Neurology Stroke
Specialist Clinic Referral Guidelines

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The impact of COVID-19 has resulted in high demand for specialist clinic consultations. 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.

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. **The Alfred Specialist Clinics Referral Form** is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or 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 your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Referral to Victorian public hospitals is not appropriate for:

- Mild or tension headache
- Untreated typical migraine
- Isolated migraine in patients with an established diagnosis
- Chronic migraine already being managed by a neurologist
- Movement disorders that have already been assessed and have a current management plan
- An old stroke identified on imaging that has been previously addressed
- Age appropriate, asymptomatic deep white matter disease or T2-hyperintense lesions
- Chronic vascular risk factors without an acute transient ischaemic attack or stroke
- Primary prevention of vascular risk
- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine, hypoglycaemia or chronic fatigue syndrome.

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.

Please refer to the Department of Statewide Referral Criteria for Specialist Clinics for further information when referring to Neurology specialist clinics in public hospitals.

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Please include in your referral:

Demographic details: • Date of birth • Patient's contact details including mobile phone number • Referring GP details • If an interpreter is required • Medicare number.	**Clinical information:** • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports (Alfred or Sandringham Radiology preferred to facilitate access to results) • Past medical history • Current medications.
• **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.** • **Please ensure Nerve Conduction Studies have been undertaken prior to referral to paraesthesia/focal nerve compression (e.g. carpal tunnel syndrome).**	

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.**

This service offers telehealth (video call) for some consultations where appropriate. For more information, please refer to https://www.alfredhealth.org.au/services/telehealth.
Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.
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 Neurology Registrar on call on 9076 2000.

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Contents

Epilepsy and seizures

Headache

Motor weakness or paraesthesia

Movement disorders and dystonia

Stroke or transient ischaemic attack

Vertigo (neurology)

Dementia

Multiple sclerosis and neuroimmune disorders

Neuro-ophthalmology

Epilepsy and seizures

DHHS Statewide referral criteria apply to this condition.

Direct to the Emergency Department for:

- Seizure with:
  - Focal deficit post-ictally
  - Seizure associate with recent trauma
  - Persistent severe headache > 1 hour post-ictally
  - Seizure with fever.
- Prolonged or recurrent seizure (more than one in 24 hours) with incomplete recovery
- Persisting altered level of consciousness.

Criteria for referral to public hospital specialist clinic services:

- Suspected seizure.
- New diagnosis of epilepsy (suspected or confirmed).
- Frequent seizures, particularly convulsive seizures.
- Planning for pregnancy or pregnancy with epilepsy.
- Advice on, or review of, epilepsy management plan including driving assessment for commercial drivers, changes to medicines, the management of epilepsy with concurrent conditions.

Information to be included in the referral:

Information that **must** be provided:

- Onset, characteristics and frequency of seizures
- If the patient is pregnant.

Provide if available:

- Electroencephalogram results
- Neuroimaging results
- Current and complete medication history and recent therapeutic medication levels.

Additional comments:

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.

Please note: Patients experiencing seizures despite trials of two antiepileptic medications should be referred for specialist assessment.

Return to Contents.

Headache

DHHS Statewide referral criteria apply to this condition.

Direct to the Emergency Department for:

- Headache with:
  - Sudden onset or thunderclap headache
  - Severe headache with signs of systemic illness (fever, neck stiffness, vomiting, confusion, drowsiness, dehydration)
  - Severe disabling headache
  - Severe headache associated with recent head trauma
- Headache suggesting temporal arteritis (focal neurological symptoms, altered vision, elevated erythrocyte sedimentation rate and C-reactive protein in patients > 50 years of age.

Criteria for referral to public hospital specialist clinic services:

- Chronic headache with concerning clinical signs
- Concerning features on neuroimaging (excluding age appropriate deep white matter)
- Severe frequent migraine impacting on daily activities (e.g. work, study, school or carer role) despite prophylactic treatment
- Chronic or atypical headache unresponsive to medical management (e.g. cluster headache, trigeminal neuralgia, medication overuse headache).

Information to be included in the referral.

Information that **must** be provided:

- Onset, characteristics and frequency of headache
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Any medicines previously tried, duration of trial and effect
- Erythrocyte sedimentation rate and C-reactive protein for patient > 50 years, or if giant cell arteritis or vasculitis suspected
- Details of any previous neurology assessments or opinions.

Provide if available:

- Neuroimaging results
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Headache, continued.

Additional comments:
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.

Referral to a public hospital is not appropriate for:

- Mild or tension headache
- Untreated typical migraine
- Isolated migraine in patients with an established diagnosis
- Chronic migraine already being managed by a neurologist.

Return to Contents.

Motor weakness or paraesthesia

DHHS Statewide referral criteria apply for this condition.

Direct to the Emergency Department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance.

Criteria for referral to public hospital specialist clinic services:

- Focal neuropathy or plexopathy of unclear cause
- Suspected peripheral neuropathy
- Persistent, unexplained sensory symptoms
- Suspected or confirmed multiple sclerosis
- Suspected or confirmed motor neurone disease.

Information to be included in the referral.

Information that **must** be provided:

- History of symptoms, including distribution and timing
- Current and previous imaging results
- Details of any previous neurology assessments or opinions.

Provide if available:

- Examination findings
- Any nerve conduction study results
- Full blood examination
- Liver function tests
- Fasting blood glucose level
- Erythrocyte sedimentation rate and C-reactive protein
- Thyroid stimulating hormone levels
- Vitamin B12 and folate test results
- Anti-double-stranded DNA test
- Protein electrophoresis of serum
- Syphilis, Hepatitis B, Hepatitis C or HIV results
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments:

Please include the essential demographic details and clinical information in the referral.
Referrals for confirmed carpel tunnel syndrome should be directed to a surgical service.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Return to Contents.

