REFERRAL GUIDELINES
13 August 2017
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1. WHY REFER TO SIDRA

Sidra Medical and Research Center (Sidra) supports an integrated, community-based, and patient and family-centered model of care, across the public and private sectors.

It seeks to provide specialist care for women and children, while returning acute patients to referring providers, and co-managing with referring providers those patients requiring long-term health care.

To this end, Sidra schedules appointments based on clinical appropriateness, and seeks to redirect - with accompanying notes – patients who can be more effectively cared for elsewhere.

Sidra is expanding the availability of patient discharge notes to referring organizations, and implementing a program of network development and outreach focusing on clinical decision support for referring providers.
2. HOW TO REFER TO SIDRA

2.1. E-Referrals
Providers with information systems interoperable to that of Sidra can refer electronically, as follows. This is the quickest referral pathway.

- Step 1: Select option titled Add, under menu option Orders.
- Step 2: Search for Sidra, and select Sidra pediatric or obstetric service.
- Step 3: Complete required fields, including a distinctive Reason For Referral, and a clinically justifiable level of Priority.
- Step 4: Finalise the order by selecting option titled Sign.

2.2. Paper Referrals
Providers without information systems interoperable to that of Sidra can make paper referrals, as follows.

  *Note:* If necessary to use Hamad Medical Corporation (HMC) referral forms, please mark them ‘For Sidra’, for efficiency.
- Step 2: Complete required fields, including a distinctive Reason For Referral, and a clinically justifiable level of Priority.
  *Note:* Please use clearly legible handwriting, and indicate clinical service for referral.
- Step 3: Print three copies; one each for Sidra, the patient, and the referrer.
- Step 4: Sign, stamp and date the hard copy for Sidra.
- Step 5: Fax copy to +974 4003 6024.
  *Note:* If necessary, you can e-mail it to OPCReferrals@sidra.org, or courier it to the Barwa Referral Booking Management Office.
# REFERRAL FORM

## Patient Details
- **HC No.**: 
- **Name**: 
- **Nationality**: 
- **Date of Birth**: 
- **Age in Years**: 
- **Gender**: M/F
- **Relation**: 
- **Tel. (Home)**: 
- **Tel. (Work)**: 
- **Mobile**: 
- **Fax**: 
- **Referring Physician's Name**: 
- **Referring Center & Number**: 
- **Referring to Specialty**: 
- **History**: 
- **Examination / Investigation (including Laboratory and Radiology results with dates)**: 
- **Treatment given (Including Current Medication)**: 
- **Provisional Diagnosis**: 
- **Reason / Purpose for Referral**: 

## Date
- **Date**: 
- **Time**: 

## For Physician use only
- **Patient seen on (date)**: 
- **Initial Diagnosis**: 
- **Recommendation and Plan**: 

## Other care needed
- **Referral Recommendation**: 
- **Follow-up**: 
- **Discharge to**: 

## Comments

## Patient’s Signature
- **Date**: 
- **Time**: 
- **Contact No.**: 

## Physician’s Signature
- **Date**: 
- **Time**: 

## Copies
- 1. Sidra copy
- 2. Referrer’s copy
- 3. Patient copy

Send completed forms to OPCRReferrals@sidra.org or fax to +974 4003 9241 *Required*
3. WHO TO REFER TO SIDRA

This document groups by specialty the most common symptoms indicative of the need to refer to Sidra. It is recommended that these guidelines are used in conjunction with national guidelines, organizational service scopes, and clinical judgement.

The document marks each specialty service as - for referral to Sidra, or for referral to Sidra or HMC. The latest referral status pathways are summarized in the table below. This reflects an ongoing transfer of some HMC services to Sidra, intended to enhance integration and critical core mass.

For those Sidra services that can be referred to either Sidra or HMC, it is recommended that the referring provider considers patient preference.

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Refer to Sidra</th>
<th>Refer to Sidra or HMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adolescent Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cardiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child and Adolescent Mental Health</td>
<td></td>
<td></td>
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<tr>
<td>• Developmental Pediatrics</td>
<td></td>
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<tr>
<td>• Endocrinology</td>
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<tr>
<td>• Gastroenterology</td>
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<tr>
<td>• Infectious Diseases</td>
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<tr>
<td>• Nephrology</td>
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<tr>
<td>• Neurology</td>
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<tr>
<td>• Pulmonology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sidra Child Advocacy Program (S-CAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Allergy and Immunology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dermatology</td>
<td></td>
<td></td>
</tr>
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<tr>
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<tr>
<td>• Rheumatology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Urology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Referral status as at April 2017.
Table refers to Sidra services only.

As part of its ongoing establishment, Sidra expects to open additional outpatient services, and inpatient services, for children and women. These services are planned to open at the same time as the hospital, expected to open during the first quarter of 2018. Sidra opened its first outpatient services in May 2016.
### 3.1 Adolescent Medicine

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refer to Sidra.</td>
<td>10 – 18 years old</td>
<td>• Emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Minor or single system trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.</td>
</tr>
</tbody>
</table>

#### Symptoms
- Adolescents with mild to moderate aggression and high-risk behavior
- Adolescents with body image and self-concept issues related to medication or illness
- Adolescents with chronic medical illness, with low mood, self-harm behavior, and compliance issues
- Adolescents with chronic medical illness, with complex transition to adult care
- Adolescents with disordered eating (significant weight loss or failure to gain expected weight provided that all organic causes for weight loss have been ruled out, suspected anorexia nervosa, bulimia nervosa, avoidant restrictive food intake disorders, binging and purging)
- Adolescents with mild to moderate hyperactivity, impulsivity and inattention that affect the adolescents’ functioning at home and/or school
- Adolescents with mild to moderate intellectual and learning disability
- Adolescents with uncomplicated mild to moderate depression
- Adolescents with school refusal and failure
- Adolescents with significant weight loss or failure to gain weight where organic causes of weight loss have been ruled out
- Adolescents with chronic medical illness, with menstrual dysfunction
- Adolescents with psychological factors affecting other medical conditions (e.g. asthma, cystic fibrosis, diabetes with depression, anxiety, family dysfunction, adherence, compliance to treatment)
- Adolescents with uncomplicated mild to moderate anxiety

