

Austin Health Infectious Diseases Clinic holds two sessions per week to discuss and plan the treatment of patients with infectious diseases

**Department of Health clinical urgency categories for Specialist Clinics**

**Urgent:** Urgent referrals to Infectious Diseases go either directly to the ED or else to clinic via phone call to the ID Registrar

**Semi-Urgent:** 31-90 days

**Routine:**

- Diagnosis not clear
- Doctor not familiar with condition
- Assistance required with management
- Specialist drugs required that are not available in General Practice

**Exclusions:**

- Chronic hepatitis B and C requiring treatment – direct to Liver clinic
- Antibiotic Allergy - direct to Infectious Diseases – Drug & Antibiotic Allergy Services Clinic
- Dermatological conditions such as eczema and psoriasis – direct to dermatology
- Chronic wounds with a diagnosis – e.g. diabetic foot ulcer unless complex antibiotic treatment needed.
- Asthma COPD and non-infective pulmonary conditions – direct to Respiratory Medicine

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p><b>The ID Unit will accept referrals for the following conditions:</b></p> <ul style="list-style-type: none"> <li>• Pre and post-transplant patients with infection issues</li> <li>• Immunocompromised patients with diagnostic or management related to infection</li> <li>• HIV</li> <li>• TB</li> <li>• Leprosy</li> </ul>	<p><b>Prior to referral please review:</b></p> <p>Therapeutic Guidelines, Antibiotic 15<sup>th</sup> Editions</p>	<p>Copies of relevant positive and negative pathology tests, original X-rays and or films if available</p>	<p>Referrals are triaged by ID Consultants:</p> <p><b>Urgent:</b> Patient will be seen &lt;3 weeks.</p> <p><b>Semi-Urgent:</b> Patient seen in 3-6 weeks.</p> <p><b>Routine:</b> Patient will be in 6-10 weeks.</p>	<p><b>Reasons for review appointments:</b></p> <ul style="list-style-type: none"> <li>• Establishing the diagnosis</li> <li>• Establishing treatment and discharge plan back to referrer</li> <li>• Intervention that can only be monitored by a specialist</li> <li>• Active chronic condition</li> <li>• Securing patient/family confidence of understanding and self-care</li> </ul>	<p><b>Dependent on condition and disease progression.</b></p>

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<ul style="list-style-type: none"> <li>• Mycobacterium ulcerans infection (Buruli ulcer, Bairnsdale ulcer)</li> <li>• Pulmonary mycobacterial infections</li> <li>• Other non-tuberculous mycobacterial infections any site</li> <li>• Travel related infections</li> <li>• Sexually transmitted infections requiring specialist treatment</li> <li>• EBV, CMV, toxoplasmosis</li> <li>• Fever without a diagnosis, PUO (pyrexia of unknown origin)</li> <li>• Recurrent or chronic cellulitis</li> <li>• Post-operative infections</li> <li>• Pneumonia</li> <li>• Osteomyelitis and infected native and prosthetic joints</li> <li>• Patients with resistant bacterial infections</li> <li>• Patients with recurrent infections requiring novel approaches</li> <li>• Complex diagnostic problems when infection is part of the differential diagnosis</li> <li>• Staff with positive screening tests for TB or other infections</li> </ul>				<ul style="list-style-type: none"> <li>• Safeguarding concern</li> </ul>	

