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REFERRAL GUIDELINES: NEUROLOGY AND STROKE

Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology and imaging reports
- Past medical history
- Current medications
- Adverse reactions

Please specify the Neurology clinic you wish your patient to attend, and the preferred consultant neurologist. Where possible, patients will be booked to the clinic and Neurologist of choice where practical and within waiting times.

If diagnostic imaging has been performed, please ensure the patient brings the images (either on film or CD) to their appointment

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938

Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred

REFERRAL PROCESS: NEUROLOGY AND STROKE

STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked and you may be contacted for further information if required.

STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will wait for an appointment.

STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

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.

This service offers telehealth (video call) for some consultations where appropriate. For more information, please refer to https://www.alfredhealth.org.au/services/telehealth

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines. They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

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REFERRAL PRIORITY: NEUROLOGY AND STROKE

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

IMMEDIATE Direct to the Emergency & Trauma Centre	URGENT Appointment timeframe within 30 days	ROUTINE Appointment timeframe greater than 30 days depending on clinical need
These include: • Headache with 'red flags' (see headache) • Suspected spinal cord compression • Acute and sudden onset of prominent weakness (Guillan Barré Syndrome) • Acute relapse of multiple sclerosis or neuroimmune disease with motor, cerebellar or visual deficit • A patient with MS or a neuroimmunological condition with a suspected opportunistic infection. • Sudden or rapidly progressive loss of vision • Acute double vision • Acute onset anisocoria (unequal pupil size)	These include: • New onset severe sciatica or brachialgia with pain radiating below the knee or into the hand respectively • New onset or uncontrolled trigeminal neuralgia • Brachial neuritis • Frequent blackouts • Unstable epilepsy • New headache in patients over 50 years of age • Evidence of new or enhancing lesions on MRI in patients with MS on disease modifying treatment. • Newly diagnosed papilloedema • Fluctuating double vision with ptosis • Unexplained bitemporal hemianopia	These include: • Peripheral neuropathy • Parkinson's disease • Migraine (> 2 year history) • Stable multiple sclerosis • Longstanding double vision • Chronic visual loss
Phone the Neurology Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.	Urgent cases must be discussed with the Neurology Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 6938.	Fax referral to 9076 6938

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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Referral Guideline Contents

Epilepsy
Headache
Movement disorders / dystonia
Dementia
Paraesthesia or focal nerve compression
Stroke
TIA – known or suspected
Vertigo
Multiple sclerosis and neuroimmunology
Neuro-ophthalmology

EPILEPSY

Evaluation	Referral Guidelines
• Medical history • Details of management to date • Medications • U&E, Cr • FBE • LFT's • Drug levels if the patient is already taking antiepileptic medications (preferably AM levels taken prior to the morning dose) • Arrange EEG prior to appointment: • CT or MRI 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. **These may require discussion with the Neurology Registrar and urgent admission.**	Refer to Epilepsy Clinic (either First Seizure Clinic or Epilepsy Management Clinic). If the **neuro-imaging is abnormal**, contact the Neurology Registrar on call on 9076 2000 to verify whether acute assessment and intervention is required. If diagnostic imaging has been performed, please ensure the patient brings the images (either on film or CD) to their appointment.

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HEADACHE

Evaluation	Referral Guidelines
• Medical history • Medications **Refer immediately to Emergency Department 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

MOVEMENT DISORDERS / DYSTONIA

Evaluation	Referral Guidelines
• 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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DEMENTIA

Evaluation	Referral Guidelines
• Medical history • Medications • FBE, ESR • U&E,Cr • Ca^{++} • TFTs • B_{12}, red cell folate • LFTs • Random glucose • CT or MRI Brain • Syphilis serology 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 For further information, phone Clinic Coordinator (Elizabeth Rand) 9076 6010 or 9076 6393, or click here: Cognitive Decline and Memory Service information

PARAESTHESIA or FOCAL NERVE COMPRESSION including carpal tunnel

Evaluation	Referral Guidelines
• Medical history • EMG/Nerve conduction studies prior to appointment: The Alfred EEG/EMG Referral Form	Refer to General Neurology Clinic. The Alfred Outpatient Referral form

STROKE

Evaluation	Referral Guidelines
RACGP guidelines on TIA and Stroke	Refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre. Phone Stroke Registrar on 9076 2000.

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TIA - KNOWN OR SUSPECTED

Evaluation	Referral Guidelines
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.	Refer to Stroke and TIA clinic Stroke Foundation Clinical Guidelines for Stroke and TIA management If diagnostic imaging has been performed, please ensure the patient brings the images (either on film or CD) to their appointment.

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 : 10 – 59 minutes : < 10 minutes	= 2 points = 1 point = 0 points
D	Diabetes	= 1 point

VERTIGO

Evaluation	Referral Guidelines
	Refer to the ENT Referral Guidelines. The Alfred Outpatient Referral form

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MULTIPLE SCLEROSIS AND NEUROIMMUNE DISORDERS

Evaluation	Referral Guidelines
• Medical history, including details of rapidly deteriorating neurological deficits or psychosocial issues • Medications to date • FBE • U&E, Cr • LFTs • Vaccination history • CT or MRI Brain if available—please provide both images and reports	If acute focal neurological or visual deficits, consider IMMEDIATE referral—phone the Neurology Registrar on call on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre. If not acute, refer to the MS and NI clinic—refer to Multiple Sclerosis and Neuro Immunology Clinic webpage for further information The Alfred Outpatient Referral form

NEURO-OPHTHALMOLOGY

Evaluation	Referral Guidelines
• Medical history • Past ophthalmological history including any past documented visual acuities • FBE • U&E, Cr • ESR • CRP • HbA1c If available • CT or MRI Brain and orbit if available—please provide both images and reports	If acute visual loss in a person >60 years of age, consider IMMEDIATE referral to The Alfred Emergency and Trauma Centre and/or call the Neurology Registrar on 9076 2000, AND commence Prednisolone 1mg/kg orally. If: • Acute papilloedema • Unexplained acute or subacute loss of vision <60 years of age • Acute double vision ,or • Acute onset of irregular pupils Consider IMMEDIATE referral to The Alfred Emergency and Trauma Centre and/or call the Neurology Registrar on 9076 2000. If not acute, refer to the Neuro-ophthalmology clinic webpage.