#### Known Diagnoses
- Eating disorders (anorexia nervosa, bulimia nervosa, avoidant restrictive food intake disorder, binging or purging)

### 3.2 Allergy and Immunology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
</table>


## REFERRAL GUIDELINES

- Refer to Sidra or HMC.
- < 18 years old
- Emergencies

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Known Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic or recurrent dermatitis not responsive to topical hydrocortisone, or with known food trigger</td>
<td>Allergic rhinoconjunctivitis</td>
</tr>
<tr>
<td>Chronic or recurrent episodes of urticaria, and/or angioedema</td>
<td>Anaphylaxis with or without previously defined trigger</td>
</tr>
<tr>
<td>Delayed separation of the umbilical cord, by over 2 weeks, especially with infection or elevated neutrophil count</td>
<td>Dermatitis (suspected atopic)</td>
</tr>
<tr>
<td>Urticaria, angioedema, wheezing, vomiting and/or hypotension after food ingestion, drug administration, or insect bite</td>
<td>Drug allergy, especially if requiring confirmation</td>
</tr>
<tr>
<td>Recurrent episodes of wheezing, cough and/or shortness of breath</td>
<td>Eosinophilic esophagitis</td>
</tr>
<tr>
<td>Recurrent/persistent sneezing, rhinorrhea, and/or conjunctivitis unresponsive to standard doses of antihistamines</td>
<td>Food allergies, except milk-induced proctocolitis</td>
</tr>
<tr>
<td>Chronic, recurrent, or opportunistic (unusual) infections, including otits media, sinusitis, pneumonia, candidiasis, meningitis, abscesses, or family history of primary immunodeficiency or early death from infection</td>
<td>Immunodeficiency</td>
</tr>
<tr>
<td></td>
<td>Insect hypersensitivity</td>
</tr>
<tr>
<td></td>
<td>Persistent, or intermittent seasonal, asthma</td>
</tr>
<tr>
<td></td>
<td>Sinusitis</td>
</tr>
<tr>
<td></td>
<td>Urticaria / angioedema / mastocytosis</td>
</tr>
</tbody>
</table>

### 3.3 Cardiology

| Sidra Service Refer Status | Age Group | Exclusions |
|----------------------------|-----------|------------|------------|
|                            |           |            |            |
# REFERRAL GUIDELINES

- Refer to Sidra.
- < 18 years old for acquired and congenital heart disease
- > 18 years old for congenital heart disease
- Emergencies

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Known Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal electrocardiogram</td>
<td>Established (congenital/non-congenital) heart disease</td>
</tr>
<tr>
<td>Abnormal transcutaneous saturations: Persistence &lt; 94 % in infants &lt; 6 months (on repeated measurements), once lung disease has been ruled out</td>
<td>Genetic disorders (after first diagnosis) for baseline cardiac evaluation (e.g. Marfan, Turner, Down, DiGeorge, Noonan, muscular dystrophy, Williams syndromes, etc.)</td>
</tr>
<tr>
<td>Documented cardiomegaly on chest X-ray</td>
<td>Kawasaki disease, 2 weeks and 6-8 weeks post onset of illness</td>
</tr>
<tr>
<td>Documented hypertension will be referred to Cardiology to check cardiac effects. Routine Hypertension will be managed by our Nephrology specialty.</td>
<td></td>
</tr>
<tr>
<td>Evaluation of cardiac surgery</td>
<td></td>
</tr>
<tr>
<td>Physical signs suggestive of cardiac failure</td>
<td></td>
</tr>
<tr>
<td>Recurrent chest pain, with exercise</td>
<td></td>
</tr>
<tr>
<td>Recurrent palpitations, with exercise</td>
<td></td>
</tr>
<tr>
<td>Risk of benign non-cardiac etiology requiring further evaluation or any patients going through some medical therapy for other acute or chronic diseases and needs cardiac evaluation to rule out cardiac effects of those acute or chronic therapies.</td>
<td></td>
</tr>
<tr>
<td>(Pre)syncope, with exercise, without neurological etiology (after negative neuro appointment), suggestive of vasovagal episodes with parental concern</td>
<td></td>
</tr>
<tr>
<td>Symptoms suggestive of cardiac disease requiring further evaluation</td>
<td></td>
</tr>
<tr>
<td>Variety of symptoms requiring further investigation (e.g., cyanosis, shortness of breath without other etiology, possible signs of congestive heart failure and failure to thrive)</td>
<td></td>
</tr>
</tbody>
</table>

3.4 Child and Adolescent Mental Health

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>5 - 18 years old</td>
<td>Emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eating disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Known substance abuse problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer all actively suicidal cases to HMC emergency services.</td>
</tr>
</tbody>
</table>
### REFERRAL GUIDELINES

- Refer < 5 years old for suspected mental health issues to Sidra’s General Pediatrics per their criteria.
- Refer < 5 years old for suspected or known autism, and attention deficit hyperactivity disorder, to Sidra’s Developmental Medicine per their criteria.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Known Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Moderate or severe aggression, and severe tantrums</td>
<td>- Autism spectrum disorder</td>
</tr>
<tr>
<td>- Hyperactivity, impulsivity, inattention</td>
<td>- Attention deficit hyperactivity disorder</td>
</tr>
<tr>
<td>- Sad mood and self-harming behaviors</td>
<td>- Disruptive behavior disorders</td>
</tr>
<tr>
<td>- Anxiety and nervousness</td>
<td>- Oppositional defiant disorder</td>
</tr>
<tr>
<td>- Concerns about autism spectrum disorders</td>
<td>- Depressive disorders</td>
</tr>
<tr>
<td>- Sudden change in day-to-day functioning (such as in academic performance, irritability, isolation)</td>
<td>- Bipolar disorder</td>
</tr>
<tr>
<td>- Post-discharge psychiatric care</td>
<td>- Psychosis</td>
</tr>
<tr>
<td>- Children experiencing hallucinations/ delusions</td>
<td>- Obsessive compulsive disorder</td>
</tr>
<tr>
<td>- Children in need of psychotropics</td>
<td>- Generalized anxiety disorder</td>
</tr>
<tr>
<td>- Grief-related issues</td>
<td>- Separation anxiety disorder</td>
</tr>
<tr>
<td>- Psychological factors affecting other medical conditions</td>
<td>- Post-traumatic stress disorder</td>
</tr>
<tr>
<td></td>
<td>- Panic disorder</td>
</tr>
<tr>
<td></td>
<td>- Adjustment disorders</td>
</tr>
<tr>
<td></td>
<td>- Conversion disorder</td>
</tr>
<tr>
<td></td>
<td>- Tic disorders</td>
</tr>
</tbody>
</table>
## 3.5 Dermatology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>&lt; 18 years old</td>
<td>Emergencies</td>
</tr>
</tbody>
</table>

