

Orthopaedic (Other) Referral Guideline:

Austin Health Orthopaedic Clinic 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

Urgent: 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 Orthopaedic Registrar to discuss – most urgent patients will be seen within 2 weeks. For emergency cases please send the patient to the Emergency department.

Semi Urgent: Semi Urgent: Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

Routine: Referral will be triaged by the Orthopaedic Liaison Nurse and Director of Orthopaedic Surgery. Appointments will be booked accordingly.

| Exclusions | | | | | | |
|-------------------------|---|---|--------------------------|--|--|--|
| Condition / Symptom | GP Management | Minimum Required Referral Information | Expected Triage Outcome | Expected number of Specialist Appointments | | |
| Suspected Malignancy | Urgently refer all patients with red flag symptoms, signs or investigations suspicious for malignancy | History -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) Examination Findings -Red Flag Signs Investigation (report with referral) Suspicious Imaging or Blood Tests Instruct patient to bring films to the Specialist Clinic appointment. | Urgent: All Routine: N/A | As required: | | |



| Department of Health clinical urgency categories for specialist clinics | | | | | | |
|---|--|---|---|--|--------------|--|
| Suspected Infection of Bone or Joint | | Refer to ED immediately all patients with suspected septic arthritis. (history of hours, swollen joint, very limited ROM). Do NOT start antibiotics unless discussed with orthopaedic unit Refer to ED immediately all patients with fever/chills/rigors/sweats, or otherwise unwell Urgently refer other patients to clinic with red flag symptoms, signs or investigations suspicious for infection | History -Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of infection elsewhere) Examination Findings -Red Flag Signs Investigation (report with referral) Suspicious Imaging or Blood Tests FBE, ESR, CRP Instruct patient to bring films to the Specialist Clinic appointment. | ED- if septic joint or unwell Urgent: Most others Routine: Chronic Osteomyelitis | As required: | |
| Lumps | | If Malignancy is suspected see `suspected malignancy' above | History -Exclude Red Flag Symptoms (Fevers/sweats/chills/rigors; Loss of weight, appetite or energy; relatively short history (6 weeks rather than 6 months); Pain that is unrelenting/unremitting/at night; past or present history of infection elsewhere) Examination Findings -Exclude Red Flag Signs Investigation (report with referral) XR of underlying Bone/ joint Ultrasound of lesion Instruct patient to bring films to the Specialist Clinic appointment. | Urgent: If suspected malignancy Routine: Benign Lumps | As required: | |



| | Metal Implants usually do not | History | | As required: |
|------------------|--|---|-----------------------------------|--------------|
| | need to be removed unless | -Symptoms | ED: if suspected septic | i i |
| | there are local symptoms, so | , · · | arthritis of prosthetic joint | |
| Removal of Metal | rarely needs surgery | Examination Findings | 1 | |
| | , | | Urgent: If suspected | |
| | No specific LMO management | Investigation (report with referral) Latest XRs | prosthetic infection | |
| | genrens | | Routine: | |
| | Refer as per list | Blood Tests if Infection suspected | Refer if: | |
| | | FBE, ESR, CRP | -Evidence of prosthetic loosening | |
| | | | on XR | |
| | | Instruct patient to bring films to | -The prosthesis is causing local | |
| | | the Specialist Clinic appointment. | symptoms: | |
| | | | -Rubbing | |
| | | | -Pain | |
| | | | -Neurological Symptoms | |
| | | | -Skin Issues | |
| | | | | |
| | | | | |