

Austin Health Family Planning unit holds weekly sessions on Monday morning at the Austin Hospital Campus

## Department of Health clinical urgency categories for specialist clinics

**Urgent:** Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency department.

**Semi-Urgent:** Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.

**Routine:** Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if within 90 days.

**Exclusions:** General gynaecology, and infertility problems are NOT seen in this clinic - these women need to be referred to MHW or their local hospital

**There is an Operation list every second Monday afternoon at The Surgery Centre, Repatriation Campus. This Operating list includes:**

- Surgical Terminations of Pregnancies
- Tubal Ligations
- Complex IUD insertions and removals

For all unplanned pregnancies/ terminations of pregnancies, please phone Ann Steven (Specialist Clinic GP Liaison Nurse) to expedite appointment.

Ann Steven can be contacted on:

Phone: 9496 2533 (M-F business hours)

Fax: 9496 2097

Email: [ann.steven@austin.org](mailto:ann.steven@austin.org)

**For current inpatients at Austin and postpartum women at the Mercy Hospital - Urgent Implanon Insertion:**

- Can be arranged outside of clinic hours by Contacting the Mercy Hospital Registrar via Mercy Switch Board 8458 4444
- Mercy Registrar can undertake insertion in the Ambulatory Care Centre (Austin Health), Monday – Friday: 0800-1830hrs.
- Referrer to liaise with Mercy Registrar (8458 4444) and Ambulatory Care Centre Liaison Nurse (9496 4809)
- Urine sample for chlamydia and Gonorrhoea PCR required

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<b>IUD &amp; Implanon insertion and removal</b>	<p><b>When to Refer:</b> When there is no local practitioner available to provide this care</p> <p>Note: Mirena IUDs last 5-6 years and in perimenopausal women can remain in situ for longer</p>	<p><b>To be included in referral</b> Clinical history and examination</p> <p><b>Diagnostics</b> -First pass urine test for chlamydia and gonorrhea PCR -Serology for HIV, syphilis, Hep B &amp; C if high risk sexual activity, sex worker or intravenous drug use</p>	<p><b>Semi-Urgent:</b></p> <p><b>Routine:</b> removal of IUD and Implanon</p>	Removal or Insertion of IUD or Implanon	<p>Implanon and IUD insertion usually occurs on same day.</p> <p>Follow up with GP is preferred – Shared Cared responsibility</p>
<b>Complex contraceptive needs</b>	<p><b>When to Refer:</b> When there is no local practitioner available to provide this care</p>	<p><b>To be included in referral</b> Clinical history, examination and full O&amp;G history</p> <p><b>Diagnostics</b> -First pass urine test for chlamydia and gonorrhea PCR -Serology for HIV, syphilis, Hep B &amp; C if high risk sexual activity, sex worker or intravenous drug use</p>	<p><b>Urgent:</b> seen within 4 weeks</p> <p><b>Semi-Urgent:</b> seen within 3 months</p>	Discussion, planning and potentially introduction or commencement of appropriate contraception	<p>Depending on complexity of problems, more than 1 consultation may be required to discuss and initiate contraception</p> <p>Shared Cared responsibility</p>
<b>Medical terminations of pregnancy (MTOp)</b>	<p><b>When to Refer:</b> Between 5 - 9 weeks.</p> <p>These are done weekly in the clinic</p>	<p><b>To be included in referral</b> Clinical history, examination and full O&amp;G history. <b>Blood group please</b></p> <p><b>Diagnostics</b> -First pass urine test for chlamydia and gonorrhea PCR -Serology for HIV, syphilis, Hep B &amp; C if high risk sexual activity, sex worker or intravenous drug use</p>	<b>Urgent:</b> will be seen within a week	Medical Termination of Pregnancy	<p>Review of all women occurs at 2-3 weeks post MTOp. Subsequent review may be required. Further review to ensure adequate contraception may be required.</p> <p>Shared Cared responsibility</p>

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<b>Surgical Terminations of Pregnancy (STOP)</b>	<p><b>When to Refer:</b> Up to 18 weeks.</p> <p>Surgical terminations are provided every second week</p>	<p><b>To be included in referral</b> Clinical history, examination and full O&amp;G history. <b>Blood group please</b></p> <p><b>Diagnostics</b> -First pass urine test for chlamydia and gonorrhoea PCR -Serology for HIV, syphilis, Hep B &amp; C if high risk sexual activity, sex worker or intravenous drug use</p>	<p><b>Urgent:</b> will be seen in 1-2 weeks (dependent on week that operating list occurs)</p>	Surgical Termination of Pregnancy	<p>Follow up appointment offered to all women. Those who have LARC introduced at time of STOP are encouraged to have follow up with GP. Other women are encouraged to return for follow up to ensure adequate contraception.</p> <p>Shared Cared responsibility</p>
<b>Counselling for sterilisation procedures</b>	<p><b>When to Refer:</b></p>	<p><b>To be included in referral</b> Clinical history, examination and full O&amp;G history</p> <p><b>Diagnostics</b> -First pass urine test for chlamydia and gonorrhoea PCR -Serology for HIV, syphilis, Hep B &amp; C if high risk sexual activity, sex worker or intravenous drug use</p>	<p><b>Semi-Urgent:</b> will be seen within 3 months</p> <p><b>Routine:</b> if alternative contraception is in place – nonurgent appointment</p>	Conselling Services Provided	<p>Waiting time to T/L may be several months. Follow up post procedure is encouraged with GP.</p> <p>Shared Cared responsibility</p>