Monash Health Referral Guidelines

Incorporating Statewide Referral Criteria

Neurology

EXCLUSIONS

Services not offered by Monash Health

- Patients under 18 years of age: Click here for Monash Children's Neurology guidelines
- Patients requiring Deep Brain Stimulation (DBS)

Requests **for investigative tests** to be sent to:
Email: neurophysiology@monashhealth.org

CONDITIONS

Epilepsy and seizures
Friedreich Ataxia
General Neurology
Headache
Movement disorders and dystonia
Multiple Sclerosis
Neuro-ophthalmology
Neurophysiology
Stroke or transient ischaemic attack
Motor weakness or paraesthesia
Vertigo (Neurology)

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: A/Prof Henry Ma
Program Director: Prof William Sievert
Last updated: 07/05/2024

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REFERRAL

How to refer to Monash Health

Secure eReferral by HealthLink is now our preferred method of referral.

Find up-to-date information about how to send a referral to Monash Health Specialist Consulting Clinics on the eReferrals page on our website.

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact on call registrar on
(03) 9594 6666

General enquiries

Phone: (03) 9594 2240

Email

neurologyreception@monashhealth.org

Head of unit:	Program Director:	Last updated:
A/Prof Henry Ma	Prof William Sievert	07/05/2024

EPILEPSY AND SEIZURES

WHEN TO REFER?

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic services

- Suspected seizure.
- New diagnosis of epilepsy (suspected or confirmed).
- Frequent seizures, particularly convulsive seizures.
- Planning for pregnancy or pregnancy with epilepsy.
- Advice on, or review of, epilepsy management plan including driving assessment for commercial drivers, changes to medicines, the management of epilepsy with concurrent conditions.

Information to be included in the referral

Information that **must** be provided:

- Onset, characteristics and frequency of seizures.
- If the patient is pregnant.

Provide if available:

- Electroencephalogram results.
- Neuroimaging results.
- Current and complete medication history and recent therapeutic medication levels.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

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

Referral to a public hospital is not appropriate for

Not applicable.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

Epilepsy in adults
Epilepsy in Women and Pregnancy
First seizure in adults

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

- Seizure with:
  - Focal deficit post-ictally
  - Seizure associated with recent trauma
  - Persistent severe headache >1 hour post-ictally
  - Seizure with fever
- Prolonged or recurrent seizure (more than one in 24 hours) with incomplete recovery
- Persisting altered level of consciousness

BACK

FRIEDREICH ATAXIA

Initial GP Work Up

- Confirm molecular diagnosis of Friedreich ataxia
- Accurate clinical assessment and description
- Age at diagnosis (if known)
- Relevant pathology, including recent random blood glucose, HbA1C, fasting lipids (cholesterol), Vitamin D and iron studies
- Recent imaging and/or cardiology reports
- Past medical history
- Current medications
- Adverse reactions

Management Options for GP

N/A

WHEN TO REFER?

Urgent

Recent diagnosis of Friedreich ataxia. Contact A/Professor Louise Corben on **(03) 8341 6228** or louise.corben@mcri.edu.au to discuss referral.

Routine

Long standing > 2 years since diagnosis with Friedreich ataxia. Contact A/Professor Louise Corben on **(03) 8341 6228** or louise.corben@mcri.edu.au to discuss referral.

BACK

GENERAL NEUROLOGY

Initial GP Work Up

- Accurate clinical assessment and description
- Reason for referral
- Duration of symptoms
- Relevant pathology and imaging reports
- Past medical history
- Current medications
- Adverse reactions

Management Options for GP

- Investigation and diagnosis, evaluation and referral at correct level of urgency
- Patients with onset of new or rapid progression within the last 6 months will be given priority over chronic patients.
- If diagnostic imaging has been performed, please ensure the patient brings the images (either on film or CD) to their appointment.

WHEN TO REFER?

Emergency

If neuro-imaging is abnormal, contact the Neurology Registrar on call via (03) 9594 6666 to verify whether acute assessment and intervention is required.

- Headache with ‘alerts’ (see headache)
- Suspected spinal cord compression
- Acute and sudden onset of prominent weakness (Guillain Barre Syndrome)

Urgent

- New onset severe sciatica or brachialgia with pain radiating below the knee or into the hand respectively
- New onset or uncontrolled trigeminal neuralgia
- Brachial neuritis
- Frequent blackouts
- New headache in patients over 50 years of age
- If neuro-imaging is abnormal, contact the Neurology Registrar on call via (03) 9594 6666 to verify whether acute assessment and intervention is required.

Routine

Peripheral neuropathy

BACK

HEADACHE

WHEN TO REFER?

