammonemia may be referred initially to medical genetics/ metabolic disorders clinic.	• Growth chart or at least current weight and height	
	2. Refer to pediatric GI	• Growth chart or at least current weight and height • Previous consults related to the symptoms	
<b>FAILURE TO THRIVE</b>	Consider referral to both pediatrician and Nutrition Services	• Growth chart or at least current weight and height	
	Refer to Feeding and Swallowing Services when there is difficulty eating due to an anatomical or developmental concern or when there is a swallowing difficulty.	• Growth chart or at least current weight and height	Pediatric and/or Nutrition Services consult
	For case with suspected GI causes, refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 3 MONTHS</b> Pediatric and/or Nutrition Services consult; CBC/ESR/CRP; Electrolytes, BUN, Creat.; Ca., Phos., ALT; Total protein/albumin; Celiac screen on gluten
<b>FATTY LIVER WITH ELEVATED BMI (BMI-FOR-AGE ≥85TH PERCENTILE)</b>	1. Refer to pediatrician	• Growth chart or at least current weight and height	
	2. Refer to Provincial Pediatric Weight Management Services	• Growth chart or at least current weight and height	
	3. Refer to pediatric GI (if required by pediatrician)	• Growth chart or at least current weight and height	<b>&lt; 6 MONTHS</b> Abdominal U/S; AST, ALT,GGT, ALP; BIL, ALB; Lipid profile
<b>FATTY LIVER WITHOUT ELEVATED BMI (BMI ≤ 85TH PERCENTILE)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 6 MONTHS</b> Abdominal U/S; AST, ALT,GGT, ALP; BIL, ALB; Lipid profile
<b>FEEDING DIFFICULTY WITH SUSPECTED ASPIRATION</b>	Refer to Feeding and Swallowing Services  <i>*May require a prior referral to pediatrician and/or Nutrition Services for a clinical assessment</i>	• Growth chart or at least current weight and height	

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<b>FEEDING DIFFICULTY WITHOUT FAILURE TO THRIVE</b>	1. Refer to pediatrician	• Growth chart or at least current weight and height	
	2. Consider referral to Nutrition Services if ≥1 food groups are missing from the diet or very low food variety with suspected nutrient deficiency	• Growth chart or at least current weight and height	
	3. If child is not able to eat anatomically/developmentally, refer to Feeding and Swallowing Services	• Growth chart or at least current weight and height	
	4. For suspected eating disorder, consider refer to adolescent medicine (in Calgary) or psychiatry (in Edmonton)	• Growth chart or at least current weight and height • Calgary Referral Form: <a href="http://www.ahs.ca/info/Page4208.aspx">http://www.ahs.ca/info/Page4208.aspx</a>	
<b>FOOD ALLERGY OR FOOD INTOLERANCE</b>	Refer to pediatrician	• Growth chart or at least current weight and height • History and type of allergy	
<b>GASTROESOPHAGEAL REFLUX</b>	1. Refer to pediatrician	• Growth chart or at least current weight and height	
	2. Persistent, complicated* or medication-dependent GE reflux may be referred to pediatric gastroenterology for long term management  <i>*Complicated: failure to thrive, hematemesis, respiratory symptoms</i>	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> Pediatric consult
<b>HEMATEMESIS (NORMAL HEMOGLOBIN)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> CBC
<b>HEPATITIS: ACUTE (ALT &gt;10X NORMAL, NORMAL INR)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 WEEK</b> ALT, AST, GGT; Bili T/D; INR; CBC
<b>HEPATITIS B, C SEROLOGY POSITIVE</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	
<b>HYPERBILIRUBINEMIA (CONJUGATED)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 WEEK</b> Stool colour; ALT, AST, GGT; Bili T/D; INR; Abdominal U/S
<b>HYPERBILIRUBINEMIA (UNCONJUGATED)</b>	1. Refer to pediatrician		
	2. Refer to pediatric GI (if required by pediatrician)		
<b>INFLAMMATORY BOWEL DISEASE (ACTIVE/ SUSPECTED/ INACTIVE)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height • Description of symptoms (active: abnormal labs; suspected: normal labs)	<b>&lt; 1 MONTH</b> CBC; ESR/CRP; Albumin; Ferritin/Iron studies; ALT, GGT, lipase; Stool C&S, O&P; C. difficile toxin

