Speech Pathology Outpatients Referral Guidelines

Austin Health Speech Pathology Outpatient service is based at Heidelberg Repatriation Hospital, Grevillea Building. We provide assessment and management for adult outpatients presenting with swallowing and/or communication impairments. Communication impairments may include speech, voice or language difficulties. Specialist diagnostic instrumental assessment of swallowing and voice, including Videofluoroscopic Swallow Studies (VFSS), Fiberoptic Endoscopic Evaluation of Swallowing (FEES) and Videostroboscopy are also available as determined by the treating Speech Pathologist.

Referrals are made in writing using the preferred referral form Outpatient Speech Pathology Referral Form and faxed to 9496 2947, emailed to speechpathologyoutpatients@austin.org.au **, or mailed to Speech Pathology Outpatients, Grevillea Centre, Heidelberg Repatriation Hospital, PO Box 5444, Heidelberg West, 3081.**

All referrals received will be triaged by an outpatient Speech Pathologist. Please see "Exclusions" below to determine likelihood of referrals being accepted.

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. **Referral to be put on Trakcare Booking System within 3 working days of receipt of referral / triaged - accepted or rejected by Speech Pathologist within 5 days – if accepted urgent appointment given within 30 days from referral date.**
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 specialist assessment is delayed beyond one month. **Referral to be put on Trakcare Booking System within 3 working days / triaged and accepted or rejected by Speech Pathologist within 5 days. If accepted routine appointment given – treat in turn.**
Speech Pathology services are available to all Austin Health patients. Requests from external providers will be considered on a case by case basis where specialist services are not available in the community, including for example instrumental assessments (ie. VFSS, FEES, Videostroboscopy). **Exclusions include:** • paediatrics • stuttering therapy • patients who require ambulance transport or are unable to mobilise safely • patients who are too unwell/fragile to attend • patients who require a home visit • Patients with NDIS plan for speech pathology

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Department of Health clinical urgency categories for specialist clinics					
Condition / Symptom	**GP Management**	**Investigations Required Prior to Referral**	**Expected Triage Outcome**	**Expected Specialist Intervention Outcome**	**Expected number of Specialist Appointments**

Dysphagia	• Complete clinical history and examination
	• Consider CXR if clinically indicated
	• Complete referral letter/form with history and salient information
		Clinical history and examination
		Document detailed history of presenting dysphagia with any relevant radiological and/or specialist findings (i.e., ENT, Gastroenterology, chest status)
		Instruct patient to bring any relevant external imaging reports & diagnostic results to the Speech Pathology appointment.
			Urgent:
			• Clinical signs or high risk of aspiration / choking as per other source
			• New diagnosis of neurodegenerative disease with no SP input to date
			• Recent deterioration of swallow placing patient at high risk of aspiration / choking / malnutrition
			• Difficulty managing secretions or modified diet with no feeding tube
			• Unable to fulfil social integration roles re: eating / drinking
			• Trismus impacting critical dental access, surgery, pain, and nutrition.
			Routine:
			• Not yet assessed by SP but no known clinical signs of aspiration / choking risk
			• Long-standing dysphagia
			• Review of dysphagia management
				• Establishing
				  ○ Diagnosis
				  ○ Treatment plan
				• Discharge back to referrer
				• Intervention that can only be monitored by a specialist
				• Educating patient/carer regarding diagnosis, treatment plan and self-care
				• Link into community health service if active chronic condition and if appropriate
					As required

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Department of Health clinical urgency categories for specialist clinics					
			• Commencement of therapy program for swallowing • Trismus impacting swallow		

Communication	• Complete clinical history and examination
	• Complete referral letter with history and salient information
		Clinical history and examination
		
		Document detailed history of presenting communication problem
		
		• Description of nature of communication problem, eg. language, voice and/or speech
		• Previous treatment already tried
		• Include any inform relevant radiological and/or specialist information (i.e, ENT, Respiratory Physician, Neurologist).
			Urgent:
			
			• Laryngeal dysfunction compromising airway patency – **consider urgent referral to ED** if concerned re airway patency
			• Limited functional communication with no active SP input
			• Unable to communicate in any context with familiar listeners
			• New diagnosis of neurodegenerative disease with no SP input to date for dysarthria or aphasia
			• Persisting longstanding aphonia – consider referral to ENT for initial opinion
			• Sudden and persisting onset of significant dysphonia – consider referral to ENT for initial opinion
				• Establishing
				  • Diagnosis
				  • Treatment plan
				• Discharge back to referrer
				• Intervention that can only be monitored by a specialist
				• Educating patient/carer regarding diagnosis, treatment plan and self-care
				• Link into community health service if active chronic condition and if appropriate
					As required

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			• Professional voice user unable to work due to dysphonia **Routine:** • Review of communication management including chronic cough • Commencement of therapy program for communication • Gradual onset or longstanding dysphonia • Inconsistent phonation, moderate disturbance in voice quality		

Laryngectomy	• Completed clinical history and examination
	• Complete referral letter with history and salient information
		Clinical history and examination
		Document detailed history of presenting communication problem
		• Description of nature of problem, eg.
		  ○ Unstable stoma with no stabilising device in situ
		  ○ Large amount of secretions with risk of sputum plug
		  ○ Leaking voice prosthesis
		• Previous treatment already tried
			Urgent:
			• If **voice prosthesis is dislodged** call SP for urgent appointment or refer to ED out of hours
			• New laryngectomy / pre-surgical patient requiring training / education
			• Acute change to voice prosthesis, eg leaking voice prosthesis
			• Acute changes to tracheoesophageal speech
			• High and consistent levels of distress and concern that are likely to impact on ability to manage
				• Establishing
				  • Diagnosis
				  • Treatment plan
				• Discharge back to referrer
				• Intervention that can only be monitored by a specialist
				• Active chronic condition
				• Educating patient/carer regarding diagnosis, treatment plan and self-care
					As required

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Department of Health clinical urgency categories for specialist clinics					
		Instruct patient to bring relevant films & diagnostic results to the Specialist Clinic appointment.	laryngectomy lifestyle changes. **Routine**: • Review of routine laryngectomy management		