REFERRAL CHEAT SHEET

#1: BEFORE YOU CALL

1. Sit down and have notes in front of you
2. **HAVE YOU EXAMINED THE PATIENT?**
3. Locate **MOST RECENT obs / bloods/ imaging (relevant)**
4. Are they known to any specialist? (cardiologist, endocrinologist)
5. Work out your 1-line question of **WHY you are calling** (consult/advice? Review? Admission? Take over care?)
6. Additional relevant points
7. Obtain reg/consultant's name from switch to know who you are talking to
8. Be kind, say thank you and always make the patient's health/safety at the forefront

#2: OPENING LINE

"Hi, sorry to trouble you, my name is Jonathan, one of the [insert team/position]. I'm calling to [refer/consult] a patient who I think has developed new AF. Would now be a good time"

"Hi, sorry to trouble you, my name is Jonathan, one of the [insert team/position]. I know this will not be the best consult but I have been told by my consultant to do so"

GENERAL MEDICINE

- **DO NOT MISS: things you can actually fix!!! + sepsis**
- Presenting complaint
- Relevant PMHx
- Rx so far and response
- SHx i.e. ADLs
- Care limits (ARP status)

CARDIOLOGY

- **DO NOT MISS = any ACS, broad complex tachycardia , HF, APO**
- **Reason**: ECG review, meds (rate-control, anti-coags, titrate CCF meds), PCI
- Known to cardiologist
- Past ECG, ECHOs, Angiograms, Ca score
- **CV RF:** age, sex, smoker, alcohol, FHx, MetSyn (DM, HC, BMI),
- Sig. PMHx = Rheumatic, CKD, Portal HTN, congenital HD, CMP
- **Ix =** BP, BMI, FBC, EUC, troponin, BSL, lipids, CXR, ECG
- **Mx** = so far + response (e.g. GTN, diuresis, anti-coags)
- E.g. *Please davise on Mx of new AF w/ CHADS-VASC ≥2 and recurrent falls. Should we start anti-coag?*

RESPIRATORY

- **DO NOT MISS = PE, PTX, ARDS, APO**
- Haem stable vs unstable
- **Resp RF:** Smoker, occupation, cancer, autoimmune
- Current FiO2 status
- **Previous results** - CXR, LFTs (spiroemtry), CT chests, bronchoscopies
- **Known to resp. physician**
- **Current meds =** *regular inhaler, inhaler techniques*
- Social = carer limits (on CPAP/BiPAP)
- **Exam** = position, SOB, wheeze/stridor, crackles,
- **Ix** = FBC, EUC, CRP, VBG, troponin, d-dimer, Sputum M/C/S, viral PCR/multiplex, CXR, CT chest

ENDOCRINOLOGY

- **DO NOT MISS = DKA/HHS, Pituitary apoplexy, Addisonian crisis, thyroid storm**
- *New vs old hypo/hyperglycemia*
- *Meds: home vs current Rx*
- *nutrition status (BMI)*
- **DM** = type, meds, BSL, HbA1C trends
- **Thyroid** = exam, TFT, meds
- **Cortisol** = unwell, Hx of adrenal, pit disorder/autoimmune, postural BP
- **HypoNa** - trend, paired Na/osmo, wt trend
- Ix = BSL - QID if eating or Q4-6hrly if NBM
- Ix = BMI, BP, FBC, EUC, LFT, BSL, HbA1C

RENAL

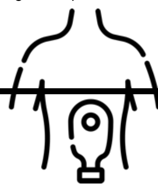
- **DO NOT MISS = pyelonephritis, AKI**
- **Weight**
- **Baseline** - EUC, eGFR, Cr vs current
- Paired Urine /serumNa and osmolality
- Ix = UA, bladder scan, EUC
- **Past results** = CTKUB, renal USS
- **Dialysis (yes/no)** --> type, days per week? last visit?
- Hydration status (urine output)
  - how much given? weight?
- **AKI** = pre-renal (hypovol), renal (meds, GN, DM), post-renal (obstruction)
- **SIADH** = post-op, malignancy, sepsis, stroke

NEUROLOGY/STROKE

- **DO NOT MISS = stroke**
- Stroke call VS non-stroke call [ALL ABOUT THE STORY!!}
- Current GCS, FND (vision, hearing, facial droop, sensory / motor weakness)
- **TIMING** = sudden vs gradual. New vs old
- **Prodrome** = LOC, fall, limb weakness, post-infect
  - unilateral vs bilateral
  - focal vs segmental vs generalised
- **Ix** = CTB (old vs new), MRI, LP, WCC, CRP, LFT
- **Meds** = current anti-coag/anti-plts
- **Neuro exam findings** (GCS,/FND*/cauda) *dysphagia, aphasia, blind, deaf, paralysed, tingling