**Symptoms**
- Birthmarks evaluation
- Contact dermatitis
- Fragile skin, such as blisters, peeling, or inflammation
- Hair loss or hair excess
- Itchy conditions adversely affecting quality of life
- Recurrent skin infections
- Skin pigmentation changes requiring diagnosis
- Suspicious moles
- Symptomatic nail conditions
- Unexplained, or unresponsive symptomatic rashes
- Vascular lesions requiring evaluation and therapy
- Unidentified lumps or bumps

**Known Diagnoses**
- Atopic eczema unresponsive to therapy
- Psoriasis unresponsive to therapy
- Recalcitrant warts
- Neurocutaneous disorders requiring diagnosis and management
- Unresponsive acne, rosacea, peri-oral dermatitis
3.6 Developmental Pediatrics

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>&lt; 18 years old</td>
<td>Emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical disability without learning difficulties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Existing patients at HMC’s Rumalih Hospital Child Development Center</td>
</tr>
</tbody>
</table>

**Symptoms**

Initial multidisciplinary assessment for the following:
- Delay in academic skills (performing two years below expected for chronological age)
- Moderate to severe delay in two or more of the following skills: gross motor, fine motor, communication and languages, self-help, social skills
- Difficulties with attention and concentration severe enough to prevent academic progress
- Hyperactive and/or aggressive behavior affecting home life and education in a child who is less than an adolescent age
- Isolated moderate or severe delay in speech and language when associated with one or more of the autism red flags
- Permanent severe hearing or vision impairment that needs initial specialist developmental assessment to exclude or detect associated conditions
- Unusual/challenging behaviors affecting home life and education

**Known Diagnoses**

Initial multi-disciplinary follow-up until stability for the following:
- Attention deficit hyperactivity disorder less than adolescent age
- Autism spectrum disorder
- Congenital idiopathic microcephaly
- Congenital microcephaly and other genetic syndromes known to be associated with developmental delay
- Down syndrome
- Global developmental delay
- Intellectual disability
- Neurocutaneous syndromes
- Other genetic disorders speech and language disorders
- Sensorineural hearing loss
3.7 Endocrinology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>&lt; 14 years old for first-time patients/new referrals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 18 years old for follow-up of known diabetic patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergencies</td>
</tr>
</tbody>
</table>

Symptoms

- Excessive thirst and frequent urination with any of the following:
  - elevated random blood glucose > 140 mg/dl
  - fasting blood glucose > 100 mg/dl
  - HbA1c > 5.7
  - diluted urine < 300 mOsm/kg
- Precocious puberty or premature female thelarche
  - girls < 8 years: breast development
  - boys < 9 years: testicular enlargement
- Premature adrenarche as follows:
  - girls < 7 years with one or more of the following signs: pubic hair, axillary hair, body odor, clitoral enlargement (not breast development)
  - boys < 7 years with one or more of the following signs: pubic hair, axillary hair, body odor, penile enlargement, accelerated growth (not testicular enlargement < 4 ml or < 2.5 cm)
- Delayed puberty as follows:
  - girls: no breast development by 13 years of age, or no menses by 15 years of age
  - boys: no testicular enlargement by 14 years of age (< 4 ml or < 2.5 cm)
- Short stature, for either of the following:
  - current height less than 3rd percentile for age
  - crossing percentiles on repeated growth measurements
- Obesity
  - darkening and thickening of skin around neck, elbow, waist, knuckles, axilla
  - irregular menses
- Unexplained weight loss or gain
- Hyperpigmentation of the skin and chronic fatigue not explained by usual causes
- Hypoglycemia
- Salt cravings and hypotension

Known Diagnoses

- Type 1 diabetes mellitus
- Type 2 diabetes mellitus
- Other types of diabetes
- Growth disorders
- Puberty disorders
- Pituitary disorders
- Thyroid disorders
- Calcium and parathyroid disorders
- Adrenal disorders and hypoglycemia
- Disorders of sexual development
- Obesity
- Long term endocrine effect of pediatric cancer

- Bulging eyes, Irritability and mood changes (Graves’ ophthalmopathy)
- Goiter (enlargement of the thyroid gland)
REFERRAL GUIDELINES

- Heat intolerance with tachycardia
- Cold intolerance with bradycardia
- Tremors with unexplained weight loss
### 3.8 Gastroenterology

<table>
<thead>
<tr>
<th>Refer to Sidra.</th>
<th>&lt; 18 years old</th>
<th>Emergencies</th>
</tr>
</thead>
</table>

#### Symptoms

- Abdominal distension, with associated obstructive symptoms
- Altered bowel habits, such as overflow diarrhea (see General Pediatrics for specific constipation symptoms for referral)
- Conjugated jaundice after doing split bilirubin
- Dyspepsia
- Dysphagia
- Faltering growth and weight loss with gastroenterology symptoms
- Gastrointestinal bleeding (refer to General Pediatrics when associated with anal fissure and constipation)
- Hepatomegaly when associated with abnormal liver function tests, and/or any signs of chronic liver disease
- Liver dysfunction
- Malnutrition with gastrointestinal symptoms
- Recurrent vomiting with one or more of the following red flags:
  - haematemesis after exclusion of swallowed blood from nose bleed or cracked nipple
  - blood in stool after exclusion of infective or acute surgical causes, such as intussusception
  - chronic diarrhea after no response to cow’s milk protein exclusion
  - high state or risk of atopy if no response to cow’s milk protein exclusion
- Splenomegaly when associated with abnormal liver function tests, and/or any signs of chronic liver disease

