

# Monash Health Referral Guidelines

Incorporating Statewide Referral Criteria

## 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

[Pain that requires complex medication management](#)

[Persistent or chronic neuropathic pain](#)

[Persistent or chronic pain in cancer survivors](#)

[Persistent or chronic post-surgical or post-traumatic pain](#)

[Persistent or chronic primary pain](#)

[Persistent or chronic secondary headache or orofacial pain](#)

[Persistent or chronic secondary musculoskeletal pain](#)

[Persistent or chronic visceral pain](#)

[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:

07/05/2020

# Monash Health Referral Guidelines

Incorporating Statewide Referral Criteria

## PAIN MEDICINE

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### REFERRAL

How to refer to  
Monash Health

Find up-to-date information about how to send a referral to  
Monash Health [on the eReferrals page on our website.](#)

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### 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

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Head of unit:  
Prof. Barbara Workman

Program Director:  
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# PAIN THAT REQUIRES COMPLEX MEDICATION MANAGEMENT

## PAIN THAT REQUIRES COMPLEX MEDICATION MANAGEMENT



## WHEN TO REFER?

### DHHS [Statewide referral criteria apply for this condition](#)

#### Criteria for referral to public hospital health independence program services

The person has been identified as having high-risk circumstances through SafeScript (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) with both:

- persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role
- open to exploring living well with pain and learning to self-manage ongoing pain.

#### Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues).

Provide if available

- Details of functional impairment
- Psychiatric history
- If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)
- Results of previous investigations
- If the person has previously completed a chronic pain management program and if so the provider of the program
- If the person is part of a vulnerable population.

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### Emergency

#### Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control)
- Central nervous system, autonomic and neuromuscular symptoms suggestive of serotonin syndrome
- Symptoms of respiratory depression, unconsciousness and pupillary miosis suggestive of opioid toxicity.

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## PAIN THAT REQUIRES COMPLEX MEDICATION MANAGEMENT

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### PAIN THAT REQUIRES COMPLEX MEDICATION MANAGEMENT (Cont'd)

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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# PERSISTENT OR CHRONIC NEUROPATHIC PAIN

## PERSISTENT OR CHRONIC NEUROPATHIC PAIN

## WHEN TO REFER?

DHHS [Statewide referral criteria apply for this condition](#)

Criteria for referral to public hospital health independence program services

Neuropathic pain related to any of the following:

- post-herpetic neuralgia
- trigeminal neuralgia
- peripheral nerve injury (e.g. brachial plexopathy)
- peripheral neuropathies (e.g. diabetic neuropathy)
- multiple sclerosis
- spinal cord injury
- post-stroke
- complex regional pain syndrome

with all of the following:

- persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role
- adequate trial of treatment in previous 12 months (exercise and analgesia)
- at risk of functional or psychological deterioration, or medication dependence
- willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Psychological status and cognitive function
- If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment
- Psychiatric history
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)

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### Emergency

**Direct to an emergency department for:**

- Rapidly progressive neurological symptoms leading to weakness or imbalance
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control).

**Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:**

- Facial shingles with eye involvement.

## PERSISTENT OR CHRONIC NEUROPATHIC PAIN

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### PERSISTENT OR CHRONIC NEUROPATHIC PAIN (Cont'd)

- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript
- Results of previous investigations (e.g. nerve conduction studies, HbA1c, aetiology of peripheral neuropathy)
- If the person has previously completed a chronic pain management program and if so the provider of the program
- If a medication review or assessment is required
- If the person is part of a vulnerable population.

