Children's Health Ireland

Faculty of Paediatrics
Royal College of Physicians of Ireland

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WELL INFANT MURMUR REFERRAL PATHWAY

This is a murmur referral form for **WELL** infants requiring review in a Cardiology Outpatient Clinic

Patient Information		**Referral Information**	
Surname		**Date of referral**	
Forename			
DOB		**Referral centre**	
Gestation at birth			
Birthweight + centile			
Current weight + centile			
Sex	Male ☐ Female ☐	**Referring consultant**	
Address		**Referring NCHD (name, grade, bleep)**	
Contact Details			
Parent 1 name		**Parent 2**	
Parent 1 contact number		**Parent 2 contact number**	

History	
Hx of gestational diabetes	Yes ☐ No ☐
Anatomy scan performed?	Yes ☐ No ☐
Abnormality on anatomy scan?	Yes ☐ No ☐
Antenatal genetic diagnosis? Detail	Yes ☐ No ☐
Failure to thrive? (falling centiles, poor weight gain)	Yes ☐ No ☐

Examination	
Dysmorphic features or suspected genetic diagnosis? If so detail	Yes ☐ No ☐
Pre ductal Sp02	
Post ductal Sp02	
Murmur	Yes ☐ No ☐
Description of murmur	
Palpable femoral pulses? If poor or absent pulses this needs to be discussed with cardiology on call	Yes ☐ No ☐

Many thanks for your referral
Please note all infants referred routinely to Cardiology should be reviewed locally by a Consultant Paediatrician at 6/52