Movement disorders and dystonia

DHHS Statewide referral criteria apply for this condition.

Direct to the Emergency Department for:

- Acute onset of a movement disorder e.g. severe ataxia, dystonia, hemiballismus
- Acute dystonic crisis
- Acute akinetic crisis
- Neuroleptic malignant syndrome
- Device-related infection in people with deep brain stimulator implants

Criteria for referral to public hospital specialist clinic services:

- New or progressive tremor, non-essential tremor
- Suspected Parkinson's disease or movement disorder
- Motor or non-motor complications of Parkinson's disease leading to substantial disability.

Information to be included in the referral.

Information that **must** be provided:

- History and description of abnormal movements, severity of symptoms and degree of functional impairment.

Provide if available:

- Liver function tests
- Full blood examination
- Thyroid stimulating hormone levels
- Previous investigations (e.g. nerve conduction study, electroencephalogram, CT or MRI of the brain)
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments:

Please include the essential demographic details and clinical information in the referral.
The referral should include if this is a request for a second opinion.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Movement disorders that have already been assessed and have a current management plan.

Return to Contents.

Stroke or transient ischaemic attack

DHHS Statewide referral criteria apply to this condition.

Direct to the Emergency Department for:

- Transient ischaemic attack(s) in last 48 hours
- Multiple or recurrent transient ischaemic attack episodes in the last seven days
- Amaurosis fugax in last 48 hours
- Persistent neurological deficit.

Immediately contact the neurology registrar to arrange an urgent neurological assessment for:

- Transient ischaemic attack(s) that has occurred more than 48 hours ago and within the last two weeks.

Criteria for referral to public hospital specialist clinic services:

- Internal carotid stenosis (> 50%) on imaging with symptoms (excluding dizziness alone), more than two weeks after onset of symptoms
- Asymptomatic internal carotid stenosis > 70% on imaging
- An old stroke identified on imaging that has not been previously addressed.

Information to be included in the referral.

Information that **must** be provided:

- Timing and severity of symptoms
- Neuroimaging results
- Vascular imaging results
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available:

- Full blood examination
- Liver function tests
- Fasting blood glucose level
- Fasting lipid profile
- Any echocardiogram or Holter monitor results
- International normalised ration (INR) > 1.5 in patients taking an anticoagulant medicine
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Stroke or transient ischaemic attack, continued.

Additional comments:
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.

Referral to a public hospital is not appropriate for:

- An old stroke identified on imaging that has been previously addressed
- Age appropriate, asymptomatic deep white matter disease or T2-hyperintense lesions
- Chronic vascular risk factors without an acute transient ischaemic attack or stroke
- Primary prevention of vascular risk.

Return to Contents.

Vertigo (neurology)

DHHS Statewide referral criteria apply for this condition.

Direct to the Emergency Department for:

- Sudden onset debilitating vertigo where the patient is unsteady on their feet or unable to walk without assistance
- Sudden onset vertigo with other neurological signs or symptoms (e.g. dysphasia, hemiparesis, diplopia, facial weakness)
- Barotrauma with sudden onset vertigo.

Criteria for referral to public hospital specialist clinic services:

- Chronic or episodic vertigo (e.g. suspected vestibular migraine)
- Vertigo with other neurological symptoms.

Information to be included in the referral.

Information that **must** be provided:

- Onset, duration, characteristics and frequency of vertigo and associated symptoms.

Provide if available:

- Results of diagnostic audiology assessment
- Neuroimaging results
- Details of any previous neurology assessments or opinions
- Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre.

Description of any of the following:

- Functional impact of vertigo
- Any associated otological or neurological symptoms
- Any previous diagnosis of vertigo (attach correspondence)
- Any treatments (medication and other) previously tried, duration of trial and effect
- Any previous investigations or imaging results
- Hearing or balance symptoms
- History of middle ear disease or surgery.

History of any of the following:

- Cardiovascular problems
- Neck problems
- Neurological
- Auto immune conditions
- Eye problems

Vertigo (neurology), continued.

History of any of the following (cont.):

- Previous head injury
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments:
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.

Referral to a public hospital is not appropriate for:

- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine, hypoglycaemia or chronic fatigue syndrome.

Return to Contents.

Dementia

Evaluation
Key points:

- Medical history
- Medications
- FBE, ESR
- U&E,Cr
- Ca++
- TFTs
- B12, red cell folate
- LFTs
- Random glucose
- CT or MRI Brain
- Syphilis serology.

Management:

- 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

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.

Return to Contents.

Multiple sclerosis and neuroimmune disorders

Direct to the Emergency Department for:

- Acute focal neurological or visual deficits
- Headache with papilloedema or disc swelling.

Evaluation

Key points:

- 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.

Management:

- Refer to the Multiple Sclerosis and Neuro Immunology Clinic.

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.

Return to Contents.

Neuro-ophthalmology

Direct to the Emergency Department for:

- Acute visual loss in person > 60 years of age
  - Also commence Prednisolone 1mg/kg orally
- Acute papilloedema
- Unexplained acute or subacute loss of vision < 60 years of age
- Acute double vision
- Acute onset if irregular pupils.

Evaluation

Key points:

- Medical history
- Past ophthalmology history including any past documented visual acuities
- FBE
- U&E, Cr
- ESR
- CRP
- HbA1c if available
- CT or MRI Brain if available – please provide both images and reports.

Management:

- If not acute, refer to the Neuro-ophthalmology Clinic.

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.

Return to Contents.