Bayside Health

Referral Guideline – Regional

Infectious Diseases (ID)

The Infectious Diseases (ID) service provides specialist consultation for the treatment of acute and chronic diseases due to organisms ranging in size from viruses to parasitic worms

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the Bayside Health Regional Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health Regional can be sent via email (access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Clinical Lead

Dr Fiona Clarke

Role: Clinical Lead and Infectious Diseases Physician

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet:**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local Bass Coast service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

Red flags signal the most serious clinical risks and need for same day assessment or admission.

EMERGENCY

- Fever after returning from overseas travel
- Suspected Malaria
- Suspected acute spinal infection, presenting with fever and severe new back pain

Procedures/Conditions seen at Bayside Health Regional

- Associated complications and fever in return travellers
- Endocarditis
- Hepatitis B
- Human immunodeficiency virus (HIV)
- Management of complex infections; Long term infections managed by Hospital in the Home
- Mycobacterial Infectives: Including Tuberculosis (TB), Mycobacterium Ulcerans, Mycobacterium avium complex (MAC)
- Osteomyelitis
- Orthopaedic Joint Infection
- Spinal Infection
- Sexually transmitted diseases (STDs)

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health Regional:

- Those aged under18 years
- Non-infective rashes
- Hepatitis C

Associated complications and fever in return travellers; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Following Initial Emergency Department and/or Hospital workup

Those requiring follow-up care

Additional Information to be included

Patient history:

- History of travel, animal contacts, bites
- Medication history
- Immunisation History
- Hospital Discharge summary

Investigations:

- Blood cultures
- Full Blood examination (FBE)
- Liver function Tests (LFTs)
- Urea & Electrolytes (U+E)
- Creatinine (Cr)
- Malaria Thick and thin film and rapid diagnostic test (RDT) / Immunochromatographic test (ICT) (x3)
- Chest Xray
- Urinary M&C (microscopy, culture)
- Faeces M&C (microscopy, culture)
- Serology: Dengue, Hepatitis A

EMERGENCY

- Refer to RED flag conditions

ROUTINE

- All referrals requiring follow-up following initial Hospital/ED work-up

Endocarditis; seen at Bayside Health; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Post hospital presentation/admission and initial management.

Additional Information to be included

Patient history:

- Onset, nature and duration of symptoms
- Past medical history and comorbidities
- Impact of symptoms on exercise tolerance, functional capacity (ADLs)
- Hospital Discharge paperwork
- Presence of Permanent Pace Maker (PPM) or implantable cardioverter-defibrillator (ICD) or pacing wires
- Native or bioprosthetic or mechanical heart vales
- Antibiotic treatment received thus far
- Plan for other treatment team (if available)

Investigations:

- Positive or negative blood culture
- Which pathogen in blood culture
- Transthoracic Echocardiogram (TTE)
- Trans-oesophageal echocardiogram (TOE)

URGENT

- Post initial hospital consult

ROUTINE

- Long term suppression
- Referral from another ID clinic

Hepatitis B; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Confirmed diagnosis of active Hepatitis B

Additional Information to be included

Patient history:

- Onset, nature and duration of symptoms
- History of travel, exposure
- Medication history
- Immunisation History
- Past medical history and comorbidities
- Impact of symptoms on functional capacity (ADLs)
- Epidemiological risk factors

Investigations:

- Hepatitis B virus (HBV)) serology
- HBV Viral Load
- AST/ Bili/ INR/ Alb; other LFTs
- US result
- Fibroscan result

ROUTINE

- All referrals considered routine

Human immunodeficiency virus (HIV); seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Confirmed HIV diagnosis.

Additional Information to be included

- Minimal Referral Criteria
- Diagnosis
- HIV Viral Load
- CD4T Cell count
- Treatment received previously
- Current treatment
- Linkage to previous HIV team/ who and when last reviewed

URGENT

- New diagnosis with no treatment plan
- Recent hospital discharge

ROUTINE

- Well controlled HIV
- Re referral from ID clinic & well controlled

Management of complex infections; Long term infections managed by Hospital in the Home

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Post hospital presentation/admission and initial management e.g. HITH, Tertiary hospitals referrals.

Additional Information to be included

Patient history:

- Onset, nature and duration of symptoms
- History of travel, animal contacts, bites
- Medication history
- Immunisation History
- Past medical history and comorbidities
- Impact of symptoms on functional capacity(ADLs)
- History of previous treatments
- Hospital discharge summary (where relevant)

Investigations:

- Bloods
- Cultures

ROUTINE

- All referrals considered routine

Mycobacterial Infectives: including Tuberculosis (TB), Mycobacterium Ulcerans, Mycobacterium avium complex (MAC); seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Latent TB
- Active TB
- For/on treatment
- Other Mycobacterium Ulcerans
- MAC – Mycobacterium avium complex

Additional Information to be included

- Minimal Referral Criteria
- Country of origin or exposure risk
- QuantiFERON Gold test (if completed)
- Chest Xray report
- Any microbiology if done

URGENT

- Symptoms of active TB/cough
- On active treatment
- New diagnosis

ROUTINE

- Latent TB
- Re referrals from ID clinic

Osteomyelitis; Orthopaedic Joint Infection; Spinal Infection; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Post hospital presentation/admission and initial management
- Referrals are usually linked with Hospital In The Home (HITH)

Additional Information to be included

Patient history:

- Onset, nature and duration of symptoms
- Past medical history and comorbidities, including Previous surgical history: who/ when/ where?
- History of travel, animal contacts, bites
- Medication history
- Immunisation History
- If referring for Spinal infection provide details of neurological function (LL/ bowel/ bladder)
- Impact of symptoms on exercise tolerance, functional capacity (ADLs)
- History if diabetes (if relevant)
- History of metalware
- Plan from previous treating team of infection

Investigations:

- Imaging findings
- Blood culture or other positive microbiology

EMERGENCY	• Refer to RED flag conditions for initial work-up for those with suspected acute spinal infection, presenting with fever and severe new back pain
URGENT	• Post initial hospital consult
ROUTINE	• Ongoing management

Sexually transmitted diseases (STDs); seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Complex or resistant infections

Referral NOT suitable for public hospital:

- Management of standard infections

Additional Information to be included

Patient history:

- History of symptoms
- Medication history
- Past medical history and comorbidities
- Pregnant
- Impact of symptoms on functional capacity (ADLs)

Investigations:

- Serology: Syphilis/ HCV/ HBV/ HIV
- Chlamydia/ Gonorrhoea PCR (and sites this was done)

URGENT

- Widespread chronic dermatitis that query Neurosyphilis
- If pregnant

ROUTINE

- All other referrals