

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

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
ACUTE DIARRHEA WITH DEHYDRATION		< 24 HOURS
ACUTE LIVER FAILURE (INR > 1.5)	Within 24 hours: <ul style="list-style-type: none"> • ALT • INR • Description of symptoms (e.g. altered level of consciousness) 	< 24 HOURS
ACUTE PANCREATITIS		< 24 HOURS
ACUTE SIGNIFICANT GI BLEEDING / MELENA		< 24 HOURS
CAUSTIC INGESTION		< 24 HOURS
ESOPHAGEAL FOREIGN BODY / FOOD IMPACTION		< 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

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 >10x normal, normal INR</i>)	1
Chronic Diarrhea (<i>duration >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
ABDOMINAL IMAGING: ABNORMAL FINDING	Consider contacting pediatric gastroenterology service directly to determine the optimal approach	<ul style="list-style-type: none"> Growth chart or at least current weight and height 	OPTIONAL: Image finding
ABDOMINAL PAIN (CHRONIC OR RECURRENT)	1. Refer to pediatrician	<ul style="list-style-type: none"> Growth chart or at least current weight and height Description of symptoms if relevant RED FLAGS: weight loss; diarrhea ± blood; vomiting; nocturnal waking; fever; fatigue; age <3 years old 	
	2. Refer to pediatric GI (if required by pediatrician)	<ul style="list-style-type: none"> Growth chart or at least current weight and height Description of symptoms if relevant RED FLAGS: weight loss; diarrhea ± blood; vomiting; nocturnal waking; fever; fatigue; age <3 years old 	< 6 MONTHS Pediatric consult; Celiac screen on gluten CBC, ESR/CRP; Albumin; ALT, GGT, Bili
CELIAC SCREEN: POSITIVE FINDING	Refer to pediatric GI	<ul style="list-style-type: none"> Growth chart or at least current weight and height Description of symptoms (e.g. weight loss, diarrhea) 	< 6 MONTHS Celiac screen on gluten; CBC; Ferritin
CHRONIC DIARRHEA (DURATION >4 WEEKS)	1. Consider referral to pediatrician	<ul style="list-style-type: none"> Growth chart or at least current weight and height 	
	2. Refer to pediatric GI	<ul style="list-style-type: none"> Growth chart or at least current weight and height RED FLAG: >5% weight loss 	< 1 MONTH CBC, ESR/CRP; Total protein/albumin; Electrolytes, TCO ₂ ; Iron studies; Celiac screen on gluten; Stool O&P, culture; C. Diff toxin; (age >1 year)
CONSTIPATION	1. Refer to pediatrician	<ul style="list-style-type: none"> Growth chart or at least current weight and height 	
	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"> Growth chart or at least current weight and height 	< 6 MONTHS Pediatric consult; Description of stool; Treatment (dose, duration, results); Electrolytes, TCO ₂ ; Ca; TSH; Celiac screen on gluten
DIET / TEXTURE PROGRESSION DIFFICULTY	1. Refer to pediatrician	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Growth chart or at least current weight and height 	
	3. For feeding issue, refer to Feeding and Swallowing Services	<ul style="list-style-type: none"> Growth chart or at least current weight and height 	
DYSPHAGIA OR ODYNOPHAGIA	Refer to pediatric GI	<ul style="list-style-type: none"> Growth chart or at least current weight and height Description of symptoms 	

