

# Specialist Clinic Referral Guidelines

## INFECTIOUS DISEASES

**If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.**

**If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.**

### **To refer your patient to Specialist Outpatient infectious diseases clinics**

Please send your referral to Alfred Specialist Clinics via **Consultmed eReferral**. To log in or create a free **Consultmed account** click [here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to [op.referrals@alfred.org.au](mailto:op.referrals@alfred.org.au) whilst we transition our services to this secure platform.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please note a referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

#### **The following conditions are not routinely seen at Alfred Health:**

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

**If pulmonary tuberculosis, measles or acute varicella is suspected, contact the Infectious Diseases Registrar on call IMMEDIATELY on 9076 2000 for containment purposes prior to sending patient to The Alfred Emergency and Trauma Centre.**

# Specialist Clinic Referral Guidelines

## INFECTIOUS DISEASES

### Please include in your referral:

<p>Demographic details:</p> <ul style="list-style-type: none"><li>• Date of birth</li><li>• Patient's contact details including mobile phone number and email address</li><li>• Referring GP details</li><li>• If an interpreter is required</li><li>• Medicare number</li></ul>	<p>Clinical information:</p> <ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Relevant pathology and imaging reports</li><li>• Past medical history</li><li>• Current medications</li></ul>
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Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

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, or if you require an urgent specialist opinion, please contact the Nurse Manager of the Infectious Diseases Ambulatory clinic on 9076 6081 or the Infectious Diseases Registrar on call on 9076 2000.**

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### Skin & soft tissue infections

#### Evaluation

##### Key Points:

- Swab of purulent discharge
- FBE
- U&Es

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Bone and Joint infections

Should a prosthetic joint infection be suspected in a patient who has recently undergone joint replacement surgery at the Alfred (within 3 months), contact the Orthopaedic Registrar or the Infectious Diseases Registrar on 9076 2000 to arrange urgent review.

#### Evaluation

##### Key Points:

- Relevant microbiology results (swabs, tissue, aspirates)
- FBE
- CRP and ESR
- U&Es
- LFTs

##### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Diabetic foot infections

**Direct to the Emergency Department for:**

- Severe cellulitis or necrotising skin and soft tissue infections (temperature  $>38^{\circ}\text{C}$  or less than  $36^{\circ}\text{C}$ , rigors, heart rate  $>90\text{bpm}$ , other systemic features).

#### Evaluation

Key Points:

Diabetic history, treatment, control

Antibiotic allergies

- Relevant microbiology results (swabs, tissue, aspirates)
- FBE
- CRP and ESR
- U&Es
- LFTs

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Surgical site infection: prevention and management

#### Evaluation

##### Key Points

- Planned surgery details and timing
- History of any antimicrobial hypersensitivities and intolerances
- History of any prior post-operative infections
- History of previous infections with *Staphylococcus aureus* and/or other Multi-resistant microorganisms
- Relevant microbiology results (swabs, tissue, aspirates)

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Fever/pyrexia of unknown origin

#### Evaluation

##### Key Points:

- Travel, exposure contacts, animal exposure history
- Medication list (particularly recent changed or new drugs)
- FBE, LFTs, CRP
- Urine for MSU
- Blood cultures.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Latent Tuberculosis

Patients with a positive iGRAS ('Quantiferon') or Mantoux test may have latent tuberculosis i.e. past exposure but without active symptoms or signs of disease.

**PATIENTS WITH SUSPECTED ACTIVE PULMONARY TUBERCULOSIS MUST NOT BE REFERRED TO THE OUTPATIENT CLINIC AND THE INFECTIOUS DISEASE REGISTRAR SHOULD BE TELEPHONED ON 9076 2000**

### Evaluation

Clinical history of residence (especially in high prevalence areas) travel and past exposure. Also, information regarding immunosuppression, including future planned therapy which may cause immunosuppression.

#### Key Points:

- Relevant microbiology results (Quantiferon (iGRAS) or Mantoux test)
- FBE
- U&Es
- LFTs

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Diarrhoea

### Evaluation

Acute diarrhoea is usually a self-resolving illness and does not require outpatient follow-up.

Patients with complications of acute diarrhoea e.g. dehydration and hypotension, should be referred to the Emergency Department.

Chronic diarrhoea has many causes, most being non-infective.

If infection is suspected the following investigations may be helpful:

#### Key Points:

- Faeces for M&C
- Faeces for ova, cysts and parasites
- Cryptosporidium stain

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Hepatitis and Jaundice

**Direct to the Emergency Department for:**

- Acute jaundice
- If acutely unwell

#### Evaluation

Hepatitis (and other causes of deranged liver function tests) with or without jaundice may be due to many aetiologies, both medical and surgical

If infection is suspected the following information, if available, may be helpful:

Key Points:

- History of travel, right upper quadrant pain, medications/toxin/drug exposures, exposure to a person with viral Hepatitis
- Upper GIT Ultrasound Scan [[The Alfred Radiology request form](#)].
- LFTs
- FBE, Haemolytic screen
- Serology for HepBsAg, HepBcAb, HepBsAb, HepA IgM, HepA IgG, Hep C antibody.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Respiratory tract symptoms

Most upper respiratory tract infections are self-limiting however persistent symptoms e.g. cough, sore throat, may require further investigation. These tests may include results from the time of the acute infection and subsequent follow up tests.

