

ULTRASOUND REFERRAL FOR SUSPECTED INFANT DEVELOPMENTAL DYSPLASIA OF THE HIP (DDH)



Nenagh Radiology Department, HSE Mid West

067 42342

Eligibility criteria is between 4 weeks to 12 weeks of age (maximum)

Ultrasound is less useful after 12 weeks of age. Confirmation if required after 12 weeks is by Pelvis X-ray.

INFANT MUST HAVE ONE OR MORE POSITIVE RISK FACTORS TO BE ELIGIBLE FOR SCREENING

Does the patient have a <b>first degree relative</b> with DDH? (i.e. Parent/Sibling only)	YES <input type="checkbox"/> No <input type="checkbox"/>	State relationship:
Was the patient breech <b>AT OR AFTER</b> 36 weeks gestation?  <i>Note: In multiple births all babies should be screened if any one of the babies was in a breech presentation.</i>	YES <input type="checkbox"/> No <input type="checkbox"/>	Detail:
Is the <b>clinical hip examination abnormal</b> ?  <i>Please note Asymmetric creases are not within the inclusion criteria of the national screening programme.</i>	YES <input type="checkbox"/> No <input type="checkbox"/>	Detail of abnormality:
The option of requesting a Pelvis x-ray across all UHLG sites remains available for babies that fall outside the inclusion criteria for the DDH National selective ultrasound screening programme if clinically concerned. Pelvis x-ray is typically performed at 6 months of age.		

INCOMPLETELY FILLED FORMS WILL BE REJECTED AND RETURNED TO REFERRER

Was this patient term at birth?  <i>If no, please state how many weeks premature.</i>	YES <input type="checkbox"/> No <input type="checkbox"/>	Detail: <i>Infants born at or before 36 weeks will be date adjusted</i>
<p>Infant Surname: Click or tap here to enter text. Gender: Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Infant Forename: Click or tap here to enter text. D.O.B: Click or tap to enter a date.</p> <p>Mothers Name: Click or tap here to enter text. Mothers D.O.B: Click or tap to enter a date.</p> <p>Address: Click or tap here to enter multiple lines of text.</p> <p><b>Parent Contact Phone No:</b> Click or tap here to enter text.</p> <p><i>It is imperative that the contact details are correct as the optimal time to scan these infants is at <b>6 weeks old.</b></i></p>		

Medical practitioner signature: Click or tap here to enter text. IMC No: Click or tap here to enter text.

Print name: Click or tap here to enter text.

Date: Click or tap to enter a date.