GUIDELINE

# Genetics Referral Pathway

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| **Scope (Staff):** | Nursing and Medical Staff |
| **Scope (Area):** | NICU KEMH, NICU PCH, NETS WA |

**Child Safe Organisation Statement of Commitment**

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

**This document should be read in conjunction with this disclaimer**

## Aim

To provide neonatal clinicians with the correct process for referral to genetics, for timely review and consultation.

## Risk

Delay in review of neonatal patients.

## Process for Referral

**General advice during office hours Monday to Friday:** on-call Clinical Geneticist is available on 64581625.

**After hours advice:** on-call Clinical Geneticist is available via the KEMH switchboard on 64582222.

The genetics department that services PCH is based at KEMH. Being offsite means that Genetic Services cannot provide a comprehensive onsite service to the NICU at PCH. This means that referrals should be carefully considered and planned as to whether an inpatient review is required or whether an appointment as an outpatient following discharge is suitable.

### Outpatient Referrals

If an outpatient review is adequate, an **eReferral** should be sent. The family will then be contacted by a member of the Genetics Team and receive an outpatient referral through the post.

### Inpatient Referrals

Indications where an inpatient review may be considered include a patient:

- With an undiagnosed syndrome/clinical symptom where a genetic diagnosis may aid clinical management.
- Where a genetic syndrome is being considered and where the patient is a long-term inpatient with no discharge date planned soon.
- From regional WA where travelling back for an outpatient clinic appointment would be difficult.

### KEMH and PCH 3B Inpatient Referral Process

The request for an inpatient review should be phoned through from the 3B/KEMH NICU SR to the genetics fellow to discuss. There should also be an eReferral sent highlighting that this is requesting an inpatient review. Necessary ongoing telephone communication should continue to be between the 3B/KEMH NICU SR and genetics fellow for continuity.

The genetics team have outpatient clinics at PCH on Tuesdays and Thursdays, so in patient reviews will most likely be lined up with these.

### Neonates with Newly Diagnosed Genetic Syndromes on Blood Results

The results should be given by the Clinician that ordered the test in the first instance. Genetics will follow-up and provide more information to the parents / family members. Whether they are seen as an inpatient or at an urgent outpatient appointment (within 6 weeks) will depend on whether genetics have previously been involved in the patient's care and also on clinician availability.

## Communication with Parents

Discussions with parents must take place when liaising with genetics. A consent form is to be completed if genetic testing is required (awaiting approval).

Consider the need for interpreter services or support services if necessary.

| Useful resources |
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| Chromosomal Microarray Information for Consumers<br>Chromosome Microarray (CMA) Testing Guide - Children and Adults (genetics.edu.au) Chromosome_microarray_fact_sheet-CGE.pdf (genetics.edu.au)<br><br>Neonatology Consent to Genetic Testing MR411.00 |

This document can be made available in alternative formats on request.

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