

Monash Health Referral Guidelines

PAIN MEDICINE

EXCLUSIONS

Services not offered by Monash Health

- Pelvic pain (unless referred from Pelvic Pain clinic)
- Patients requiring Ambulance transport
- TAC and Work Cover clients
- Patients under 18 age: [Click here](#) for Monash Children's Pain Management guidelines

CONDITIONS

[Persistent Pain > 3 months](#)

[Post herpetic Neuralgia \(PHN\)](#)

[Persistent Pain on Opiates](#)

[Recent hospitalisation which chronic pain](#)

[Complex Regional Pain Syndrome \(CRPS\)](#)

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral**.

EMERGENCY

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

URGENT

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.

ROUTINE

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:

Prof. Barbara Workman

Program Director:

A/Prof. Andrew Block

Last updated:

21/06/2019

Monash Health Referral Guidelines

PAIN MEDICINE

REFERRAL

How to refer to
Monash Health

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Inpatient Consultant if referred from
inpatients
Interpreter requirements

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to
treatment
Past medical history
Current medications and medication
history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics if available



[Click here](#) to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals
contact on call Pain registrar via Monash
Health switchboard **9594 6666**, on pager
#8169 during working hours

General enquiries

Phone: 1300 342 273 Option 5

Submit a fax referral or email

Fax referral form to Defined Point of
Access (DPOA): 9554 9151 OR email
icareaccess@monashhealth.org

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PERSISTENT PAIN > 3 MONTHS

PERSISTENT PAIN > 3 MONTHS REQUIRING SPECIALIST MANAGEMENT



WHEN TO REFER?

Initial GP Work Up

- Back pain, joint pain, musculoskeletal pains, neuropathic pain, post surgery/trauma, migraine
- Basic clinical information and investigations performed to exclude reversible pathology

Management Options for GP

- Migraine refer to neurology
- Back pain consider physiotherapy opinion
- Multiple joint pain consider rheumatology
- Residential Inreach for patients in a residential facility

Routine

If GP or other practice requires multidisciplinary advice

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POST HERPETIC NEURALGIA (PHN)

POST HERPETIC NEURALGIA (PHN) – RECENT DIAGNOSIS



WHEN TO REFER?

Initial GP Work Up

Relevant history and examination and exclusion of other causes of pain

Management Options for GP

- Lyrica
- Simple analgesics
- Low dose opiate (<20mg Targin equivalent)

Emergency

If suicidal refer to Pain Service as well a psychiatry services

Urgent

Recent shingles with severe pain not responding to conservative measures

Routine

Shingles > 6 months ago

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PERSISTENT PAIN ON OPIATES

PERSISTENT PAIN ON OPIATES REQUIRING SPECIALIST ADVICE

Initial GP Work Up

Detailed medical past history with details of past medication and investigations

Management Options for GP

Phone clinic for phone advice until an appointment can be made

WHEN TO REFER?

Urgent

Refer as urgent if evidence of opiate seeking behaviour or drug use is escalating

Routine

Refer as routine if medication use is stable but requires review by a specialist

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RECENT HOSPITALISATION WITH CHRONIC PAIN

RECENT HOSPITALISATION WITH CHRONIC PAIN REQUIRING FOLLOW UP

Initial inpatient Work Up

Relevant pain history from GP, past medical history and co-morbidities, medication and reason for referral

Management Options for GP

Notification to GP of referral to Pain Service

WHEN TO REFER?

Urgent

- Patient at risk of substance abuse
- If GP requires support in medication management especially opiates

Routine

- GP requires support for medication management
- Patient requires a multidisciplinary management plan

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CHRONIC REGIONAL PAIN SYNDROME (CRPS)

CHRONIC REGIONAL PAIN SYNDROME (CRPS) – RECENT DIAGNOSIS



WHEN TO REFER?

Initial GP Work Up

Investigations to exclude other causes of pain

Management Options for GP

- Simple analgesia
- Anti Neuropathic agents
- Desensitization

Urgent

Refer as urgent if pain is severe and diagnosis recent and not responding to simple analgesics

Routine

If CRPS is long standing

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