## Healthlink Referral criteria to the General Paediatric Consultant and ANP Clinics

Note this applies to Network 5 only

Speciality	Service Descriptor	Service currently provided (Y/N)	Referral accepted by HealthLink (Y/N)
General Paediatric Consultant and ANP Clinics in Network 5	<ul> <li>Inclusion: <ul> <li>Children living in Network 5</li> <li>Children requiring a paediatrician review for common childhood conditions including: <ul> <li>Growth or nutrition concerns</li> <li>Allergy: e.g. Egg or Dairy</li> <li>Mild Asthma</li> <li>Eczema,</li> <li>Constipation</li> <li>Nocturnal enuresis,</li> <li>Large head/Small head</li> <li>Migrant health needs</li> </ul> </li> <li>Exclusion criteria <ul> <li>Children living in Networks 1-4 and Networks 6-9.</li> <li>Children requiring emergency medical treatment or inpatient treatment.</li> <li>Patient linked with sub speciality care in Galway already, i.e. Complex epilepsy syndrome, Complex allergy, Cystic fibrosis, Developmental paediatrics etc.</li> </ul> </li> </ul></li></ul>	Υ	γ