

# Orthopaedic (Other) Referral Guideline

Austin Health Orthopaedic Unit holds weekly multidisciplinary meetings to discuss and plan the treatment of patients with Orthopaedic and Fracture conditions.

Department of Health clinical urgency categories for specialist clinics					
For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.					
<b>Urgent:</b> A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days. For urgent referrals, please contact the Orthopaedic Registrar to discuss. Most urgent patients will be seen within 2 weeks. For emergency cases please send the patient to the Emergency Department.					
<b>Semi-Urgent:</b> Referrals should be categorised as semi-urgent if the patient has potential to deteriorate within 30-90 days.					
<b>Routine:</b> Referral will be triaged by the Orthopaedic Liaison Nurse and Director of Orthopaedic Surgery. Appointments will be booked accordingly.					
Exclusions:					
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<b>Suspected Malignancy</b>	<ul style="list-style-type: none"> <li>Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy</li> </ul>	<p><b>History</b> Red flag symptoms (loss of weight, appetite or energy; relatively short history of pain or lump (6 weeks rather than 6 months); pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere)</p> <p><b>Examination Findings</b> Red flag signs</p> <p><b>Investigation</b> (report with referral) Suspicious imaging or blood tests</p> <p><b>Patient must bring the films or the links for any online imaging</b></p>	<p><b>Urgent:</b> All</p> <p><b>Routine:</b> N/A</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<b>As required</b>
<b>Suspected Infection of Bone or Joint</b>	<ul style="list-style-type: none"> <li>Refer to ED immediately all patients with</li> </ul>	<p><b>History</b> Red flag symptoms (loss of weight, appetite or energy;</p>	<p><b>ED:</b> If septic joint or unwell</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> </ul>	<b>As required</b>

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	<p>suspected <i>septic arthritis</i> (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with the orthopaedic unit</p> <ul style="list-style-type: none"> <li>Refer to ED immediately all patients with fever/chills/rigors/sweats or otherwise unwell</li> <li>Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection</li> </ul>	<p>relatively short history of pain or lump (6 weeks rather than 6 months); pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere)</p> <p><b>Examination Findings</b> Red flag signs</p> <p><b>Investigation</b> (report with referral) Suspicious imaging or blood tests</p> <p><b>Patient must bring the films or the links for any online imaging</b></p>	<p><b>Urgent:</b> Most others</p> <p><b>Routine:</b> Chronic Osteomyelitis</p>	<ul style="list-style-type: none"> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	
<b>Lumps</b>	<ul style="list-style-type: none"> <li>If malignancy is suspected see 'suspected malignancy' above</li> </ul>	<p><b>History</b> Red flag symptoms (loss of weight, appetite or energy; relatively short history of pain or lump (6 weeks rather than 6 months); pain that is unrelenting/unremitting/at night; past or present history of malignancy elsewhere)</p> <p><b>Examination Findings</b> Red flag signs</p> <p><b>Investigation</b> (report with referral) <b>XR</b> of underlying bone/joint <b>Ultrasound</b> of lesion</p>	<p><b>Urgent:</b> If suspected malignancy</p> <p><b>Routine:</b> Benign lumps</p>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<b>As required</b>

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		Patient must bring the films or the links for any online imaging			
<b>Removal of Metal</b>	<p>Metal implants usually do not need to be removed unless there are local symptoms, so rarely needs surgery</p> <ul style="list-style-type: none"> <li>No specific LMO management</li> <li>Refer as per list to right</li> </ul>	<p><b>History</b> Symptoms</p> <p><b>Examination Findings</b></p> <p><b>Investigation</b> (report with referral) Latest <b>XR</b>s</p> <p><b>Blood Tests</b> if infection suspected FBE, ESR, CRP</p> <p><b>Patient must bring the films or the links for any online imaging</b></p>	<p><b>ED:</b> If suspected septic arthritis of prosthetic joint</p> <p>Urgent: If suspected prosthetic infection</p> <p>Routine:</p> <p>Refer if:</p> <ul style="list-style-type: none"> <li>Evidence of prosthetic loosening on XR</li> <li>The prosthesis is causing local symptoms:                             <ul style="list-style-type: none"> <li>- Rubbing</li> <li>- Pain</li> <li>- Neurological symptoms</li> <li>- Skin issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Initial Outpatient Appointment</li> <li>Review appointments to establish diagnosis &amp; treatment</li> <li>Consent for Surgery (if surgery is required + Preadmission appointment +/- Anaesthesia preadmission)</li> <li>Discharge back to referrer for ongoing conservative management</li> </ul>	<b>As required</b>