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

[Referral to a public hospital health independence program service is not appropriate for](#)

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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# PERSISTENT OR CHRONIC PAIN IN CANCER SURVIVORS

## PERSISTENT OR CHRONIC PAIN IN CANCER SURVIVORS

## WHEN TO REFER?

### DHHS [Statewide referral criteria](#) apply for this condition

#### Criteria for referral to public hospital health independence program services

Persistent or chronic pain following cancer treatment (e.g. chemotherapy-induced peripheral neuropathy, abdominal visceral pain, neural injury) with all of the following:

- > 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role
- ongoing or escalating analgesia needs despite adequate trial of treatment in previous 3 months (exercise and analgesia)
- adequate trial of treatment (exercise and analgesia)
- at risk of functional or psychological deterioration, or medication dependence
- willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

#### Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Details of surgery, chemotherapy or radiotherapy treatment that may have caused the pain
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment
- Psychiatric history
- If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)
- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript
- Results of previous investigations

### Emergency

#### Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance.
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control).
- Suspected systemic infection.

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## PERSISTENT OR CHRONIC PAIN IN CANCER SURVIVORS

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### PERSISTENT OR CHRONIC PAIN IN CANCER SURVIVORS (Cont'd)

- If the person has previously completed a chronic pain management program and if so the provider of the program
- If a medication review or assessment is required
- If the person is part of a vulnerable population.

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients currently receiving treatment for cancer
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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## PERSISTENT OR CHRONIC POST-SURGICAL OR POST-TRAUMATIC PAIN

### PERSISTENT OR CHRONIC POST-SURGICAL OR POST-TRAUMATIC PAIN

### WHEN TO REFER?

DHHS [Statewide referral criteria](#) apply for this condition

#### Criteria for referral to public hospital health independence program services

Persistent or worsening post-surgical or post-traumatic pain (where post-operative complications have been treated or excluded) with all of the following:

- persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role
- ongoing or escalating analgesia needs despite adequate trial of treatment in previous 3 months (exercise and analgesia)
- at risk of functional or psychological deterioration, or medication dependence
- willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

#### Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Details of surgery or trauma (date and where surgery / treatment was supplied)
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment
- Psychiatric history
- If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)
- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript
- Results of previous investigations

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### Emergency

Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control)
- Suspected systemic infection.

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## PERSISTENT OR CHRONIC POST-SURGICAL OR POST-TRAUMATIC PAIN

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### PERSISTENT OR CHRONIC POST-SURGICAL OR POST-TRAUMATIC PAIN (Cont'd)

- If the person has previously completed a chronic pain management program and if so the provider of the program
- If a medication review or assessment is required
- If the person is part of a vulnerable population.

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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# PERSISTENT OR CHRONIC PRIMARY PAIN

## PERSISTENT OR CHRONIC PRIMARY PAIN

## WHEN TO REFER?

DHHS [Statewide referral criteria apply for this condition](#)

Criteria for referral to public hospital health independence program services

All of the following:

- persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role
- multiple presentations for exacerbations of pain despite adequate treatment in previous 12 months (exercise and analgesia)
- at risk of functional or psychological deterioration, or medication dependence
- willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment
- Psychiatric history
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)
- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript
- Results of previous investigations

Continued over page

### Emergency

Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control).

### Urgent

Arrange an urgent pain assessment for:

- Patients with a previous trauma or injury with suspected stage one complex regional pain syndrome (CRPS).

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## PERSISTENT OR CHRONIC PRIMARY PAIN

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### PERSISTENT OR CHRONIC PRIMARY PAIN (Cont'd)

- If the person has previously completed a chronic pain management program and if so the provider of the program
- If a medication review or assessment is required
- If the person is part of a vulnerable population.

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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# PERSISTENT OR CHRONIC SECONDARY HEADACHE OR OROFACIAL PAIN

## PERSISTENT OR CHRONIC SECONDARY HEADACHE OR OROFACIAL PAIN



## WHEN TO REFER?

DHHS [Statewide referral criteria apply for this condition](#)

Criteria for referral to public hospital health independence program services

Persistent or chronic secondary headache or orofacial pain with all of the following:

- > 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role
- adequate trial of treatment in previous 12 months (exercise and analgesia)
- at risk of functional or psychological deterioration, or medication dependence
- willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

Information to be included in the referral

Information that **must** be provided

- Onset, characteristics and frequency of headache
- Details of any previous neurology assessments or opinions
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment
- Psychiatric history
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)
- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript
- Results of previous investigations (e.g. neuroimaging results)
- If the person has previously completed a chronic pain management program and if so the provider of the program
- If a medication review or assessment is required
- If the person is part of a vulnerable population.