STOMAs = "continuity with the skin"

1) Colour + remove stoma (*pass **blood test tube w/ KY jelly → shine bright light***)
2) Perfusion – use thin needle (slow = no bleed = dead stoma = sepsis → ED OT)
3) Volume (high output?)
4) Take photo
5) Electrolyte & Fluid status → 0.9%NS + 20mM KCl + 10mM MgSO4 (or Hartmann's) to prevent arrythmia
6) Potato chips, gummy lollies → thicken output
7) Last resort = loperamide, codeine



DRAINS

1) **Purpose** = remove or characterise fluid (*e.g. haemoserous = good, blood = bleeding, bile = biliary tract issue, pus = infection)*
2) **Types** = open (belovac) vs closed | active (suction, -ve pressure)) vs passive
3) **Volume (over past 24 hrs)** = How much? Trend?
   a. **Reduced → obstructed, incorrectly placed**
4) **Colour /consistency** – *haemoserous = good, yellow, green (bile leak), brown/faeculent (bowel injury)*

	5) **Systemic signs –** peritonism, septic signs, disproportionate pain

INFECTIOUS DISEASES

- **DO NOT MISS = sepsis, implant infection**

- Known or unknown febrile illness/ infection
- Haem stable?
- WCC, CRP trend , results from any septic screen (CXR, Blood cultures, urine M/C/S, viral swab)
  - MRSA +ve, VCE, MRGN status, ESBL +ve
- current and previous Abx
- Last fever
- known allergies
- ?HIV positive (CD4 count, are they on ART?)
- RF: Recent travel, IVDU, sick contact, prosthetics

- nb: always chart Vancomycin 11am and 11pm after phlebotomist to get Vancomycin trough levels

ACUTE PAIN SERVICE

- **DO NOT MISS** = disproportion pain, **compartment syn, peritonism, aortic dissection, ischaemic bowel, STEMI**

- SOCRATES
- Acute vs chronic + context (post-op, chronic)
- Current regime (what has been tried before)
- underlying disese + control (RA/DM)
- Known renal or hepatic failure
- opioid naive vs tolerant
- "aberrant behaviour" = self-escalation of opioids, doctor shopping, drug mixing

Pharmacy

- **DO NOT MISS = incorrect dosing, dugr error, drug omission/changes**

- **Repeat** Med Reconciliation
- AVOID external scripts
- report ADRs
- Narrow TI drugs = APINCH (highest mortality assoc. with anti-coagulants)

GASTROENTEROLOGY

- **DO NOT MISS = hepatic enceph, ACUTE abdomen**

- **Hepatobiliary (hepatitis, cholangitis)**
  - RF: tattoo/IVDU/Overseas travel,/hep B.C
  - Child-pugh, EtOH hx, new meds/herbals
  - **Hepatitis - viral** (hep A/B/C), **autoimmune** (AMA = PBC, ANA, Ig level), **ischaemiac (VBG), other** (Fe, A1AT, Cu, blood film)

- **luminal (obstruction, perforation)**
  - GI bleed - hydration status, BP, HR
  - Fasting status
  - malaena / haematemesis (UGIB) vs PR bleed
  - RF = EtOH, hep b/C/HIV, NSAID, cirrhosis, overseas travel, sick contacts, RECENT Abx

RHEUMATOLOGY

- **DO NOT MISS** = GCA, anything unusual, spetic arthritis, LBP

- Age
- known Rheum (gout, RA, GCA, mech. jt)
- **PPt factors** (trauma, fall, AKI, acute illness)
- **# of joints** (mono, oligo, poly)
- symmetrical vs asymmetrical
- **previous Ix +**
- **current medication regime**

- **Exam -** *pulsatile temporal artery, LL weakness*
- **Ix = FBC, EUC, CMP, CRP, LFT, Urate (BC x2 + urine M/C/S, CXR if +++CRP)**
- **Joint aspirate**
- **Autoimmune (ANA, ANCA)**

OPHTHALMOLOGY

- **DO NOT MISS** =, acute angle closure glaucoma, retinal detachment, retinal artery/vein occlusion, HTN retinopathy

- **Age**
- **HPS** - vision loss (L/R/BOTH, central vs peri) red eye (inflam, trauma, photophobia, cellulitis)
  pain - headache, trauma, ache
  diplopia - mono/binocular
  flasher / floater - previous retinal teat, FHX, recent trauma
- **PMHx** - lazy eye, contact lens, eye drops DM, HTN, IHD, Stroke, AF, CT/inflammation
- **Exam** - acuity, peripheral field, movements, slit-lamp (25% fluorescein dye - abrasions, foreign body, HSV)
- **Obtain recent letters**

