

THE ALFRED REFERRAL GUIDELINES: NEUROLOGY AND STROKE

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THE ALFRED REFERRAL GUIDELINES NEUROLOGY AND STROKE

Referral priority guide

Immediate <ul style="list-style-type: none"> • Headache with 'red flags' • Suspected spinal cord compression 	Contact Neurology Registrar on 9076 2000 and/or send to the Alfred Emergency & Trauma Centre
Urgent <ul style="list-style-type: none"> • Severe sciatica • New onset trigeminal neuralgia • Brachial neuritis 	Fax referral to Neurology Department on 9076 5075, and phone Neurology registrar on 9076 2000. Likely to receive an appointment within 1-2 weeks.
Soon <ul style="list-style-type: none"> • Frequent blackouts • Unstable epilepsy • Troublesome trigeminal neuralgia 	Likely to receive an appointment within 2-6 weeks. Fax referral to 9076 6938.
Intermediate <ul style="list-style-type: none"> • Peripheral neuropathy • Parkinson's disease 	Likely to receive and appointment within 6-12 weeks. Fax referral to 9076 6938.
Non-urgent <ul style="list-style-type: none"> • Migraine (> 2 year history) 	Appointment may be delayed. Fax referral to 9076 6938.
Not seen	Children under 16 years of age are not seen at The Alfred.

Please note: The times to assessment may vary depending on size and staffing of the hospital department. There is currently a significant delay for non-urgent Neurology appointments. If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Neurology Registrar on call on 9076 2000.

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THE ALFRED REFERRAL GUIDELINES NEUROLOGY AND STROKE

Evaluation

Referral Guidelines

Epilepsy

- Medical history
 - Details of management to date
 - Medications
 - U&E, Cr
 - FBE
 - LFT's
 - Drug levels if the patient is already taking antiepileptic medications (ie am levels taken prior to the morning dose)
 - Arrange EEG prior to appointment: [The Alfred EEG/EMG Referral Form](#)
 - CT is sometimes indicated to exclude acute/subacute causes requiring early intervention, including:
 - Focal deficit post ictally
 - Persistent altered mental state post ictally
 - Fever
 - Recent trauma
 - Persistent severe headache, > 1 hour post seizure
 - History of malignancy
 - History of anticoagulation
 - Possible immunodeficiency
 - Worsening of mental state post ictally
 - Partial onset seizure in a person with no previous seizures
- Age >40 years in a person with no previous seizures.

Refer to Epilepsy Clinic (either First Seizure Clinic or Epilepsy Management Clinic).

If the CT is **abnormal**, contact the Neurology Registrar on call on 9076 2000 to verify whether acute assessment and intervention is required.

[The Alfred Outpatient Referral form](#)

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Headache

- Medical history
 - Medications
- Refer immediately if any headache 'red alerts' are present:**
- Onset over age 50 (*consider giant cell arteritis, mass lesion, CVA*)
 - Very sudden onset (*consider SAH, pituitary apoplexy, haemorrhage into mass lesion*)
 - Onset following head trauma (*consider subdural/epidural haemorrhage*)
 - Progressively increasing frequency and/or severity over weeks to months (*consider mass lesions, subdural, analgesic rebound*)
 - New onset in patient with HIV or cancer (*consider meningitis, abscess, metastasis*)
 - Signs of systemic illness (*fever, neck flexion stiffness, rash*)
 - Focal neurological symptoms or signs excluding typical aura (*consider mass lesion or stroke*)
 - Papilloedema (*consider mass lesion, pseudotumour cerebri*)
 - First ever headache with focal neurological symptoms or signs, especially persisting for >1 hour (*consider stroke*)

If 'red alerts' are present, refer IMMEDIATELY - phone Neurology Registrar on call on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.

[The Alfred Outpatient Referral form](#)

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Movement disorders

Dystonia

- Medical history
- Medications
- Management to date

Refer to Movement Disorders Clinic.
[The Alfred Outpatient Referral form](#)
[The Alfred EEG/EMG Referral Form](#)

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THE ALFREDO REFERRAL GUIDELINES NEUROLOGY AND STROKE

Evaluation

Referral Guidelines

Dementia

- Medical history
- Medications
- FBE, ESR
- U&E, Cr
- Ca⁺⁺
- TFTs
- B₁₂, red cell folate
- LFTs
- Random glucose
- CT Brain (if available)

[RACGP guidelines on Dementia](#)

Refer to Cognitive, Dementia and Memory Service (CDAMS) at Caulfield General Medical Centre.
This is a multidisciplinary, specialist diagnostic service for patients with previously undiagnosed memory loss/cognitive problems.
Patients must live in the cities of Stonnington, Port Phillip or the section of Glen Eira north of North Rd.
Appointments can be made through Caulfield Access Ph: 9076 6776 Fax: 9076 6773
Email: access@cgmc.org.au
[Caulfield Access Referral Form](#)
For further information, phone Clinic Coordinator (Elizabeth Rand) 9076 6010 or 9076 6393, or click here:
[Cognitive, Dementia and Memory Service information](#)

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Parasthesia

- Medical history eg suspected carpal tunnel or neuropathy
- EMG/Nerve conduction studies prior to appointment:
[The Alfred EEG/EMG Referral Form](#)

Refer to General Neurology Clinic.
[The Alfred Outpatient Referral form](#)

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Stroke

[RACGP guidelines on TIA and Stroke](#)

Refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre. Phone Neurology registrar on 9076 2000.

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TIA – known or suspected

Required in all patients:

- U&E, Creatinine
- FBE
- ECG
- CT scan
- Doppler studies

Optional tests which may have been arranged:

- INR
- MRI and MRA inclusive
- Echocardiogram
- Holter monitor

The ABCD² score is a useful assessment tool.

The **ABCD² Score** assists in identifying those patients with suspected or definite TIA who are at high risk of stroke and therefore require urgent investigation and diagnosis. The score is an assessment tool which facilitates effective early management of patients with TIA who are at high risk of stroke.

A	Age ≥ 60 years	= 1 point
B	BP > 140 systolic ± diastolic ≥ 90	= 1 point
C	Clinical: limb weakness : speech disturbance	= 2 points
		= 1 point
D	Duration of TIA: ≥ 60 minutes	= 2 points
	: 10 – 59 minutes	= 1 point
	: < 10 minutes	= 0 points
D	Diabetes	= 1 point

Complete TIA/Stroke referral form and fax to 9076 2671: [TIA Referral form](#)

[RACGP guidelines on TIA and Stroke](#)

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Vertigo

[ENT / Otolaryngology Referral and Management Guidelines](#)

[The Alfred Outpatient Referral form](#)

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