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### Emergency

Direct to an emergency department for:

- Headache with:
  - sudden onset or thunderclap headache
  - severe headache with signs of systemic illness (fever, neck stiffness, vomiting, confusion, drowsiness, dehydration)
  - severe disabling headache
  - severe headache associated with recent head trauma.
- Headache suggesting temporal arteritis (focal neurological symptoms, altered vision, elevated erythrocyte sedimentation rate and C-reactive protein in patients > 50 years of age).

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# PERSISTENT OR CHRONIC SECONDARY HEADACHE OR OROFACIAL PAIN

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## PERSISTENT OR CHRONIC SECONDARY HEADACHE OR OROFACIAL PAIN (Cont'd)

### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

[Referral to a public hospital health independence program service is not appropriate for](#)

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients with mild or tension headaches or untreated typical migraine
- Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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# PERSISTENT OR CHRONIC SECONDARY MUSCULOSKELETAL PAIN

## PERSISTENT OR CHRONIC SECONDARY MUSCULOSKELETAL PAIN

## WHEN TO REFER?

DHHS [Statewide referral criteria](#) apply for this condition

Criteria for referral to public hospital health independence program services

- Pain that has been described as musculoskeletal in nature with all of the following:
  - persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role
  - adequate trial of treatment in previous 12 months (exercise and analgesia)
  - at risk of functional or psychological deterioration, or medication dependence
  - willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment.
- Psychiatric history.
- If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD).
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues).
- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript.
- Results of previous investigations.
- If the person has previously completed a chronic pain management program and if so the provider of the program.
- If a medication review or assessment is required.
- If the person is part of a vulnerable population.

### Emergency

Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control)
- Fever with acutely painful, hot, swollen joint(s).

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## PERSISTENT OR CHRONIC SECONDARY MUSCULOSKELETAL PAIN

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### PERSISTENT OR CHRONIC SECONDARY MUSCULOSKELETAL PAIN (Cont'd)

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients already referred to another service for the assessment, or treatment of, the identifiable cause of pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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# PERSISTENT OR CHRONIC VISCERAL PAIN

## PERSISTENT OR CHRONIC VISCERAL PAIN

## WHEN TO REFER?

DHHS [Statewide referral criteria apply for this condition](#)

Criteria for referral to public hospital health independence program services

Persistent or chronic visceral pain with all of the following:

- > 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role
- adequate trial of treatment in previous 12 months (exercise and analgesia)
- at risk of functional or psychological deterioration or medication dependence
- willing to explore living well with pain and is willing to learn to self-manage ongoing pain.

Information to be included in the referral

Information that **must** be provided

- Pain history: onset, location, nature of pain and duration
- Physical examination findings
- Psychological status and cognitive function
- Details of previous pain management including the course of treatment(s) and outcome of treatment(s)
- Comprehensive past medical history
- History of alcohol, recreational or injectable drugs, or prescription medicine misuse
- Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available

- Details of functional impairment
- Psychiatric history
- If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD)
- Details of any current behaviours that may impact on the person's ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)
- If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript
- Results of previous investigations
- If the person has previously completed a chronic pain management program and if so the provider of the program
- If a medication review or assessment is required
- If the person is part of a vulnerable population.

Continued over page

### Emergency

Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance
- Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control)
- Suspected systemic infection.

## PERSISTENT OR CHRONIC VISCERAL PAIN

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### PERSISTENT OR CHRONIC VISCERAL PAIN (Cont'd)

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients already referred to another service for the assessment, or treatment of, the identifiable cause of pain
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.

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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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