

General Medicine Clinical Referral Guidelines

ELIGIBILITY:

Patients requiring assessment, management and diagnosis of:

- General Medical conditions requiring Physician input including: Heart Failure Services, Diabetes care, Endocrine conditions, Renal diseases
- All referrals need to be made on the South West Healthcare (SWH) General Medicine Specialist Outpatient Clinic Referral Form

PROVIDER:

Consultant Specialist Physicians with Registrar support
Current Consultant Lead: Dr James Gome

CLINIC LOCATION AND CONTACT DETAILS:

Level 4 South West Healthcare Ryot Street Warrnambool VIC 3280
Tel: (03) 5563 1256 Fax: (03) 5564 4370

GENERAL EXCLUSIONS (for specific conditions: see below)

- Acutely unwell patients – refer to ED
- * Non-Medicare eligible patients
- * Patients < 18 years old

The following table gives a guide for what is required to allow triage of the referral and outlines the referral management process

Clinic:	Investigations required prior to ALL referrals	Referral process (for ALL referrals)	Referral triage (for ALL referrals)	Expected Specialist Intervention/Outcome	Discharge
FOR ALL REFERRALS	<p>All baseline pathology or available diagnostics required for the management of the referred condition.</p> <p>All referrals will be triaged by a physician. Patients will be contacted to schedule an appointment.</p>	<p>A comprehensive referral letter on the appropriate form is to be faxed to: (03) 55644370.</p> <p>Further information may be requested to allow appropriate triage of the referral if this is not available.</p>	<p>*Appointments will be available in under 30 days where clinically indicated.</p> <p>*Routine appointments will be scheduled outside of 30 days.</p>	<p>The General Medicine clinic will aim to provide outpatient management and review until the clinical issue(s) related to the referral is stabilised and a management plan is created.</p> <p>Patients should expect to be referred back to GP with a care plan once the condition has been stabilised.</p>	<p>There will be regular communication between SWH, the GP and the patient where there are chronic or progressive conditions that require ongoing specialist advice or treatment.</p> <p>Discharge will be linked to the optimisation or stabilisation of the indication for referral.</p>

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<p>GENERAL MEDICINE</p> <p>Typically, these will include patients with multiple medical Problems for investigation, consultation and management.</p> <p>Suitable referrals would include patients:</p> <p>1: Referrals from ED: (for patients that require urgent physician input but that are not unwell enough to require current admission) Patient needs to have been <u>discussed with the admitting medical team before referral</u> to this clinic</p> <p>2: Referrals from Acute General Medical Units: (for review of appropriate patients post-discharge)</p> <p>3: Referrals from General Practitioners: (for patients requiring timely General Medical review, for which the next alternative is an ED presentation)</p>	<p>If further testing is needed prior to the clinic attendance, this will be notified to the referring practitioner after triage.</p>	<p>As above</p>	<p>As above</p>		<p>Generally speaking, patients will be discharged after an initial appointment and a maximum of two review appointments (unless further appointments are necessary and approved by the consultant).</p>
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<p>ENDOCRINOLOGY</p>	<p>If further testing is needed prior to the clinic attendance, this will be notified to the referring practitioner after triage.</p>	<p>As above</p>	<p>As above</p>		

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GENERAL MEDICINE/DIABETES Suitable referrals would include patients: 1: with recent admission to hospital with diabetes-associated complications 2: requiring pre-pregnancy counselling (this may need to include patients who are pregnant) 3: requiring medical opinion on intensifying diabetes management	In addition to above, current pathology including (at a minimum) HbA1c and lipid levels should be performed.	For those referrals with diabetes for consultation, please include details of any existing health care plans (i.e. allied health engagement). A referral to certify fitness for maintaining licensing requirements alone would not constitute an appropriate referral.	As above		All patients will be discharged back to the General Practitioner (GP) and community care team after six months. The patient can always be re-referred if their condition changes or specialist input is needed.
Clinic:	Investigations required prior to ALL referrals	Referral process (for ALL referrals)	Referral triage (for ALL referrals)	Expected Specialist Intervention/Outcome	Discharge
GENERAL MEDICINE/HEART FAILURE SERVICES A referral for a patient requiring 'end of life care' is not appropriate for this clinic.	In addition to above, referrals for patients with heart failure or other significant cardiac conditions, a trans-thoracic echo should be performed.	As above	As above		Generally speaking, patients will be discharged after three months from each enrolment with the General Medicine Heart Failure Services Clinic.

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<p>RENAL SERVICES</p> <p>All existing adult haemodialysis, peritoneal dialysis, and renal transplant patients are suitable.</p> <p>Other suitable referrals would include patients with:</p> <ul style="list-style-type: none"> • eGFR < 30mL/min / 1.73m (CKD IV and V) • Sustained decrease in eGFR of >25% and a change in CKD stage or decrease in eGFR of 15ml/min/1.73m or more within 12 months • Urine ACR > 70 mg/mmol (PCR 100 mg/mmol), unless known to be caused by diabetes • Urine ACR > 30 mg / mmol (PCR 50 mg / mmol) together <u>with</u> haematuria • Unexplained isolated microscopic haematuria where urological causes have been excluded • Uncontrolled hypertension despite use of at least 4 antihypertensive agents • Known or suspected rare or genetic causes of CKD • Suspected renal artery stenosis 	<p>In addition to above, referrals for patients with renal disease, the following information is requested:</p> <ul style="list-style-type: none"> • three cumulative creatinine and eGFR • Urine ACR/PCR & urine microscopy • Renal ultrasound (if available) 	<p>As above</p>	<p>Emergent and immediate referral: <u>please contact medical registrar on call through hospital switchboard</u></p> <p>e.g.</p> <ul style="list-style-type: none"> • AKI stage 3 (creatinine 3 X baseline) • Rapidly deteriorating renal function with blood and protein in urine • Malignant hypertension • Hyperkalaemia (serum potassium 6 mmol/L or above) 		