ICU

- **DO NOT MISS = cardiac support (vasopressors, inotropes), resp. support (NIPPV), dialysis, Neuro Obs**

- ICU criteria (major)
  - invasive mechanical ventilatoin
  - septic shock + vasopressor
- ICU criteria (minor)
  - RR > 30
  - BUN > 20
  - WCC < 4
  - Plt < 100
  - Hypothermia
  - ↓GCS or confused/agitated

- Timing of last stable assessment
- Resus efforts so far
- Vitals + Ix = FBC, EUC, VBG, BSL, BC x2

RADIOLOGY

- **DO NOT MISS** = *Ask your boss to clarify indication for imaging*

- Reason and urgency of imaging (Will it change Mx?)
  - Haem stable
  - Justify reason = HPC, Bg, DDx
  - Relevant exam findings
- Renal Fxn (eGFR, CR, knwon CKD)
- Allergies:
-
- **What do you need to do?**
- PIVC location + size
- CONSENT form signed?

GERIATRICS

- **DO NOT MISS = sepsis, delirium**

- Reason for consult: ACAT approval (arrange w/ allied health early), prolonged delirium, capacity assesment, medical Mx, Dx and Mx of cognitive impairment
- Age
- Known to geriatrician
- Disposition (asssess fratilty & support) = home, aged care, rehab, NH
- Check: pain, retention, infection source
- Meds
- Ix = MMSE, MOCA (cognitive baseline), RUDAS, ACE-III
- **Delirium screen** = FBC, EUC, LFT, TFT, BSL, Fe studies, B12, folate, vit D, urine M/C/S and CXR

HAEM/ONC

- **DO NOT MISS = Neutropenic sepsis, new CA, SVC obstruction, malignant hyperCa, SC compression, acute pain crisis**
- stable?
- **known dx + consultant** = stage/grade/when dx/ curative vs palliative intent
- **letters, thinners, chemo regime**
- **current vs past Rx (cycle # and what up to)**
- **ECOG status (0-5 = dead)**
- **Previous therapy complications**
  - *NON-neutropenic fever*
  - *chemo/RT-related = anaemia, ↓plt, severe N/V, oesophagitis, mucositis, proctitis,*
  - *acute pain crisis*
  - *gen decline = UWL, anorexia, dehydrated, EUC*
  - *Other = SBO/LBO, ileus, PE, ascites, APO, obstructive uropathy*

PALLIATIVE CARE

- **DO NOT MISS** = *"has my boss told patient about involvement of palliative care team"*

- Brief disease summary
- current / proposed Rx
- **social disposition** (home situation, carers, familiy dynamics / conflicts)
  - *What has family been told?*
- capacity to make decisions - ACD, enduring guardian, POA
- involvement of allied health ?

- **Current symptoms**
- **Exam** = SOB arrythmia, BO, LUTS, Pain
- **Ix** = latest imaging, eGFR, oncology (biopsy) results

DERMATOLOGY

- **DO NOT MISS** = Cancer (SCC, BCC, Melanoma), SJS, TEN, erythema multiform, anaphylaxis
  - **TAKE A PHOTO!**
- Demographic + Age
- PMHx/FHx of melanoma/non-melanoma cancers
- Context - post-op, recent new drug
- **Exam**
  - Assymetry - Border - Colour - Diameter - Evolving
  - Texture / consistency
  - Morphology (polymorph, annular, circular, targetoid, FLAT/RAISED, FLUID FILLED)
  - Location (diffuse, isolated)
  - Distribution (acral, widespread, dermatomal, linear)
  - Other - erosions, pruritic,/excoriations
  - Ix = skin swab (M/C/S, PCR), Scraping (mycology), WCC - eosiniophils

PAEDIATRICS

- **DO NOT MISS = Febrile child, quiet child, malnutrition**

- **Reason** = refer for severe bronchiolitis, croup, FUO, sepsis, poor PO intake
- **Age + gender** (corrected age)
- **How sick?** (alert, breathing, colour, decreased fluid intake)
- **BINDS**
  - birth history
  - Immunocompromised/ immunisied
  - nutrition (feeding / output)
  - development
  - social (main carers)
- **PMHx** = known congenital, metabolic dx, oncology
- **Ix** = wt, ht, vitals, resp exam, UA

OB/GYN

- **DO NOT MISS = ectopic, abruption, PPH, ovarian torsion, miscarraige, cyst rupture**

- Gx Py
- GA (if preganant)
- present issue
- last PO intake (if operation needed)

- **Main Ix**
- USS - abdo vs TVUS
- b-HCG - urine
- Hb (if bleeding)
- Urine - dipstick and M/C/S
- Speculum exam