#### Known Diagnoses

- Achalasia
- Alpha-1-antitrypsin deficiency
- Autoimmune enteropathies
- Autoimmune hepatitis
- Biliary atresia
- Celiac disease
- Chronic liver diseases
- Complex food allergy
- Congenital enteropathies
- Early onset inflammatory bowel diseases
- End-stage liver disease
- Eosinophilic gastrointestinal diseases
- Functional and neuromuscular gastrointestinal disorders
- Functional gastrointestinal disorders
- Gastro-esophageal reflux
- Gastrointestinal polyps
- Gastrostomy tube patients
- Helicobacter pylori infections
- Intestinal failure and long-term total parenteral nutrition
- Lactose intolerance
- Inflammatory bowel disease
- Irritable bowel syndrome
- Metabolic liver disease
- Oesophagitis
- Pancreatitis
- Peptic ulcer disease
- Portal hypertension
- Post-liver transplantation
- Protein-losing enteropathy
- Short bowel syndrome
- Viral hepatitis
- Wilson’s disease
## 3.9 General Pediatrics

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>&lt; 14 years old</td>
<td>Emergencies</td>
</tr>
<tr>
<td></td>
<td>&lt; 5 years old for suspected mental health issues</td>
<td>Refer to HMC for residency program continuity clinic.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer 5 – 18 year olds for suspected mental health issues to Sidra’s Child and Adolescent Mental Health per their criteria</td>
</tr>
</tbody>
</table>

### Symptoms

- Chronic abdominal pain for >3 weeks
- Chronic constipation for >3 months, and not responding to treatment
- Chronic diarrhea for >3 weeks
- Chronic lymphadenopathy for >1 month, due to a suspected non-tuberculosis cause, and requiring workup
- Enuresis failing initial management
- Failure to thrive, with weight less than 2nd percentile (approximately equivalent to a Z-score of -2), for gestation-corrected age and sex when plotted on an appropriate growth chart, and who have decreased velocity of weight gain that is disproportionate to growth in length
- First febrile urinary tract infection in children <2 years of age
- Obesity due to a non-endocrine cause, and failing initial management
- Recurrent febrile urinary tract infections for >2 infections
- Recurrent vomiting not associated with gastroenterological causes (e.g. gastritis, cyclic vomiting, gastroesophageal reflux disease)
- Short stature due to a non-endocrine cause, and requiring workup
- Suspected mental health presentations for children <5 years old. Refer older children to Sidra’s Child and Adolescent Mental Health per their criteria.

### Known Diagnoses

- Bronchial asthma
- Iron deficiency anemia failing initial treatment
- Gastroesophageal reflux disease failing initial management

## 3.10 General Surgery
### Sidra Service Refer Status

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| • Refer to Sidra or HMC.   | • < 14 years old for listed symptoms and known diagnoses  
|                            | • < 18 years old for follow-up of previously diagnosed congenital anomalies | • Emergencies  
|                            |                       | • Minor or single system trauma  
|                            |                       | • Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.  
|                            |                       | • Complex urologic anomalies |

### Symptoms and Known Diagnoses

- Children requiring surgery (open or laparoscopic) for thoracic (excluding cardiac) or abdominal and pelvic lesions
- Common head and neck lesions, solid tumors of chest or abdomen

### Abdominal/Gastrointestinal

- Esophageal surgery (for e.g., gastro esophageal reflux disease, achalasia, duplication cysts, strictures)
- Stomach, small bowel, colon surgery (for e.g., atresia, stenosis, masses)
- Solid organ tumors or any masses (e.g., Wilms’ tumor, neuroblastoma, adrenal masses, sacrococcygeal teratoma, mesenteric cysts, ovarian cysts)
- Inflammatory bowel disease, anorectal malformations, Hirschsprung’s disease, bariatric surgery
- Surgery for the liver, gallbladder, spleen and pancreas
- Abdominal wall defects or masses (e.g., urachal remnant, omphalomesenteric duct/cyst)
- Hernia and hydrocele repairs (e.g., inguinal, umbilical, epigastric or post-operative)
- Bariatric surgery in adolescents

### Head and Neck

- Endocrine surgery (e.g., thyroidectomy, parathyroidectomy)
- Congenital malformations (e.g., branchial cleft cyst, thyroglossal duct cyst, cystic hygroma, lymphangioma, dermoid)

### Thoracic/Vascular

- Pulmonary surgery for tumor, congenital malformation, infection, biopsy
- Chest wall deformity (e.g., pectus excavatum, carinatum)
- Mediastinal cysts, masses, teratomas or tumors of any kind
- Diaphragmatic procedures (e.g., plication, repair)
- Vascular procedures (e.g., vascular ring release, aortopexy, dialysis access, central venous access)

### Skin/Soft Tissue/Muscoskeletal

- Soft tissue mass of unknown etiology, dermoid cysts, inclusion cyst, lipoma, lymphadenopathy, after referral to and review by the Infectious Diseases service
- Breast mass, axilla mass
- Vascular malformations, lymphangioma

### Fetal Consultation

- Fetal pre-natal consultations for family counselling (e.g., diaphragmatic hernia, duodenal atresia)

### Endoscopic Procedures
REFERRAL GUIDELINES

- Minimally invasive technique (e.g., thoracoscopically, laparoscopically)
- Endoscopy of the esophagus, stomach, trachea or colon for intervention or dilation or removal foreign body

Genito-Urinary
- Solid tumors (e.g., Wilms’ tumor, adrenal masses)
- Undescended testicle and circumcision (patients over 1 year old unless medically indicated)
- Gastro-intestinal component of cloaca
### 3.11 Infectious Diseases

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>&lt; 14 years old</td>
<td>Emergencies, Routine immunizations, except for chronic patients who are followed at Sidra, Refer to HMC tuberculosis and human immune deficiency.</td>
</tr>
</tbody>
</table>

**Symptoms**
- Chronic ear discharge
- Fever after return from malaria and typhoid endemic areas
- Fever of unknown origin $>38.3{\degree}C$ ($101{\degree}F$) at least once per day for $\geq 8$ days, with no apparent diagnosis after initial outpatient or hospital evaluation
- Lymphadenopathy when tuberculosis or other infectious diseases are suspected
- Prolonged fever with weight loss

**Known Diagnoses**
- Tuberculosis adenitis
- Brucellosis
- Malaria
- Osteomyelitis
- Septic arthritis
- Typhoid fever
### 3.12 Neonatology High-Risk Infant Follow-Up

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>Within 30 days of discharge from a neonatal intensive care unit</td>
<td>Emergencies&lt;br&gt;Post-hospitalization neurodevelopmental evaluations for patients who were admitted to neonatal intensive care unit and subsequently discharged.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Known Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk for long-term neurodevelopmental delay (motor and/or cognitive)&lt;br&gt;Hearing problems&lt;br&gt;Visual problems&lt;br&gt;Growth failure</td>
<td>Less than 32 weeks’ gestation at birth&lt;br&gt;Less than 1.5kg birthweight&lt;br&gt;Hypoxic ischemic encephalopathy (moderate to severe)&lt;br&gt;Intraventricular hemorrhage (&gt;Grade 1 according to Papile)</td>
</tr>
</tbody>
</table>
### 3.13 Neonatology Prenatal Consult

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>Pregnancy with viable fetus</td>
<td>Emergencies</td>
</tr>
</tbody>
</table>

#### Known Diagnoses

- Smaller than expected fetus for gestational age status
- Macrosomia (fetus larger than expected for its gestational age)
- Multiple gestation status (more than one fetus in pregnancy)
- Anatomic, physiologic, and/or genetic anomalies (e.g. congenital diaphragmatic hernia, congenital heart defects and arrhythmias, pulmonary and airway malformations, gastrointestinal malformations, renal dysgenesis, malformations, central nervous system malformations and peripheral neurologic diseases, inborn errors of metabolism)

- For such pregnancies, given the concern of fetal and neonatal complications, the opportunity for the mother and family to discuss the pregnancy and expected fetal-neonatal course is an essential information resource, particularly for informed medical decision making and appropriate allocation of birth and early treatment after birth.
### 3.14 Nephrology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>&lt; 14 years old</td>
<td>- Emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Refer to HMC for multidisciplinary clinics for spina bifida, dialysis, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>transplant services.</td>
</tr>
</tbody>
</table>

#### Symptoms
- Blood in urine
- Change in urine color
- Dysuria
- Flank pain
- High blood pressure persistently (more than one encounter) higher than the 95th percentile for age, gender, and height. Patients known to have hypertension secondary to cardiac abnormalities at the time of referral should be referred directly to cardiology.
- Kidney manifestation of systemic diseases
- Low-grade hydronephrosis. High-grade hydronephrosis is for referral to Urology, as specified in Urology guidelines.
- Protein in urine
- Urinary frequency/urgency/incontinence

#### Known Diagnoses
- Abnormal structure of kidney or urinary tract acute kidney injury
- Chronic kidney disease
- Cystic kidney
- Dysplastic kidney
- Ectopic/horseshoe kidney
- Glomerulonephritis nephrotoxic syndrome
- Hydronephrosis
- Hypercalciuria
- Hypertension
- Kidney stones
- Nephrocalcinosis
- Nephrogenic diabetes insipidus
- Proteinuria
- Purpura/diabetes with renal involvement
- Renal tubular acidosis
- Single kidney
- Systemic lupus erythematosus/henoch-schönlein
- Vesicoureteral reflux
- Serum electrolytes abnormalities
### 3.15 Neurology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>&lt; 14 years old</td>
<td>Emergencies</td>
</tr>
</tbody>
</table>

**Symptoms**
- Recurrent simple febrile seizures
- First simple (benign) febrile seizure for children older than two years old
- Atypical (complex) febrile seizures, defined as lasting >15 minutes
- Febrile seizure with partial onset
- Focal features during or after the seizure
- Recurrent febrile seizures within a 24-hour period
- Recurrent disabling headaches, not well managed with first line headache treatment strategies. Consider referral to Sidra’s Child and Adolescent Mental Health service depending on presence and severity of co-morbidities such as depression, obsessive compulsive disorder or anxiety disorders.
- Epileptic seizures
- Post-concussion syndrome
- Recurrent loss of consciousness
- Tics that interfere with activities of daily living, school performance or socialization
- All other movement disorders
- Vertigo

**Known Diagnoses**
- Complications of central nervous system infection
- Epilepsy management
- Microcephaly
- Motor system disorders
- Neuro-genetic and neuro-metabolic disorders refractory epilepsy
### 3.16 Neurosurgery

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refer to Sidra or HMC.</td>
<td>• &lt; 14 years old for listed known diagnoses  &lt; 18 years old for follow-up of previously diagnosed congenital anomalies</td>
<td>• Emergencies  Minor or single system trauma  Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Known Diagnoses</th>
</tr>
</thead>
</table>
| • Not applicable | • Any infants, children, or adolescents requiring operative treatment within the central nervous system, spinal cord, meninges, spine, pituitary gland, or peripheral nerves  
• Congenital brain and spinal cord malformations (including spina bifida, cared for with a multidisciplinary medical surgical team)  
• Benign and malignant tumors of the central nervous system, spinal cord, meninges or spine  
• Disorders of the craniofacial skeleton (e.g., craniosynostosis and craniofacial disorders) will be cared for by our pediatric neurosurgeon as part of a craniofacial team  
• Hydrocephalus  
• Intractable epilepsy, considered for seizure surgery should be referred to a pediatric neurologist as part of a multidisciplinary medical surgical team as we plan to start epilepsy surgery in the near future.  
• Infants and children with infections of the central nervous system, including epidural abscess, subdural empyema, or brain abscess, are preferably cared for by a pediatric neurosurgeon in conjunction with specialists in pediatric infectious disease |
3.17 Ophthalmology and Orthoptics

**Sidra Service Refer Status**
- Refer to Sidra or HMC.

**Age Group**
- < 14 years old for listed symptoms and known diagnoses
- < 18 years old for follow-up of previously diagnosed congenital anomalies
- > 18 years old for ongoing care of strabismus

**Exclusions**
- Emergencies
- Minor or single system trauma
- Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.
- Refer to community optometrist for > 7 years old with blurred vision, unable to see board, need glasses checks, need routine screening.
- Refer to pediatrician for itchy eyes, small eyelid cysts, pink eye, or other common primary care eye problems.

**Symptoms**
Pediatric ophthalmologists care for disease of the eye, and the associated structures. This includes medical and surgical aspects of the child’s care.

- Sudden loss of vision
- Double vision
- Chronic red eye or eye pain
- Infections involving the eye ocular or periocular inflammation not responding to initial topical and/or systemic antibiotic therapy or not clearing within 3 weeks
- Suspected abuse and possibility of eye injury
- Suspected cataracts, glaucoma, or blindness
- Suspected herpes simplex or zoster
- Suspected need for eye surgery
- Risk factors for strabismus or amblyopia (e.g., family history of amblyopia or orbital or eyelid hemangioma)

**Known Diagnoses**
- Care of congenital or genetic ocular anomalies or infections (e.g., aniridia, toxoplasmosis)
- Cataracts, glaucoma, or blindness
- Congenital nystagmus
- Early-onset nystagmus
- Strabismus or amblyopia (lazy eye)
- Systemic syndromes, metabolic disorders, or chromosomal abnormalities with possible ocular involvement (e.g., juvenile idiopathic arthritis, galactosemia, diabetes mellitus, Marfan syndrome, down syndrome)
### 3.18 Optometry

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refer to Sidra or HMC.</td>
<td>• &lt; 8 years old for routine refraction and glasses evaluation&lt;br&gt;• 7 – 15 years old for complex refraction (e.g., nonverbal children, low vision, irregular astigmatism related to pathology, keratoconus or trauma, developmentally delayed in whom there is reason to suspect eye disease)&lt;br&gt;• &lt; 18 years old for complex contact lens fittings&lt;br&gt;• 3 – 17 years old for low vision amongst visually impaired children and adolescents</td>
<td>• Emergencies</td>
</tr>
</tbody>
</table>

#### Symptoms
- Poor vision or delayed attainment of vision related developmental milestones
- Severe refractive errors or a strong family history of severe refractive errors
- Difficult refraction for special needs children (e.g., autism, developmentally delayed, down syndrome, attention-deficit hyperactivity disorder)
- Low vision, legal blindness, or in need of low vision aids (best corrected visual acuity 20/200 or better)
- Medically necessary contact lens (rigid gas permeable, scleral, hybrid, soft, prosthetic)

#### Known Diagnoses
- Children with keratoconus, post keratoplasty or other corneal scarring secondary to trauma or pathology who do not achieve good acuity with spectacles and require rigid gas permeable/hard lenses
- Children with corneal opacities, aniridia, microcornea, photophobia secondary to iris trauma who require prosthetic lenses
- Children who have had cataract surgery in need of aphakic contact lens fitting
- Children who have anisometropia and in need of contact lenses due to aniseikonia
- Low vision caused by albinism, retinal dystrophies (e.g., rod-cone dystrophy, retinitis pigmentosa), Retinopathy of prematurity, diabetic retinopathy, genetic disease or glaucoma
### 3.19 Orthopedics

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>&lt; 18 years old for listed symptoms and known diagnoses</td>
<td>Emergencies</td>
</tr>
<tr>
<td></td>
<td>&lt; 14 years old for fractures, dislocations and sequelae of bone and joint infections</td>
<td>Minor or single system trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.</td>
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<tr>
<td></td>
<td></td>
<td>Refer infants, children, and adolescents with suspected malignant bone and soft tissue tumours to an HMC orthopedic oncology surgeon.</td>
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<tr>
<td></td>
<td></td>
<td>Disorders pertaining to the hand should be referred to Sidra’s Plastic and Cranofacial service.</td>
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<tr>
<td></td>
<td></td>
<td>Refer rheumatological conditions to a pediatric or adult rheumatologist, e.g., juvenile arthritis.</td>
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<tr>
<td></td>
<td></td>
<td>Refer patients with osteomalacia or other metabolic conditions without skeletal deformity (e.g. genu valgum) to an endocrinologist.</td>
</tr>
</tbody>
</table>

#### Symptoms

Pediatric orthopedic surgeons treat infants, children, and adolescents requiring surgical consultation and/or treatment for conditions involving the musculoskeletal system.

- Infants with congenital or acquired deformities of the upper or lower limbs, such as clubfoot or congenital limb deficiencies (other than hand)
- Infants, children, and adolescents with congenital or acquired hip disorders
- Infants, children, and adolescents with sequelae of bone and joint infection
- Infants, children, and adolescents with spinal deformity (e.g., scoliosis)
- Infants, children, and adolescents with significant limb length discrepancy
- Infants, children, and adolescents with deformity or gait abnormality secondary to neuromuscular conditions (e.g., cerebral palsy, muscular dystrophies)
- Infants, children, and adolescents with fractures and dislocations (other than hand)

#### Known Diagnoses

- Fractures and dislocations
- Sequelae of bone and joint infection
- Perthes disease of the hip
- Sequelae of slipped capital femoral epiphysis
- Scoliosis and kyphosis
- Cerebral palsy
- Spina bifida
- Muscular dystrophies and other neuromuscular disorders
- Skeletal dysplasias
- Clubfoot and other foot deformities
- Developmental hip dysplasia
- Genu varum/valgum
- Toe walking
- Pediatric back pain
- Overuse syndromes
- Femoroacetabular impingement
REFERRAL GUIDELINES

- Infants, children, and adolescents with suspected benign bone tumors (other than hand)
- Infants, children, and adolescents with osteomalacia or other metabolic conditions with skeletal deformity (e.g., genu valgum)
- Sports-related injuries (other than hand)
3.20 Otolaryngology (Ear, Nose and Throat)

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>&lt; 14 years old for listed known diagnoses</td>
<td>Emergencies</td>
</tr>
<tr>
<td></td>
<td>&lt; 18 years old for follow-up of previously diagnosed congenital anomalies</td>
<td>Minor or single system trauma</td>
</tr>
<tr>
<td></td>
<td>Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.</td>
<td></td>
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<tr>
<td></td>
<td>Refer children with snoring, otitis media ('ear infections’, hearing loss), or chronic tonsillitis to a primary care physician or community pediatrician to follow national and international guidelines for referral to secondary services, or to HMC’s Ear, Nose and Throat Department</td>
<td></td>
</tr>
</tbody>
</table>

Symptoms and Known Diagnoses

Specialty Background

- Pediatric otolaryngology is a surgical discipline devoted to surgical therapy of the ear, nose and throat.

Major Diagnostic Categories Treated

- Congenital malformations of head and neck structures, including: ear (e.g., prominent ear deformity, microtia or ear atresia), nasal passages, oral cavity, laryngo-tracheal airway, and neck (e.g., branchial cysts/fistulae, neck lumps, thyroglossal cysts, cystic hygroma’s)
- Neoplasms or vascular malformations of head and neck structures, including laryngo-tracheal airway
- Infants and children requiring operative airway endoscopy for the evaluation of stridor
- Infants and children with sensory impairments, including conductive or sensorineural hearing loss, vertiginous disorders, voice disorders, facial nerve paralysis, oro-motor dysfunction as evidenced by speech, swallowing, or drooling problems
- Infants and children with acquired disorders involving the ear (e.g., cholesteatoma), the pharynx (e.g., obstructive sleep apnea), laryngo-tracheal airway (e.g., post-intubation laryngo-tracheal stenosis), aero-digestive tract (e.g., foreign body aspirations), facial skeleton (e.g., maxillofacial trauma)
- Infants and children with complicated infections that may require surgery involving the ear (e.g., acute mastoiditis), the nose and para-nasal sinuses (e.g. acute or chronic rhino- sinusitis), the pharynx (e.g., recurrent adeno-tonsillitis, retropharyngeal abscess), the airway (e.g., epiglottitis), and the neck (e.g., parapharyngeal abscess)
- Infants and children with medical conditions that increase operative risk (e.g., congenital heart disease, chronic lung disease, and other syndromes) who must undergo a common ear, nose and throat procedure (e.g., adeno-tonsillectomy)

3.21 Plastic and Cranofacial Surgery
## Referral Guidelines

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
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</thead>
<tbody>
<tr>
<td>Refer to Sidra or HMC.</td>
<td>&lt; 14 years old</td>
<td>Emergencies</td>
</tr>
<tr>
<td></td>
<td>Any age for follow-up and/or ongoing care of any previously diagnosed condition listed below</td>
<td>Minor or single system trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.</td>
</tr>
</tbody>
</table>

### Symptoms and Known Diagnoses

**Symptoms and Known Diagnoses**

**Specialty Background**
- Reconstructive specialty focusing on surgical treatment rather than diagnosis
- Primary role in many conditions (e.g., cleft lip and cleft palate, craniosynostosis, facial trauma, ear deformity, hand anomalies, gynecomastia, plagiocephaly)
- Supportive role in managing complex reconstructive problems (e.g., myelomeningocele, pilonidal disease, facial palsy, lower extremity trauma)

**Major Diagnostic Categories Treated**
- Cleft lip
- Cleft palate including cleft-related speech disorders
- Congenital ear deformities (e.g., protruding, constricted, hypoplastic, microtia, anotia)
- Skull deformities: plagiocephaly, craniosynostosis
- Craniofacial syndromes (e.g., pierre robin, hemifacial microsomia; goldenhar velocardiofacial/22q11 deletion, fibrous dysplasia, neurofibromatosis, apert, crouzon, pfeiffer, carpenter, saethre chotzen, treacher collins, nager, stickler, craniofrontal nasal dysplasia, binder)
- Syndactyly and polydactyly of the hand and foot
- Other hand anomalies or post-traumatic hand deformities/dysfunction
- Vascular and pigmented skin lesions (hemangioma, vascular malformation, lymphangioma, and giant melanocytic birthmarks)
- Benign skin tumors (e.g., keloid and hypertrophic scars, burn scar contractures, skin and skin adnexal cysts, dermoid cysts, nevus sebaceous, lipomas, myomas, fibromas)
- Body surface contour deformity
- Breast deformity (e.g., poland syndrome, gynecomastia)
- Facial trauma (e.g., facial fractures, lacerations, nerve injuries)
- Malignant tumors (e.g., melanoma, spitz nevus, dermatofibrosarcoma protuberans)
- Myelomeningocele
- Pilonidal disease
### 3.22 Pulmonology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Sidra.</td>
<td>&lt; 18 years old, for both acute conditions and chronic follow-up</td>
<td>Emergencies</td>
</tr>
</tbody>
</table>

**Symptoms**
- Apnea, for infant < 1 year old and symptomatic
- Apnea > 1 year of age and symptomatic
- Chronic cough with recurrent pneumonia ($\geq 2$ in a year), persistent wet cough in setting of oto-sinus disease, persistent chest X-ray changes, impaired exercise capacity, failure to thrive, recurrent hospital admissions, underlying etiology not identified by initial investigation
- Cyanotic spells/hypoxia when non-pulmonary causes excluded
- Hemoptysis
- Noisy breathing (snoring, stridor)
- Persistent tachypnea
- Persistent cough and/or wheeze when follows hospitalization, especially in intensive care unit, emergency department visits, complicating conditions (e.g., broncho pulmonary dysplasia, prematurity, failure to thrive, pneumonia), frequent need for oral steroids, no response to standard treatment
- Snoring with observed apnea, excessive daytime somnolence
- Wheezing below 1 year old when $\geq 3$ episodes in a year, history of prolonged hospital admission ($>1$ week), failure to thrive, persistent wheezing even when well ($>6$ weeks)