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<b>IRON DEFICIENCY ANAEMIA</b>	1. Refer to pediatrician	• Growth chart or at least current weight and height	
	2. For anemia with suspected GI cause, refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> CBC; Iron studies; ESR/CRP; celiac screen on gluten; Potential reason for deficiency
	3. Refer to Nutrition Services if $\geq 1$ food groups are missing from the diet or very low food variety with suspected nutrient deficiency	• Growth chart or at least current weight and height	
<b>LIVER DISEASE (CHRONIC) / PORTAL HYPERTENSION</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	
<b>LIVER ENZYMES (ABNORMAL ON 2 OCCASIONS OVER 3 TO 6 MONTHS)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> CBC; ALT,GGT, Bili T/D; Albumin; INR; IgG; CK; Abdominal U/S; Viral hepatitis screen (B & C)
<b>NUTRITION / NUTRIENT DEFICIENCY</b>	Consider referral to both pediatrician and Nutrition Services	• Growth chart or at least current weight and height	
<b>PANCREATITIS (CHRONIC/ RECURRENT)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> Abdominal U/S; Lipase
<b>PERSISTENT VOMITING / NAUSEA</b>	Refer to pediatric GI	• <b>RED FLAG:</b> bilious vomiting (emergency) • Pediatric gastroenterologists may refer to surgery for confirmed malrotation	<b>&lt; 6 MONTHS</b> CBC; Electrolytes; Abdominal U/S; Barium swallow
<b>POLYPOSIS, FAMILY HISTORY</b>	Refer to pediatric GI <i>*May require referral to medical genetics</i>	• Growth chart or at least current weight and height • Family history (mutation and/or names of polyps if available)	<b>OPTIONAL:</b> Previous screening / colonoscopy if available
<b>RECTAL BLEEDING AGE &lt;12 MONTHS (WITHOUT CONSTIPATION)</b>	1. Refer to pediatrician	• Growth chart or at least current weight and height	
	2. Refer to pediatric GI (if required by pediatrician)	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> Pediatric consult; CBC; Albumin; ESR/CRP
<b>RECTAL BLEEDING AGE <math>\geq</math> 1 YEAR (WITHOUT CONSTIPATION)</b>	Refer to pediatric GI	• Growth chart or at least current weight and height	<b>&lt; 1 MONTH</b> CBC; Albumin; ESR/CRP

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SPECIALTY	CLINICS/DIRECTORIES	CONTACT
COMMUNITY PEDIATRICS	COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA	FIND YOUR LOCAL PEDIATRICIAN <a href="http://www.cpsa.ab.ca/">www.cpsa.ab.ca/</a>
FEEDING AND SWALLOWING SERVICES	In Calgary, please contact <b>FEEDING COORDINATOR</b>	PH (403) 955-7464 FX (403) 955-3261
	For questions about videofluoroscopic swallow studies (VFSS), call <b>FEEDING COORDINATOR</b> . For referral to VFSS, fax to (403) 955-2535.	FX VFSS: (403) 955-2535
	<b>CHILDREN WITH TYPICAL DEVELOPMENT:</b> Stollery Children's Hospital Unit 1G1.11, Speech and Audiology 8440 112 Street, Edmonton, Alberta T6G 2B7	PH (780) 407-8859 FX (780) 407-6586
	<b>CHILDREN WITH DEVELOPMENTAL/NEUROLOGICAL ISSUES:</b> Glenrose Rehabilitation Hospital Pediatrics - Glen East; 10230 111 Avenue NW, Edmonton, Alberta T5G 0B7	PH (780) 735-6066 FX (780) 735-7930
NUTRITION SERVICES	NUTRITION COUNSELLING (DIETITIAN) PEDIATRIC	Call specific clinic to request a referral form <a href="http://www.informalberta.ca">www.informalberta.ca</a> Keyword search: Nutrition Counselling Pediatric
PEDIATRIC GASTROENTEROLOGY AND NUTRITION*	<b>STOLLERY CHILDREN'S HOSPITAL</b> Edmonton Clinic Health Academy (ECHA) 4th floor, Room 4-594 11405 - 87th Avenue, Edmonton, Alberta T6G 1C9	PH (780) 248-5420 FX 1-888-353-1157 (TOLL FREE)
PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION*	<b>ALBERTA CHILDREN'S HOSPITAL</b> Level 3, GI/Metabolic/Endocrine Clinics 2888 Shaganappi Trail NW, Calgary, Alberta T3B 6A8	PH (403) 955-7747 FX (403) 592-5109
PEDLINK TELEPHONE CONSULTATION SERVICES	Service will provide 8 AM to 8 PM (including weekends) access to the pediatrician telephone consultation service in Calgary.  Family physicians leave a message and the on-call pediatrician will return the call within an hour.	PH (403) 955-1098 Specialist Local: 403.910.2551 or Toll Free: 1.844.962.5465 (LINK)
PROVINCIAL PEDIATRIC WEIGHT MANAGEMENT SERVICES	<b>ALBERTA HEALTH SERVICES CENTRAL ACCESS</b>  Referral form: <a href="http://www.albertahealthservices.ca/frm-18328.pdf">www.albertahealthservices.ca/frm-18328.pdf</a>	Monday to Friday from 8 a.m. To 5 p.m. (excluding statutory holidays) PH 1-877-414-2665 (TOLL FREE) LOCAL (780) 735-3553 FX 1-866-979-3553 (TOLL FREE)

**\*NOTE:** Patients aged 17-18 years in Calgary and 16-17 years in Edmonton should be triaged by pediatric gastroenterology services but referrals may be redirected to adult gastroenterology.