

REFERRAL GUIDE

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

Clinical Lead

Dr Fiona Clarke

Role: Clinical Lead and Infectious Diseases Physician

How to Refer

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

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) 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 Care Group 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](#).

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

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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

EMERGENCY

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

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

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Procedures/Conditions seen at Bayside Health – Regional Care group (Bass Coast)

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

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health - Regional Care Group (Bass Coast)

- Those aged under 18 years
- Non-infective rashes
- Hepatitis C

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Associated complications and fever in return travellers; seen at Bayside Health – Regional Care group (Bass Coast)

[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

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Endocarditis; seen at Bayside Health – Regional Care group (Bass Coast)

[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 valves
- 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

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Hepatitis B; seen at Bayside Health – Regional Care group (Bass Coast)

[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

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Human immunodeficiency virus (HIV); seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

When to refer

Confirmed HIV diagnosis

Additional Information to be included

- Minimum 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

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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

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Mycobacterial Infections: including Tuberculosis (TB), Mycobacterium Ulcerans, Mycobacterium avium complex (MAC)

[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

- Minimum 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

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Osteomyelitis; Orthopaedic Joint Infection; Spinal Infection; seen at Bayside Health – Regional Care group (Bass Coast)

[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

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Sexually transmitted diseases (STDs); seen at Bayside Health – Regional Care group (Bass Coast)

[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