Lower respiratory tract infection may require different tests looking for a diagnosis of chronic cough

**Contact the Infectious Diseases registrar on 9076 2000 before directing to the Emergency Department for:**

- Suspected pulmonary tuberculosis

**Contact the Infectious diseases registrar on 9076 2000 to arrange urgent assessment for:**

- Rigors, Breathlessness on room air or Oxygen desaturation

### Investigations:

#### Upper RTI

- Throat swab for PCR for respiratory viruses
- Serology for EBV, pertussis.

#### Lower RTI

- Sputum for M,C&S
- CXR [[The Alfred Radiology request form](#)].
- Legionella and pneumococcal urinary antigens
- Investigation for Mycobacterial infections may include sputum analysis however, **PLEASE NOTE, PATIENTS WITH SUSPECTED ACTIVE PULMONARY TUBERCULOSIS MUST NOT BE REFERRED TO THE OUTPATIENT CLINIC AND THE INFECTIOUS DISEASE REGISTRAR SHOULD BE TELEPHONED ON 9076 2000**
- Serology: Legionella, Mycoplasma and Chlamydia/Chlamydophila

### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Fever and a rash

**If meningococcal infection is suspected (eg fever, petechial rash) administer Ceftriaxone IM (if no allergy) and refer IMMEDIATELY to the Emergency Department, and contact the Infectious Diseases Registrar via Switchboard on 9076 2000.**

#### Evaluation

##### Key Points:

- If concerned, contact the Infectious Diseases Registrar on 9076 2000.
- If measles a possibility, contact the Infectious Diseases registrar and Emergency Department before sending patient into the Emergency Department to ensure the appropriate infection prevention precautions are in place

##### Investigations:

- History of travel, animal contacts and recent sexual contacts Seek history of medication, over the counter medication and supplements and bites (both animal and insect)
- FBE, LFTs
- Blood cultures
- If vesicular rash, swab for herpes virus PCR
- Consider mPox if rash predominantly in genital areas – contact the Infectious Diseases registrar/Dept of Health for advice
- Syphilis serology.

##### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Advice for travellers

#### Evaluation

##### Key Points:

Notable exclusions include BCG and Q fever vaccination; please refer to the [Travel Medicine Clinic](#) webpage for further advice.

Information to be included in the referral:

- Travel information to all destinations and expected date of departure.
- Clinical history (including any immunocompromised conditions).
- Current medication list.
- Immunisation history.
- Any relevant serology such as Measles, Rubella and Hepatitis serology.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Fever in returned travellers

**Immediately contact the Infectious Diseases registrar on 9076 2000 to arrange an urgent assessment.**

#### Key Points:

- Include travel destination, countries visited, duration of stay and date of return
- Clinical history including onset of symptoms
- Include any investigations performed

Investigations might include:

- Blood cultures (typhoid)
- FBE, LFTs
- Faeces M&C
- Serology: Dengue, Hepatitis A.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### HIV medicine

#### New diagnosis HIV

- **Acutely unwell patient with new HIV diagnosis – call Infectious Diseases Registrar on 9076 2000 for urgent assessment**

#### Evaluation

##### Key Points:

- Refer on confirmation of diagnosis
- Newly diagnosed patients will be prioritised and seen as soon as possible (usually within 24-48 hours).

##### Investigations:

- Symptomatic illness i.e. constitutional symptoms or organ specific symptoms
- Copy of HIV antibody test result and Western blot
- If available:
  - CD4 count
  - HIV Viral load
  - Sexually transmitted infection testing
  - Hepatitis screen.

##### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Mobile Phone Number of patient is important for immediate contact.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Established HIV

- **Acutely unwell patient with established HIV diagnosis – contact the Infectious Diseases Registrar on 9076 2000 to arrange immediate assessment**

### Evaluation

#### Key Points:

- If not an emergency please submit your referral and include:
  - Reason for referral e.g. complications/subspecialty clinic
  - History of AIDs-defining illness
  - Treatment history including Antiretroviral therapy
  - Current medication list, CD4 cell count and HIV viral load

#### Investigations:

- Baseline testing:
  - HIV Antibody test result and Western blot (if new to the Alfred)
- If available:
  - General pathology – FBE, U&Es, LFTs
  - CD4 counts
  - HIV Viral loads
  - HIV genotype
  - HLA B57
  - Sexually transmitted infection testing
  - Hepatitis screen.