PSYCHIATRY

- **DO NOT MISS = MH act 2007 (scheduled) , breached CTO, drug intoxication, medical causes**

- Safe vs unsafe
- Name, age, URN, Ax, reason
- Known previous Dx + psychiatrist (Anx/dep/BPAD/Schiz)
- Known meds

- Possible triggers / stressors
- **Exclude medical causes** (delirium, thyroid storm, hypoglycemia, pain, retention)
- **Ix =** FBC, EUC (Na - SSRI or AKI), ECG (↑QT, arrhythmia), urine drug screen, UA and serum level (Li, clozapine, Na valproate)
- **Basic** MSE, 4-AT

GENERAL SURGERY

- **DO NOT MISS = Acute abdomen** (*obstruction, perforation, ischaemia, cholangitis, peritonism*)

- **urgency**: bleeding/ischaemia, haem unstable
- **if post-op comp.?** - location, stoma/drain output, peritonism
- Previous abdo surgeries & When?
- Last meal
- Last BO / flatus / vomit
- Imaging results
- Ix: DRE, PV, troponin, CXR, FBC, **VBG (lactate)**
- **Mx given**: NBM, NGT, IVF, IV ABx, analgesia, anti-emetics

ENT

- **DO NOT MISS = Quinsy , oropharyngeal cancer, button battery FB**

- Airway status (*stridor, FB, bleeding*)
- Immunosuppressed
- smoker
- anti-coag / anti-plt meds?

- **Ear** = pain, aural d/c, hearing loss, vertigo (otoscopy, tuning fork)
- **Nose** = facial pain, rhinorrhea, nasal obstruction (CT paranasal, anterior rhinoscopy)
- **Throat** = SOB, voice change, dysphagia, smoking (lateral airway XR, CT neck, oral cavity exam)

CARDIOTHORACICS

- **DO NOT MISS = CABG, multi-trauma, tamponade, haemothorax, T-PTX**

- **Urgency**: Haem stable vs unstable
- **Last meds** = anti-plt, anti-coag, anti-HTN
- **Previous Ix** = ECHO (EF, valve stenosis vs regurg), CTA
- **CI to surgery** = adv. co-morbidities (esp. ckd, cirrhosis, cancer, metastatic Ca.)
- **Social** - independence, frailty, support
- **Exam** - CV, Resp, LL - signs of HF
- **Ix** - ECG, echo, FBC, EUC, LFT, Coags, carotid duplex (if > 70yo, preious iHD, stroke)
- **Consider F.U** - D/c Destination,

NEUROSURGERY

- **DO NOT MISS = SAH/SDH/EDH, cerebral mass, cauda equina**

- Urgency
- GCS / AMS
- Mechanism of injury
- Neuro exam - Cranial nerves, UL, LL - motor, sensory
  - unilateral vs bilateral
- **Previous imaging** - CTB, MRI

ORTHOPAEDICS

- **DO NOT MISS = septic joint, open fracture**

- key injuries
- mechanism of injury
- co-morbidities
- skin integrity
- sensation
- pulses
- X-ray
- SHx / pre-morbid function

VASCULAR SURGERY

- **DO NOT MISS = AAA dissection, DVT,**

- Suspected vascular pathology
- Sx, duration
- Co - morbidites = DM, smoker, obese, IHD, stroke
- Past vascular surgeries - varicose veins, stents
- Meds = anti-coags, anti-HTN
- Exam = pulses, sensationm motor response, ulcers, palpable aneurysms
- Ix - FBC, EUC, Coags, G + H, duplex USS

UROLOGY

- **DO NOT MISS = Post-renal AKI, urosepsis**

- size + location of stone
- Pain level
- febrile?
- EUC + urine M/C/S
- PMHx: previous stones, stents
- ?IDC in-stu

Speech Pathologist

- **Refer Early**
- Assess, Dx, Mx -
  - swallow = oropharyngeal dysphasia
  - (dysarthria) speech = communication
  - voice = voice disorders
  - intake = use of thickened fluids

- Ax Hx = current chest status, diet/fluid restrictions (NBM), speech
- PMHx = neuro, resp, head and neck ink/condition (esp. cancers)
- acute stroke pathway = ASSIST Swallow screen
- recent Imaging / ix --> CTB/ MRI/CXR/Scope

SOCIAL WORK

- Refer early
- imminent death (end of life care), MH concerns, abuse, trauma, DV, safety at tisk

- Urgency of R/V = ?cognitve impaired, confused? (acute vs chronic)
- Pt = independent/dependent & living situation (carer, home, NH, support)
- MH concerns, abuse, trauma, children involved
- POA, enduring guardianship, ACD, DNT, MOLST