

# NEUROLOGY

## National Referral Guidelines

### SPECIFIC NEUROLOGY REFERRAL LETTER GUIDELINES

Referrals should include the reason for referral:

- Evolution: ? Relapsing, Deteriorating
- Relevant Physical Signs
- Has the patient been seen at this clinic before?
- When?
- By whom

## National Access Criteria for First Specialist Assessment (ACA)

**Category Definitions :** These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

- |                  |   |
|------------------|---|
| 1. Immediate     | - requires admission to an acute facility as soon as possible |
| 2. Urgent        | - within 1 week   |
| 3. Semi - Urgent | - within 8 weeks  |
| 4. Routine       | - within 24 weeks   |

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

*Access criteria that determine prioritisation primarily on the referral diagnosis have their limitations and this is acknowledged. For those referrals in which the referring doctor has not been able to make a confident diagnosis it may be difficult, or impossible, to apply these ACA criteria. It is therefore stressed that these are guidelines only and that clinical judgement must be applied in all cases in which they are used.*

### NATIONAL REFERRAL GUIDELINES : NEUROLOGY

Category	Criteria	Examples (not an exhaustive list)
1. Immediate	<ul style="list-style-type: none"> <li>• Sudden onset life threatening conditions</li> <li>• Loss of consciousness/signs of raised intracranial pressure</li> <li>• