

INTESTINAL FAILURE REHABILITATION DIVISION

ACCEPTANCE CRITERIA FOR REFERRAL

- All children with < 100 cm remaining small bowel
- Likely to require prolonged PN (irrespective of length of remaining small bowel)
- Gastroschisis
- Non food allergic enteropathies (eg congenital enterocyte defects, autoimmune enteropathies requiring artificial nutritional support)
- Congenital short gut
- Stoma formation with short gut (other than IBD)
- Referred for insertion of artificial feeding device (PEG, PEGJ, jejunostomy)
- Requiring a period of prolonged tube feeding (eg TOF with gastric pull up)
- Inpatients on parenteral nutrition for > 1 week
- Consideration for home PN
- Consideration for discharge on palliative PN
- Children considered for small bowel transplantation
- Inpatients with poor nutritional status at risk of refeeding syndrome
- Also: Shwachman Diamond Syndrome, Cystic Fibrosis related gut disease

Referral from General Paediatrics/SALT/Feeding clinic

- Children unlikely to feed orally for a prolonged period of time if suspected underlying GI disorder
- Children with persistent feeding difficulties/complex food refusal
- Syndromic children with nutritional problems
- Faltering growth

ADVICE TO REFERRING DOCTOR BEFORE ACCEPTING PATIENT

GPs	Referral letter to demonstrate referral guidelines have been met
Paediatricians:	Referral letter to demonstrate referral guidelines have been met
Paediatric Gastroenterologist (2 nd opinion)	Referral letter to demonstrate referral guidelines have been met