



**PAEDIATRIC
CHRONIC PAIN
PROGRAM**



Paediatric Chronic Pain Referral Criteria

OUR PROGRAM PROVIDES PAIN REHABILITATION. ALL INVESTIGATIONS MUST BE COMPLETE PRIOR TO REFERRAL.

Inclusion Criteria:

- Under 17 ½ years with chronic pain as the primary complaint
- Chronic pain for at least 3 months or lasting less than 3 months for patient experiencing complex severe acute pain, suspected neuropathic pain or complex pain medication wean/titration
- Investigations to identify etiology of pain have been completed
- Pain refractory to traditional management strategies
 - commonly used analgesics, physical or psychological therapies
- Chronic pain significantly impacts activities of daily living
 - school attendance, sleep, mood, quality of life and/ or family functioning
- Primary/referring physician agrees to collaborate in ongoing pain management follow-up including writing medication prescriptions when indicated and transition planning

Exclusion Criteria:

- Conversion Disorder where pain is not the primary complaint
- Active Eating Disorder Treatment
- Headache as primary pain complaint (please refer to Headache Clinic)

Patient Groups/Conditions Accepted:

- Gastro-Intestinal Pain
 - recurrent abdominal pain, abdominal pain related to genital/urinary, gynecological, post-surgical or gastroenterological disease
- Central Nervous System Pain
 - neuropathic pain - phantom limb, post-trauma, trigeminal neuralgia;
 - complex regional pain syndromes;
- Musculoskeletal Pain
 - back pain
 - post-infectious, post-surgical, post-traumatic, idiopathic musculoskeletal pain
 - fibromyalgia
- Recurrent or Chronic Pain Related to Congenital Disorders

**Please fax to 519 685 8431, questions to ext. 57920
Please include all relevant clinical notes otherwise referral will be delayed**