



REFERRAL GUIDELINES

Infectious Disease Clinic

Head of Clinic: Peter Kelly

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: **FAX 9788 1879.**

Clinic overview:

The Infectious Disease Outpatients Clinic sees patients with : General infectious diseases, hospital acquired infections, orthopaedic infections, travel-related infectious, viral hepatitis, HIV

- **Should COVID-19 be suspected, please refer to the PH Information for General Practitioners webpage for up to date information including: COVID-19 updates ,Post Covid -19 Recovery and Rehabilitation Clinic ,Community Health :post Covid-19 Recovery Program**
- **For urgent triage cases it is best to contact the Infectious Disease Registrar via the switchboard 9784 7777 and the case can be discussed with the on-call ID consultant**

Specific Referral Information Required:

Please note, referral cannot be processed if minimum information is missing

- Referral addressed to named practitioner:
- Referring practitioner name, provider number and signature.
- Date of referral
- Referral must indicate the period for which the referral is valid
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigation e.g Pathology or Imaging as below

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Majoree Sehu

PROGRAM DIRECTOR
Gary Braun

ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: May 2023



REFERRAL GUIDELINES

Infectious Disease Clinic

Categories for Appointment :

	Clinical Description	Timeframe
Emergency	<ul style="list-style-type: none"> • Acute jaundice /cholangitis/suspected pancreas cancer • If meningococcal infection is suspected (eg fever, petechial rash) administer Ceftriaxone IM (if no allergy) • If bacterial meningitis suspected • Tuberculosis - If signs of bacterial or viral infection • Severe cellulitis or necrotising skin and soft tissue infections (temperature >38°C or less than 36°C, rigors, heart rate >90bpm, other systemic features). • Acutely unwell patient with new HIV diagnosis – call Infectious Diseases Registrar via switch 9784 7777 for urgent assessment • Lower RTI- Features of sepsis / hypoxaemia • Acute Diarrhoea If intravenous rehydration is required or suspected sepsis. • Patients with complications of acute diarrhoea e.g. dehydration and hypotension. • If signs of clinical instability refer immediately to the Emergency Department. • Fever/pyrexia If rigors 	Immediately via Emergency Department

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Majoree Sehu

PROGRAM DIRECTOR
Gary Braun

ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: May 2023



REFERRAL GUIDELINES

Infectious Disease Clinic

Category 1 Urgent	Active untreated infection or recently commenced treatment requiring urgent review <ul style="list-style-type: none"> • Newly diagnosed HIV infection • Imaging suggestions cavitation or other changes suggestive of active Tuberculosis/erculosis, <i>Mycobacterium ulcerans</i> 	14 - 28 days
Category 2 Routine	All other cases related to an infectious disease	28-56 days

Additional Clinical Information for Specific Conditions:

General Infectious diseases:

Skin and soft tissue infections:

Clinical History:

- History of travel, animal, occupational contacts
- Seek history of medication and bites
- Vaccination history
- History of any antimicrobial hypersensitivities and intolerances
- History of any prior post-operative infections
- History of previous infections with *Staphylococcus aureus* and/or other Multi[1]resistant microorganisms

Investigations:

- Swab of purulent discharge
- FBE □U&Es
- Relevant microbiology results (swabs, tissue, aspirates)

Fever/pyrexia of unknown origin

Clinical History:

- Medical history
- History of travel, animal contacts and recent sexual contacts
- Seek history of medication and bites

Investigations:

- FBE, LFTs, U+E, Cr, Blood cultures
- If vesicular rash, swab for herpes virus PCR
- Syphilis Serology as appropriate

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Majoree Sehu

PROGRAM DIRECTOR
Gary Braun

ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: May 2023



REFERRAL GUIDELINES

Infectious Disease Clinic

Diarrhoea

Clinical History:

- Recent diet history
- Travel history

Investigations:

- Faeces for M&C ,Faeces for ova, cysts and parasites
,Cryptosporidium stain Faecal fats
- Thyroid function.