Refer for review in appropriate [HIV subspecialty clinics](#):

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### Hepatitis B or C/HIV Co-infection

#### Evaluation

##### Key Points:

- Refer on confirmation of diagnosis
- Fax referral to 9076 6938.

##### Investigations:

- HIV treatment history
- History of active Hepatitis B/C infection including LFTs, Fibroscan or liver biopsy results if performed
- Past and present treatment of viral hepatitis.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Mental health issues in HIV patients

#### Evaluation

##### Key Points:

- Refer to:
  - [Victorian HIV Mental Health Service](#)
- If acutely unwell, phone local area CAT team.

##### Investigations:

- Psychiatric history
- Past and current treatment
- Risk assessment, if available.

#### **Additional information:**

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Non-occupational post exposure prophylaxis (NPEP)

#### Evaluation

##### Key Points:

- Phone 1800 889 887
- For more information, go to the [Victorian NPEP Service webpage](#)

##### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### HIV pre-exposure prophylaxis

#### Evaluation

- Medication list
- STI history and recent screen (including HIV serology)
- Urinalysis— albumin/Creatinine ratio and Protein/Creatinine ratio
- U+E, FBE, LFT, Ca, Mg, Phos
- Viral hepatitis results if performed; history of HAV/HBV vaccination

#### Management

The Alfred provides access to PrEP for people who are Medicare Ineligible or for people with clinical conditions that make the use of tenofovir disoproxil fumarate/emtricitabine unwise.

Please send your referral to Alfred Specialist Clinics via **Consultmed eReferral**. To log in or create a free [Consultmed account click here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to [op.referrals@alfred.org.au](mailto:op.referrals@alfred.org.au) whilst we transition our services to this secure platform.

#### Additional information:

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Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Infections in the immunocompromised

### Diagnosis/management of suspected or confirmed infection in the immunocompromised patient

#### Evaluation

##### Key Points:

- Immunosuppressed patients include transplant recipients, patients with solid or haematologic malignancy, or other conditions such as inflammatory bowel disease or rheumatologic disease requiring immunosuppression therapy
- These individuals are at risk for both typical and atypical infections, which can be more difficult to diagnose and treat, and can be serious
- Some examples include pulmonary fungal infections, reactivation of cytomegalovirus, *Nocardia* infection
- Please include the relevant clinical information in the referral including details of the underlying condition and current/recent treatment

##### Investigations:

- Include the results of any recent diagnostic tests (imaging, microbiology etc.) that have already been performed
- Specific investigations are dependent on the clinical scenario but please ensure microbiologic investigations such blood or urine cultures are collected prior to the commencement of antibiotics

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Prevention of infection prior to immunosuppression

#### Evaluation

##### Key Points:

- Immunosuppressed patients include transplant recipients, patients with solid or haematologic malignancy, or other conditions such as inflammatory bowel disease or rheumatologic disease requiring immunosuppression
- These individuals are at risk for both typical and atypical infections, which can be more difficult to diagnose and treat, and can be serious
- Many of these infections can be prevented with strategies such as vaccination, antimicrobial prophylaxis and education/behavioural modification
- This is particularly important in patients from high-risk epidemiologic backgrounds where interventions such as treatment of latent tuberculosis, screening for strongyloides, and antiviral prophylaxis for hepatitis B can prevent significant post-immunosuppression complications
- The optimal time to evaluate patients is prior to the commencement of immunosuppression where possible
- Please include the relevant clinical information in the referral including details of the underlying condition and current/recent treatment

##### Investigations:

- Please include a complete vaccination history as well as results of prior serologic testing in the referral where possible
- Indicate the degree of urgency in commencement of immunosuppression to allow for timely assessment

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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### Patients with asplenia or hyposplenism

#### Direct to the Emergency Department:

- If patient is showing signs of bacterial infection – give/take emergency supply of antibiotics before referral.

#### Evaluation

##### Key Points:

- Relevant diagnoses:
  - Post-splenectomy
  - Hyposplenism
  - Asplenia
- For referral and enquiries to Spleen Australia, including the Spleen Registry, phone 9076 3828.
  - [Spleen Australia Patient information.](#)
- To register the patient on the Spleen Australia Registry, register online at [Spleen Australia](#) or fax the Victorian Spleen Registry outpatient registration form to 9076 2431.
- Recommendations for prevention of infection in asplenic (or hyposplenic) patients can be found [here](#).

##### Investigations:

- Reason for splenectomy
- Reason for hyposplenism e.g. extensive spleen damage, splenic embolization
- Date of splenectomy
- Vaccination history
- Prophylactic antibiotics
- History of sepsis/thrombosis
- Referral if travel advice required
- FBE and film
- Howell-Jolly bodies
- IgM memory B cell testing is available at the Alfred.

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