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic services

- Chronic headache with concerning clinical signs
- Concerning features on neuroimaging (excluding age appropriate deep white matter)
- Severe frequent migraine impacting on daily activities (e.g. work, study, school or carer role) despite prophylactic treatment
- Chronic or atypical headache unresponsive to medical management (e.g. cluster headache, trigeminal neuralgia, medication overuse headache).

Information to be included in the referral

Information that **must** be provided:

- Onset, characteristics and frequency of headache
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Any medicines previously tried, duration of trial and effect
- Erythrocyte sedimentation rate and C-reactive protein for patient > 50 years, or if giant cell arteritis or vasculitis suspected
- Details of any previous neurology assessments or opinions.

Provide if available:

- Neuroimaging results
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments

The Summary and referral information lists the information that should be included in a referral request. Where appropriate and available the referral may be directed to an alternative specialist clinic or service

Referral to a public hospital is not appropriate for

- Mild or tension headache
- Untreated typical migraine
- Isolated migraine in patients with an established diagnosis
- Chronic migraine already being managed by a neurologist.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:
Headache in adults

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

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 artheritis (focal neurological symptoms, altered vision, elevated erythrocyte sedimentation rate and C-reactive protein in patients > 50 years of age).

MOVEMENT DISORDERS AND DYSTONIA

WHEN TO REFER?

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic services

• New or progressive tremor, non-essential tremor
• Suspected Parkinson's disease or movement disorder
• Motor or non-motor complications of Parkinson's disease leading to substantial disability.

Information to be included in the referral

Information that **must** be provided:
• History and description of abnormal movements, severity of symptoms and degree of functional impairment.

Provide if available:
• Liver function tests
• Full blood examination
• Thyroid stimulating hormone levels
• Previous investigations (e.g. nerve conduction study, electroencephalogram, CT or MRI of the brain)
.• If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

The referral should note if the request is for a second or subsequent opinion.

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

Referral to a public hospital is not appropriate for

• Movement disorders that have already been assessed and have a current management plan.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

Parkinson's Disease

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:
• Acute onset of a movement disorder e.g. severe ataxia, dystonia, hemiballismus
• Acute dystonic crisis
• Acute akinetic crisis
• Neuroleptic malignant syndrome
• Device-related infection in people with deep brain stimulator implants.

BACK

MULTIPLE SCLEROSIS

Initial GP Work Up

- Accurate clinical assessment and description
- Medical history, including details of rapidly deteriorating neurological deficits or psychosocial issues
- Medications to date
- FBE
- U&E, Creatinine
- LFT's
- Vaccination history
- CT or MRI brain if available – please provide both images and reports

Management Options for GP

N/A

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

Multiple Sclerosis (MS)

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

WHEN TO REFER?

Emergency

Consider IMMEDIATE referral – phone the Neurology Registrar on (03) 9594 6666 for:

- Acute relapse of multiple sclerosis or neuroimmune disease with motor, cerebellar or visual deficit
- Patient with MS or a neuroimmunological condition with a suspected opportunistic infection

Urgent

Evidence of new or enhancing lesions on MRI in patients with MS on disease modifying treatment – refer to Neurology Registrar on call (03) 9594 6666

Routine

Stable multiple sclerosis

BACK

NEURO-OPHTHALMOLOGY

Initial GP Work Up

- Accurate clinical assessment and description
- Medical history
- Past ophthalmological history including any past documented visual acuities
- FBE
- U&E, Creatinine
- ESR
- CRP
- HbA1c if available
- CT or MRI brain and orbit if available – please provide both images and reports

Management Options for GP

N/A

WHEN TO REFER?

Emergency

Consider IMMEDIATE referral – contact the Neurology Registrar on (03) 9594 6666 for:

- Sudden or rapidly progressive loss of vision
- Acute papilloedemia
- Acute double vision
- Acute onset anisocoria (unequal pupil size)

Urgent

- Newly diagnosed papilloedema
- Fluctuating double vision with ptosis
- Unexplained bitemporal hemianopia

Refer to Neurology Registrar on (03) 9594 6666

Routine

- Long standing double vision
- Chronic visual loss

BACK

NEUROPHYSIOLOGY

Initial GP Work Up

- Accurate clinical assessment and description
- Medical history
- Medications, alcohol intake
- Spinal imaging if necessary
- FBE
- U&E, Creatinine
- ESR
- CRP
- HbA1c if available

Management Options for GP

Trial of neuropathic agents for painful peripheral neuropathy

WHEN TO REFER?

Emergency

If symptoms are rapidly progressing, contact the Neurology Registrar on call via (03) 9594 6666 to verify whether acute assessment and intervention is required.

Urgent

- New, progressive symptoms within last 3 months
- New weakness in lower limbs or hands due to unclear cause within 3 months.

