

Acute Referral Guidelines for General Practice - by Specialty

When referring to hospital, please mention 'Whakatane Hospital' in your referral

For children <15, replace "General Medicine" with "Paediatrics" unless otherwise specified.

Diagnosis / Presenting Problem	Modifying Factors	Service/Specialty
Abdominal Pain, undifferentiated (check for specific diagnoses below)	All adult patients, including urological cases, without an obvious gynaecological cause.	General Surgery
	Child <15	Paediatrics
Alcohol withdrawal	If severe acute symptoms	General Medicine
Non-Ambulation	Non orthopaedic causes	General Medicine
Gastrointestinal Bleeding	Gastrointestinal Bleeding from Upper GIT with or without medical Co-morbidities	General Medicine with Surgical consultation
	Gastrointestinal Bleeding from Lower GIT	General Surgery
	If suspected occult GIT blood loss or unknown cause and requiring admission for management	General Medicine
	Child <15	Paediatrics
Abdominal Aortic Aneurysm (AAA) / Dissection	Suspected or proven abdominal aortic aneurysm leak or dissection.	General Surgery
Aortic Dissection (Thoracic)	Suspected thoracic aortic dissection or proven proximal to left subclavian artery (type A)	General Surgery
	Distal to left subclavian artery (Type B)	General Medicine
Delirium		General Medicine
DVT	Regardless if spontaneous or post-operative	General Medicine
Back pain	Related to trauma, infection or possible disc pathology.	Orthopaedics
	Osteoporotic collapse	Orthopaedics
	Chronic Lower Back pain requiring admission for pain control and physio (i.e. failed trial of adequate pain medications and ambulation)	Orthopaedics
	Signs of cord compression	Orthopaedics
	Secondary to malignancy unless there are features of cord compression.	General Medicine if patient not known to another Service
Cellulitis / Gangrene	Cellulitis over a joint or evidence/suspicion of osteomyelitis or septic arthritis	Orthopaedics
	Associated with wound (no joint / osteomyelitis involvement)	General Surgery
	Diabetic foot ulcer with cellulitis or suspected necrotising fasciitis	General Surgery
	Infection requiring surgical debridement or amputation	General Surgery
	Facial (odontogenic, periorbital, orbital)	General Surgery (Paediatrics in children)
	Perineum involved	General Surgery
	All others	General Medicine

Diagnosis / Presenting Problem	Modifying Factors	Service
Diverticulitis		General Surgery
Epistaxis	Uncontrolled – Medical cause e.g. HTN, over anticoagulation / coagulation disorder	General Medicine
	Uncontrolled – NO medical cause e.g. HTN, over anticoagulation / coagulation disorder	General Surgery
Eyes	Acute red or painful eye or trauma to eye	Ophthalmology Tauranga
	Suspected amaurosis fugax or CVA/TIA	General Medicine
Facial Fractures		General Surgery
Foreign Body ENT	Corrosive	Discuss with Tauranga ENT to see if patient can be seen in OPD or in Tauranga urgently. If not, general surgery.
	Non-corrosive	Refer to ENT service, not ED/inpatient service.
Hepatitis / Liver Failure		General Medicine
Hypertensive Emergency		General Medicine
Ischemic Limb		General Surgery
Intracranial haemorrhage, non- or minimally traumatic		General Medicine
Ischemic Colitis		General Surgery
Neurological		General Medicine
Oncology Problem	Patient currently known to the oncology service and with a surgical related problem	General Surgery
	All other oncology related problems	General Medicine
Pancreatitis	(If post ERCP, discuss with consultant who performed procedure)	General Surgery
Poisoning/ Toxicology issue	Symptomatic or requiring medical monitoring (any cause)	General Medicine
	Asymptomatic, intentional, ongoing suicidal ideation	Psychiatry
Psychosis / Mania / other acute mental health issue	Presumptive organic cause requiring ongoing medical treatment	General Medicine
	Exacerbation of chronic psychiatric condition and no complicating organic causes identified	Psychiatry
	No organic cause identified after appropriate evaluation, no previous history	Psychiatry
Pyelonephritis	Obstructing ureteric stone	General Surgery
	Pregnant Patient	O&G
	All other UTIs requiring admission	General Medicine
Renal Failure, Acute	Due to obstructive uropathy including urinary retention	General Surgery
	Underlying surgical cause	General Surgery
	All others	General Medicine
Sore Throat	With or without quinsy (peritonsillar abscess)	General Surgery Paeds if <15

Diagnosis / Presenting Problem	Modifying Factors	Service
Stroke/TIA		General Medicine
Syncope / Seizures		General Medicine
Trauma	Thoracic injury (penetrating, blunt) or abdominal injury (penetrating, blunt) requiring admission	General Surgery
	Head injury requiring observation	General Surgery (Paediatrics in children)
	Extremity fracture or ligamentous injury requiring surgical consult	Orthopaedics
	Pelvic fracture of any type caused by significant trauma	Orthopaedics
	Facial or mandibular fractures requiring surgical consult	General Surgery
	Vascular injury	General Surgery
	Intracranial Haemorrhage not requiring neurosurgical intervention	General Surgery
	Vertebral Fracture	Orthopaedics
	Spinal Injury with neurological compromise	Orthopaedics
	Any major trauma with an associated medical cause or symptom (e.g. syncope leading to fall/collision, thoracic injury with dysrhythmia)	General Surgery/ Orthopaedics as appropriate
	Hypoxic brain injury by traumatic mechanism (e.g. hanging, submersion) but WITHOUT any significant injuries requiring admission on their own.	General Medicine
Paediatrics (age 0-15 or over 15 years whose medical illness is currently being managed by Paediatrics and whose care has not yet been formally transferred to an Adult Physician.	Of surgical nature (especially if adult equivalent problem)	General Surgery
	Of medical nature	Paediatrics
	Of gynaecologic or obstetric nature	O&G

Adapted from the SOP- Acute Patient Journey- ED, Inpatient Teams, Bed Management and Wards- Whakatane Hospital,
Steward: Dr M Valentine, Medical Director
In collaboration with the GP Liaison Team, BOPDHB July 2018