



# REFERRAL GUIDELINES

## Respiratory Infectious Diseases Clinic

### Head of Unit: **Prof David Langton**

**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**

**Please Note:** The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received, the patient is notified by mail of the date and time of their appointment.

### Clinic overview:

This clinic is for the assessment, management and follow-up of infective pulmonary diseases. Clinical problems appropriate for referral include but are not limited to the following:

- Recurrent lower respiratory tract infections/pneumonia
- Review following recent hospitalisation for severe or complex bacterial pneumonia
- Review following recent hospitalisation for severe COVID with associated pulmonary complications (eg persistent changes on CT)
- Fungal pneumonia
- Viral pneumonitis
- Organising pneumonia post infection

### Categories for Appointment

	<b>Clinical Description</b>	<b>Timeframe for Appt</b>
<b>Category 1 Urgent</b>	Persistent acute symptoms that require specialist management, without evidence of respiratory distress, hypoxia or haemodynamic compromise	4-6 weeks
<b>Category 2 Routine</b>	Follow-up of patients post discharge	6 -12 weeks

### **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

#### **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

#### **HEAD OF UNIT**

Prof David Langton

#### **PROGRAM DIRECTOR**

Dr. Gary Braun

#### **ENQUIRIES**

03 9784 7058

Reviewed: 21/10/2022



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## Respiratory Infectious Diseases Clinic

<b>Emergency</b>	Acutely unwell patients with hypoxia, respiratory distress or possible sepsis	Patient should be referred to the Emergency Department
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### Eligibility Criteria

Residents of Peninsula Health catchment area

### Please attach to referral:

- Recent results from blood tests, sputum testing, chest imaging

### Exclusions

- < 18 years of age
- Long COVID – please note, this is not the service for management of symptoms related to Long-COVID syndrome

### Alternative referral options

Private services

### Minimum Referral Information Required

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

- Referring practitioner name, provider number and signature
- Date of referral
- 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

### Clinic information

Wednesday 13:00 -15:30 (every 6 weeks)  
Frankston Outpatients area 1

- Fax referral 03 9788 1879
- Phone 03 9784 7058

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