**Known Diagnoses**
- Bronchiectasis
- Bronchopulmonary dysplasia
- Children with home vents or noninvasive ventilation continuous positive airway pressure, bi-level positive airway pressure
- Chronic respiratory insufficiency
- Congenital airway or parenchymal lung anomalies
- Cystic fibrosis
- Interstitial lung disease
- Primary ciliary dyskinesia
- Pulmonary hypertension – non-cardiac
- Recurrent pneumonia episodes ($\geq 3$ in a year, and ongoing after initial investigation)
- Neuro-muscular weakness
- Difficult to control asthma
3.23 Rheumatology

Sidra Service Refer Status | Age Group | Exclusions
--- | --- | ---
• Refer to Sidra or HMC. | < 14 years old | • Emergencies

Symptoms | Known Diagnoses
--- | ---
• Unexplained prolonged symptoms not related to infections or medications, including:
  ▪ Prolonged persistent fever (>38°C) for more than 6 weeks with arthritis
  ▪ Recurrent unexplained fever with no focus for infection for more than 3 months
  ▪ Arthritis (joint pain and swelling) for more than 6 weeks
• Symptoms suggestive of juvenile dermatomyositis, such as: muscle ache and weakness, high creatine kinase, alanine transaminase, aspartate aminotransferase, lactic dehydrogenase, or myositis by magnetic resonance imaging for more than 6 weeks not related to infection
• Symptoms suggestive for systemic lupus erythematosus, such as: hair falling out, oral ulcers, arthritis, malar rash, skin rash or abnormal blood work such as cytopenia, low complement component 3, complement component 4 and positive autoantibodies.
• Symptoms suggestive of Behcet disease, such as recurrent oral and genital ulcers, rash and arthritis
• Symptoms suggestive of chronic recurrent multifocal osteomyelitis (bone pain and non-infectious bone lesions by magnetic resonance imaging)
• Symptoms suggestive for familial Mediterranean fever, such as: recurrent fever, abdominal pain and rash with or without family history of familial Mediterranean fever
• Symptoms suggestive for Sjogren syndrome, such as recurrent parotitis, dry eyes, and dry mouth
• Symptoms suggestive for vasculitis, such as skin rash, arthritis, weight loss and fever with positive autoantibodies
  • Autoimmune disorders
  • Behcet disease
  • Chronic recurrent multifocal osteomyelitis
  • Inflammatory bowel disease-related arthritis
  • Juvenile dermatomyositis
  • Juvenile idiopathic arthritis
  • Mixed connective tissue disease
  • Periodic fever syndrome, familial Mediterranean fever, hyperimmunoglobulinemia D
  • Sarcoidosis
  • Scleroderma
  • Sjogren syndrome
  • Systemic lupus erythematosus
  • Systemic sclerosis
  • Neonatal lupus
  • Polyarthritis nodosa
  • Ranaud phenomenon
  • Uveitis
  • Vasculitis
  • Morphea

3.24 Sidra Child Advocacy Program (S-CAP)

Sidra Service Refer Status | Age Group | Exclusions
--- | --- | ---
REFERRAL GUIDELINES

- Refer to Sidra
- A 24-hour phone consultation is available if needed, on 4003 7227, a dedicated line due to the service’s sensitive nature of cases.
- < 18 years old

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Known Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury without available or suitable explanation, or inconsistent with child’s developmental stage, such as bruises, bites, lacerations/abrasions/scars, thermal injuries, fractures, intracranial injury</td>
<td>- Emotional abuse</td>
</tr>
<tr>
<td>Any child who has engaged in sexual activities that s/he cannot comprehend, is developmentally unprepared for and cannot give consent, or violate the law/social taboos of society (e.g., oral/genital/anal contact, fondling, rape, prostitution, exposure to or use in the production of pornography), with exhibited behavioral disturbances (e.g., depression, anger, and/or sexualized behavior), or physical signs/symptoms (e.g., genital, anal or perianal injury; anogenital bleeding or discharge, anogenital rash/warts, dysuria; sexually transmitted infections or pregnancy).</td>
<td>- Neglect</td>
</tr>
<tr>
<td>Conditions of failure to provide for a child’s basic needs (e.g., inadequate nutrition, inappropriate medical care or treatment, poor school attendance, lack of supervision).</td>
<td>- Physical abuse</td>
</tr>
<tr>
<td>Impaired psychological growth and development, frequently related to negativity/hostility, rejection or developmentally inappropriate expectations of the child.</td>
<td>- Sexual abuse</td>
</tr>
</tbody>
</table>

Emergencies

Member of Qatar Foundation
# Urology

<table>
<thead>
<tr>
<th>Sidra Service Refer Status</th>
<th>Age Group</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refer to Sidra or HMC.</td>
<td>&lt; 14 years old for listed symptoms and known diagnoses</td>
<td>• Emergencies</td>
</tr>
<tr>
<td></td>
<td>&lt; 18 years old for follow-up of previously diagnosed congenital anomalies</td>
<td>• Minor or single system trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer major trauma to the Trauma Room in the Emergency Department at HMC’s Hamad General Hospital.</td>
</tr>
</tbody>
</table>

## Symptoms

- Testicular pain
- Urinary incontinence
- Vaginal abnormalities
- Voiding difficulties

## Known Diagnoses

- Ambiguous (intersex) genitalia
- Bladder extrophy and epispadias
- Circumcision (patients over 1 years old unless medically indicated)
- Cloacal and urogenital sinus anomalies
- Duplications of the urinary tract
- Enuresis
- High-grade hydronephrosis (including antenatally diagnosed)
- High-grade vesico-ureteral reflux
- Hydroceles
- Hypospadias
- Malformations of the urinary tract
- Megaureter phimosis
- Neurogenic bladder (associated with spina bifida)
- Penile curvature
- Posterior urethral valves
- Recurrent urinary tract infections after evaluation by a Nephrologist
- Renal and bladder tumors
- Ureteroceles
- Urinary stones
## 4. ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMC</td>
<td>Hamad Medical Corporation</td>
</tr>
<tr>
<td>S-CAP</td>
<td>Sidra Child Advocacy Program</td>
</tr>
<tr>
<td>Sidra</td>
<td>Sidra Medical and Research Center</td>
</tr>
</tbody>
</table>
5. REFERENCES