Jaundice

Clinical History:

- History of travel and vaccinations
- right upper quadrant pain
- medications/toxin/drug exposures
- exposure to viral Hepatitis
- Gallstone pain medications
- Treatment history

Investigations:

- LFTs, liver related autoantibodies , Fe studies ,Cu studies , FBE, Haemolytic screen
- Serology for Hep BsAg, Hep A IgM, IgG, Hep C antibody , EBV , CMV
- Upper GIT USS, Consider CT pancreas protocol for pancreatic lesion

Tuberculosis & Microbacterial Infections e.g. Extrapulmonary

Tuberculosis ,Bairnsdale Ulcer,Mycobacterium Avium Complex

Leprosy

Clinical history :

- Travel history (especially in high risk ce areas)and past exposure
- Information regarding immunosuppression, including future planned therapy, which may cause immunosuppression.

Investigations :

- FBE, LFTs, U+E, Cr , Blood cultures
- Swab of purulent discharge ,Serology as appropriate presentation
- Consider any TB contacts, sputum for AFB, M & C
- Relevant microbiology results (Quantiferon (iGRAS) or Mantoux test)

Fever and a rash

Clinical History:

- History of travel, animal contacts and recent sexual contacts
- Seek history of medication and bites, Vaccination history

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Majoree Sehu

PROGRAM DIRECTOR
Gary Braun

ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: May 2023



REFERRAL GUIDELINES

Infectious Disease Clinic

Investigations:

- FBE, LFTs Blood cultures , U+E, Cr
- If vesicular rash, swab for herpes virus PCR Syphilis serology ,Serology as appropriate to risks above
- Swab of purulent discharge

Hospital acquired infections /Diabetic foot infection

Clinical History:

- Severe cellulitis or necrotising skin and soft tissue infections
- History of any prior post-operative infections
- History of any antimicrobial hypersensitivities and intolerances
- History of previous infections with *Staphylococcus aureus* and/or other Multi[1]resistant microorganisms

Investigations:

- Relevant microbiology results (swabs, tissue, aspirates)
- FBE CRP, ESR U&Es LFT

Travel Related Infection

Clinical History:

- History of travel, animal contacts
- Seek history of medication and bites
- Vaccination history

Investigations:

- Blood cultures (typhoid), FBE, LFTs, U+E, Cr , Serology: Dengue, Hepatitis A
- Thick and thin film and ICT for malaria ,CXR ,Urine M&C , Faeces M&C

Hepatitis

Clinical History:

- Symptomatic illness,Treatment history ,History of travel, right upper quadrant pain
- medications/toxin/drug exposures, exposure to viral Hepatitis

Investigations:

- LFTs FBE, Haemolytic screen Serology for HepBsAg, HepA IgM, HepA IgG, Hep C antibody,liver biopsy result if performed ,
- HIV Antibody test result Upper GIT Ultrasound Scan, Ultrasound and fibroscan for hepatitis (if available)

HIV

Clinical History:

- Establish HIV-Reason for referral e.g. complications/subspecialty clinic
- History of AIDS-defining illness

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Majoree Sehu

PROGRAM DIRECTOR
Gary Braun

ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: May 2023



REFERRAL GUIDELINES

Infectious Disease Clinic

- Treatment history including Antiretroviral therapy
- Current medication list, CD4 cell count and HIV viral load

Investigations:

- Symptomatic illness i.e. constitutional symptoms or organ specific symptoms
- Copy of HIV antibody test result and Western blot
- If available: CD4 count, FBE, U&Es, LFTs, Viral load, Hepatitis screen.
- HIV genotype o HLA B57 ,Sexually transmitted infection testing

Sexually transmitted infection

Clinical History:

- STI history

Investigations:

- M,C & S swab of discharge ,Serology of syphilis, HIV , Urine for Chlamydia, gonococcal PCR

Eligibility Criteria:

- Referred by doctor

Any infectious disease requiring review: General infectious diseases, hospital acquired infections, orthopaedic infections, travel-related infectious, HIV, viral hepatitis

Clinic Information:

- General Infectious Disease Clinic
- Weekly ID clinic – Wednesday 1300 – 1700
- Outpatients Department-Integrated Health Centre-Hastings Road, Frankston
- Phone: 9784 2600 Fax:9788 1879
- Electronic referrals preferred

Exclusions:

- Paediatric patients
- Sexual health issues (eg: HPV infection)
- BCG vaccination

Alternative referral options:

- Monash Medical Centre Infectious Diseases Unit
- Viral hepatitis – gastroenterology outpatients or private clinic
- Private specialists

Urgent cases please page Infectious Disease registrar via Switchboard 9784 7777

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Majoree Sehu

PROGRAM DIRECTOR
Gary Braun

ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Reviewed: May 2023