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ENLARGED LIVER	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	
FAILURE TO THRIVE	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	< 3 MONTHS Pediatric and/or Nutrition Services consult; CBC/ESR/CRP; Electrolytes, BUN, Creat.; Ca., Phos., ALT; Total protein/albumin; Celiac screen on gluten
FATTY LIVER WITH ELEVATED BMI (BMI-FOR-AGE ≥85TH PERCENTILE)	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	< 6 MONTHS Abdominal U/S; AST, ALT,GGT, ALP; BIL, ALB; Lipid profile
FATTY LIVER WITHOUT ELEVATED BMI (BMI ≤ 85TH PERCENTILE)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 6 MONTHS Abdominal U/S; AST, ALT,GGT, ALP; BIL, ALB; Lipid profile
FEEDING DIFFICULTY WITH SUSPECTED ASPIRATION	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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FEEDING DIFFICULTY WITHOUT FAILURE TO THRIVE	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: http://www.ahs.ca/info/Page4208.aspx	
FOOD ALLERGY OR FOOD INTOLERANCE	Refer to pediatrician	• Growth chart or at least current weight and height • History and type of allergy	
GASTROESOPHAGEAL REFLUX	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	< 1 MONTH Pediatric consult
HEMATEMESIS (NORMAL HEMOGLOBIN)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 1 MONTH CBC
HEPATITIS: ACUTE (ALT >10X NORMAL, NORMAL INR)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 1 WEEK ALT, AST, GGT; Bili T/D; INR; CBC
HEPATITIS B, C SEROLOGY POSITIVE	Refer to pediatric GI	• Growth chart or at least current weight and height	
HYPERBILIRUBINEMIA (CONJUGATED)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 1 WEEK Stool colour; ALT, AST, GGT; Bili T/D; INR; Abdominal U/S
HYPERBILIRUBINEMIA (UNCONJUGATED)	1. Refer to pediatrician		
	2. Refer to pediatric GI (if required by pediatrician)		
INFLAMMATORY BOWEL DISEASE (ACTIVE/ SUSPECTED/ INACTIVE)	Refer to pediatric GI	• Growth chart or at least current weight and height • Description of symptoms (active: abnormal labs; suspected: normal labs)	< 1 MONTH CBC; ESR/CRP; Albumin; Ferritin/Iron studies; ALT, GGT, lipase; Stool C&S, O&P; C. difficile toxin

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IRON DEFICIENCY ANAEMIA	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	< 1 MONTH CBC; Iron studies; ESR/CRP; celiac screen on gluten; Potential reason for deficiency
	3. Refer 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	
LIVER DISEASE (CHRONIC) / PORTAL HYPERTENSION	Refer to pediatric GI	• Growth chart or at least current weight and height	
LIVER ENZYMES (ABNORMAL ON 2 OCCASIONS OVER 3 TO 6 MONTHS)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 1 MONTH CBC; ALT,GGT, Bili T/D; Albumin; INR; IgG; CK; Abdominal U/S; Viral hepatitis screen (B & C)
NUTRITION / NUTRIENT DEFICIENCY	Consider referral to both pediatrician and Nutrition Services	• Growth chart or at least current weight and height	
PANCREATITIS (CHRONIC/ RECURRENT)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 1 MONTH Abdominal U/S; Lipase
PERSISTENT VOMITING / NAUSEA	Refer to pediatric GI	• RED FLAG: bilious vomiting (emergency) • Pediatric gastroenterologists may refer to surgery for confirmed malrotation	< 6 MONTHS CBC; Electrolytes; Abdominal U/S; Barium swallow
POLYPOSIS, FAMILY HISTORY	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)	OPTIONAL: Previous screening / colonoscopy if available
RECTAL BLEEDING AGE <12 MONTHS (WITHOUT CONSTIPATION)	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	< 1 MONTH Pediatric consult; CBC; Albumin; ESR/CRP
RECTAL BLEEDING AGE \geq 1 YEAR (WITHOUT CONSTIPATION)	Refer to pediatric GI	• Growth chart or at least current weight and height	< 1 MONTH CBC; Albumin; ESR/CRP

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SPECIALTY	CLINICS/DIRECTORIES	CONTACT
COMMUNITY PEDIATRICS	COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA	FIND YOUR LOCAL PEDIATRICIAN www.cpsa.ab.ca/
FEEDING AND SWALLOWING SERVICES	In Calgary, please contact FEEDING COORDINATOR	PH (403) 955-7464 FX (403) 955-3261
	For questions about videofluoroscopic swallow studies (VFSS), call FEEDING COORDINATOR . For referral to VFSS, fax to (403) 955-2535.	FX VFSS: (403) 955-2535
	CHILDREN WITH TYPICAL DEVELOPMENT: 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
	CHILDREN WITH DEVELOPMENTAL/NEUROLOGICAL ISSUES: 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 www.informalberta.ca Keyword search: Nutrition Counselling Pediatric
PEDIATRIC GASTROENTEROLOGY AND NUTRITION*	STOLLERY CHILDREN'S HOSPITAL 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*	ALBERTA CHILDREN'S HOSPITAL 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	ALBERTA HEALTH SERVICES CENTRAL ACCESS Referral form: www.albertahealthservices.ca/frm-18328.pdf	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.