

▶ Referral Guidelines for ED

Services:

- **General medical clinics** are held in OPD 2 at the Royal Infirmary of Edinburgh.
 - a) We aim to see **urgent** referrals within 2 to 4 weeks
 - b) **Routine** referrals are seen within the 12 week guarantee

Any cases that are not clear cut or require a second medical opinion can always be discussed with:

- **General Medical Interface Team consultant** on-call (available in the Emergency Department or via switchboard, all working weekdays 8am to 8pm) or
- **On-call consultant for General Medicine** (at weekends or bank holidays via switchboard)

How to Refer:

1. Consult guidelines below to ensure patient suitable for assessment in clinic
2. Discuss with ED Consultant or Registrar
3. Copy Patient's Electronic Patient Record (EPR) / Immediate Discharge Letter (IDL) to General Medical Outpatients OPD2
4. Fill out Referral form (below), print out a copy of the Patient's EPR/IDL, and hand in to Reception to forward on to OPD2 for the attention of General Medical Clinic for consideration of review. (Via Internal mail)

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Appropriate	<ul style="list-style-type: none"> • Weight loss, without specific features to suggest a particular sub-specialty referral, after appropriate initial investigations • Multisystem symptoms and/or abnormal blood results with an unknown diagnosis, despite appropriate initial investigations, in an otherwise stable patient NOT requiring admission • Dizzy spells in patients, primarily under the age of 65 years, with no obvious: <ol style="list-style-type: none"> a) ENT cause: http://apps.nhsllothian.scot.nhs.uk/refhelp/ENTTESTING/Ear/BalanceDisturbance b) Cardiac cause: http://apps.nhsllothian.scot.nhs.uk/refhelp/Cardiology/DirectAccessAmbulatoryECGMonitoring c) Neurological cause d) Patients above the age of 65 years with multiple co-morbidities and dizzy spells (better assessed under the Medicine of Elderly team): http://www.refhelp.scot.nhs.uk/index.php?option=com_content&view=article&id=824&Itemid=1424 • Syncope: Please consult Syncope Protocol in EMIBANK>Edinburgh EM Guidelines>Medical & Toxicology>Collapse and Syncope pathway <ol style="list-style-type: none"> a) We aim to assess syncope with the presumed cause being orthostatic hypotension, situational syncope or vasovagal syncope, that is frequent or persisting after initial and conservative management AND where Cardiogenic and Neurological causes have been excluded or thought to be unlikely • Palpitations where the patient DOES NOT have an obvious endocrine cause and DOES NOT meet referral criteria for cardiology: see http://apps.nhsllothian.scot.nhs.uk/refhelp/Cardiology/DirectAccessAmbulatoryECGMonitoring
Not suitable	<ul style="list-style-type: none"> • Patients who are known to (or have already been referred to) other services and have ongoing specialty-specific issues. • Patients with a rapid decline in symptoms – ADMIT instead • Cardiogenic or Neurogenic syncope: Please consult Syncope Protocol in EMIBANK>Edinburgh EM Guidelines>Medical & Toxicology>Collapse and Syncope pathway • Palpitations with a likely endocrine or cardiac cause: Refer to appropriate specialty. http://apps.nhsllothian.scot.nhs.uk/refhelp/Cardiology/DirectAccessAmbulatoryECGMonitoring

	<ul style="list-style-type: none"> • Allergy: Consider discussion with Immunology versus an out of area referral <ul style="list-style-type: none"> a) There is currently no Allergy service in NHS Lothian. b) Allergy testing guidance: http://apps.nhsllothian.scot.nhs.uk/refhelp/LaboratoryServices/Immunology c) Dermatology colleagues may sometimes assess patients and offer skin prick tests, but NOT provocation testing, de-sensitisation or immunotherapy: http://apps.nhsllothian.scot.nhs.uk/refhelp/Dermatology/Urticaria • Primary Immune Deficiency and C1 inhibitor deficiency (Hereditary Angioedema): Refer to Immunology • Patients with a new diagnosis of confirmed Pulmonary Embolus: Refer Respiratory Outpatients for follow up, if fit for discharge or admit and discuss with Respiratory on call
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► Other Useful Alternatives



Alternatives to GM Clinic	<ul style="list-style-type: none"> • Ambulatory Care: Consult EMIBANK>>Edinburgh EM Guidelines>Ambulatory Care • EMIBANK condition specific protocols • RefHelp: http://www.refhelp.scot.nhs.uk/, accessible from NHS Lothian Intranet>Directory>Q-T>RefHelp This is a useful resource with guidelines from other specialities advising on which pathologies are appropriate to refer, and initial investigations and management, which can be carried out in interim to specialty review
Alternatives to Admission	<ul style="list-style-type: none"> • Ambulatory Care: Consult EMIBANK>Edinburgh EM Guidelines>Ambulatory Care • Hospital at Home Services: Consult EMIBANK>Edinburgh EM Guidelines>Medical & Toxicology>Hospital at Home Map, and http://apps.nhsllothian.scot.nhs.uk/refhelp/FlowCentre/HospitalAtHome • Home First Practitioner: Stationed in the Emergency Department on Weekdays and available on 07966278896 • Community Respiratory Team: Please discuss with the Respiratory Nurse Specialist on bleep 4023 in hours. There is also some useful information regarding suitability, on http://apps.nhsllothian.scot.nhs.uk/refhelp/FlowCentre/CommunityRespiratoryTeam • Rapid Access Respiratory Clinic: Please discuss with the Respiratory Nurse Specialist on bleep 4023 in hours. • Rapid Access Chest Pain Clinic: Consult EMIBANK>Edinburgh EM Guidelines>Medical & Toxicology > Cardiology: Chest Pain Referrals • Rapid Access Neurology Clinic: Consult EMIBANK>Edinburgh EM Guidelines>Ambulatory Care> Rapid Access Neurology Clinic • Stroke/TIA: Consult EMIBANK>Edinburgh EM Guidelines>Medical & Toxicology>Stroke-TIA Pathway

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▶ Referral Form

- Copy Patient's EPR/IDL to General Medical Outpatient Clinic OPD2
- Send completed Referral form AND printed copy of Patient's EPR/IDL to General Medical Outpatient Clinic, OPD2, for consideration of review (Via Internal Mail or Fax No. 21367)
- Have you attached your Investigation Request Form?

Date of referral	
Referring Doctor	
Grade	
Department	
Consultant Name	

Please affix patient label here

Appointment Type: Routine ☐ Urgent ☐

- Reason for referral:
- Relevant Background:
- Relevant Investigation Findings:
- Working Differential Diagnosis:

Investigations completed ✓			
FBC		ECG	
U&E's		CXR	
LFT's		USS	
Ca/Alb		CT	
Glucose			
Coagulation			
Other:			

Investigations - Outstanding	
24-Hour Tape	
Echocardiogram	
Exercise Tolerance Test	
CT Brain Scan	
Carotid Doppler	
Ultrasound	
MRI Scan	
Other:	

English as the first language: Yes ☐ No ☐

If no, Specify Language and if translator required

Vulnerable Adult: (Please specify type) Yes ☐ No ☐