Routine

- Peripheral neuropathy
- Carpal tunnel syndrome

BACK

STROKE OR TRANSIENT ISCHAEMIC ATTACK

WHEN TO REFER?

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic services

• Internal carotid stenosis (> 50%) on imaging with symptoms (excluding dizziness alone), more than two weeks after onset of symptoms
• Asymptomatic internal carotid stenosis > 70% on imaging
• An old stroke identified on imaging that has not been previously addressed.

Information to be included in the referral

Information that **must** be provided:
• Timing and severity of symptoms
• Neuroimaging results
• Vascular imaging results
• Current and complete medication history (including non-prescription medicines, herbs and supplements).

Provide if available:
• Full blood examination
• Liver function tests
• Fasting blood glucose level
• Fasting lipid profile
• Any echocardiogram or Holter monitor results
• International normalised ration (INR) > 1.5 in patients taking an anticoagulant medicine
• If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.
Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

• An old stroke identified on imaging that has been previously addressed
• Age appropriate, asymptomatic deep white matter disease or T2-hyperintense lesions
• Chronic vascular risk factors without an acute transient ischaemic attack or stroke
• Primary prevention of vascular risk.

Emergency

Direct to an emergency department for:
• Transient ischaemic attack(s) in last 48 hours
• Multiple or recurrent transient ischaemic attack episodes in the last seven days
• Amaurosis fugax in last 48 hours
• Persistent neurological deficit.

Immediately contact the neurology registrar to arrange an urgent neurology assessment for:
• Transient ischaemic attack(s) that has occurred more than 48 hours ago and within the last two weeks

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:
Stroke and Transient Ischaemic Attack (TIA)

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

BACK

MOTOR WEAKNESS OR PARAESTHESIA

WHEN TO REFER?

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic services

- Focal neuropathy or plexopathy of unclear cause
- Suspected peripheral neuropathy
- Persistent, unexplained sensory symptoms
- Suspected or confirmed multiple sclerosis
- Suspected or confirmed motor neurone disease.

Information to be included in the referral

Information that **must** be provided:

- History of symptoms, including distribution and timing
- Current and previous imaging results
- Details of any previous neurology assessments or opinions.

Provide if available:

- Examination findings
- Any nerve conduction study results
- Full blood examination
- Liver function tests
- Fasting blood glucose level
- Erythrocyte sedimentation rate and C-reactive protein
- Thyroid stimulating hormone levels
- Vitamin B12 and folate test results
- Anti-double-stranded DNA test
- Protein electrophoresis of serum
- Syphilis, Hepatitis B, Hepatitis C or HIV results
- If symptoms are thought to be linked to probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Referrals for confirmed carpel tunnel syndrome should be directed to a surgical service.

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

Referral to a public hospital is not appropriate for

Not applicable.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:
Peripheral Neuropathy
Motor Neurone Disease

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

Emergency

Direct to an emergency department for:

- Rapidly progressive neurological symptoms leading to weakness or imbalance.

VERTIGO (NEUROLOGY)

WHEN TO REFER?

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic services

- Chronic or episodic vertigo (e.g. suspected vestibular migraine)
- Vertigo with other neurological symptoms.

Information to be included in the referral

Information that **must** be provided:

- Onset, duration, characteristics and frequency of vertigo and associated symptoms.

Provide if available:

- Results of diagnostic audiology assessment
- Neuroimaging results
- Details of any previous neurology assessments or opinions
- Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre
- Probable or confirmed SARS CoV-2 (COVID-19) infection or Long COVID .

Description of any of the following:

- Functional impact of vertigo
- Any associated otological or neurological symptoms
- Any previous diagnosis of vertigo (attach correspondence)
- Any treatments (medication and other) previously tried, duration of trial and effect
- Any previous investigations or imaging results
- Hearing or balance symptoms
- History of middle ear disease or surgery.

History of any of the following:

- Cardiovascular problems
- Neck problems
- Neurological
- Auto immune conditions
- Eye problems
- Previous head injury.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Note: there are also cardiology statewide referral criteria for Syncope or pre-syncope and ENT statewide referral criteria for Vertigo.

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

Continued over page

Emergency

Direct to an emergency department for:

- Sudden onset debilitating vertigo where the patient is unsteady on their feet or unable to walk without assistance
- Sudden onset vertigo with other neurological signs or symptoms (e.g. dysphasia, hemiparesis, diplopia, facial weakness)
- Barotrauma with sudden onset vertigo.

VERTIGO (NEUROLOGY) Continued

Referral to a public hospital is not appropriate for

- Patients with mild or brief orthostatic dizziness
- Dizziness due to a medicine, hypoglycaemia or chronic fatigue syndrome.

SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

Vertigo (Dizziness)

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

BACK