EXCLUSIONS
Services not offered by Monash Health
Psychiatric management of eating disorders – consider referring to Eating Disorders Unit
Full diagnostic process to identify causes of malabsorption – consider referral to Gastroenterology Outpatients
Patients under 18: Click here for Monash Children's General Paediatric guidelines

CONDITIONS
- Home enteral or parenteral nutrition
- Malabsorption/malnutrition
- Intestinal failure
- Low bone density
- Lipid disorders

PRIORITY
For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

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.

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit: Dr Sharon Marks
Program Director: Prof. William Sievert
Last updated: 23/01/2019
Monash Health Referral Guidelines

CLINICAL NUTRITION

REFERRAL
How to refer to Monash Health

Mandatory referral content

<table>
<thead>
<tr>
<th>Demographic:</th>
<th>Clinical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name</td>
<td>Reason for referral</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Duration of symptoms</td>
</tr>
<tr>
<td>Next of kin</td>
<td>Management to date and response to treatment</td>
</tr>
<tr>
<td>Postal address</td>
<td>Past medical history</td>
</tr>
<tr>
<td>Contact number(s)</td>
<td>Current medications and medication history</td>
</tr>
<tr>
<td>Email address</td>
<td>if relevant</td>
</tr>
<tr>
<td>Medicare number</td>
<td>Functional status</td>
</tr>
<tr>
<td>Referring GP details</td>
<td>Psychosocial history</td>
</tr>
<tr>
<td>including provider number</td>
<td>Dietary status</td>
</tr>
<tr>
<td>Usual GP (if different)</td>
<td>Family history</td>
</tr>
<tr>
<td>Interpreter requirements</td>
<td>Diagnostics as per referral guidelines</td>
</tr>
</tbody>
</table>

Click here to download the outpatient referral form

CONTACT US

Medical practitioners
To discuss complex & urgent referrals contact Clinical Nutrition Registrar on 9594 6666 (office hours only)

General enquiries
Phone: 1300 342 273

Submit a fax referral
Fax referral form to Specialist Consulting Services: 9594 2273

Head of unit: Dr Sharon Marks
Program Director: Prof. William Sievert
Last updated: 23/01/2019
HOME ENTERAL/PARENTERAL NUTRITION/INTESTINAL FAILURE

Patient Presentation
- Patient may have been discharged from hospital with nutrition support (enteral/parenteral)
- Patient may have an inability to consume and/or absorb sufficient energy, protein and/or micronutrients from diet

Initial GP Work Up
- Height, weight (premorbid and current)
- Biochemical measures of nutritional status (the following may be appropriate):
  - FBE, UEC, CMP
  - LFT, transthyretin
  - TFT, PTH
  - Fasting lipids
  - Fasting glucose, HbA1C
  - Fe studies, B12, folate
  - Vit A C D E, Zn, Se, Cu, Mn
- Document cause of intestinal failure if known

Management Options for GP
- Replace micronutrient deficiencies as identified
- Prescription of high energy, high protein dietary supplements

WHEN TO REFER?

Urgent
- If patient requires continuing support with existing nutrition supplementation
- If objective measures of malnutrition (documented inadequate intake, weight loss, biochemical abnormalities) persist despite initial management in patients previously not receiving nutrition support

Routine
- All patients on home parenteral nutrition and/or intestinal failure require specialist assessment and management
- Monash has a dedicated Clinical Nutrition Clinic offering the above services
Patient Presentation

- Inherited lipid disorders with severe dyslipidaemia. Approximate guide: Total Cholesterol >7mmol/L, Triglycerides ≥6mmol/L
- Patients with hypertriglyceridaemia and pancreatitis

Initial GP Work Up

- Total Cholesterol, HDL, LDL, Triglyceride Level and trend over time
- TFT, LFT, UEC
- Screening for diabetes or evidence of poor diabetes control
- Results of any other cardiovascular investigations

Management Options for GP

- Standard PBS therapies

WHEN TO REFER?

Emergency

Patients with symptoms of acute pancreatitis should present to the emergency department

Routine

Patients intolerant, contraindicated to, or with refractory profiles to standard lipid lowering therapies
MALABSORPTION/MALNUTRITION

Patient Presentation
- Associated with chronic disease
  - Eg. Coeliac disease
  - Pancreatic insufficiency
  - Post-surgical
  - Cholestasis/chronic liver disease
  - Inflammatory bowel disease
  - Radiation enteropathy
  - Dietary intolerances
- Steatorrhoea
- High faecal output
- Weight loss
- Clinical or laboratory evidence of vitamin or mineral deficiency
- Underweight by BMI (<18.5 kg/m²)

Initial GP Work Up
- Height, weight (premorbid and current)
- Biochemical measures of nutritional status (the following may be appropriate):
  - FBE, UEC, CMP
  - LFT, transthyretin
  - TFT, PTH
  - Fasting lipids
  - Fasting glucose, HbA1C
  - Fe studies, B12, folate
  - Vit A C D E,
  - Zn, Se, Cu, Mn

Management Options for GP
- Replace micronutrient deficiencies as identified
- Prescription of high energy, high protein dietary supplements

WHEN TO REFER?

Urgent
If objective measures of malnutrition (documented inadequate intake, weight loss, biochemical abnormalities) persist despite initial management

Routine
Monash has a dedicated Clinical Nutrition Clinic offering specialist assessment and management of malabsorption/malnutrition.
LOW BONE DENSITY

Patient Presentation
Low bone density reported on bone densitometry scan (DXA) with T score less than minus 2.0

Initial GP Work Up
- FBE, UEC, CMP, LFT
- 25 hydroxy vitamin D level
- TFT, PTH
- Fe studies, celiac serology
- FSH, LH (for women)
- Testosterone (for men)
- P1NP, CTX (if already on anti-resorptive therapy)
- Plain thoraco-lumbar spine XRAY with PA and lateral views

Management Options for GP
- Correct Vitamin D deficiency
- Ensure adequate calcium intake
- Assess and manage falls risk

WHEN TO REFER?

Routine
- Patients with low bone density who do not qualify for PBS subsidised anti-resorptive therapy
- Low bone density in the setting of short bowel syndrome or other malabsorption disorders
- Low bone density in the setting of eating disorders (e.g. anorexia nervosa)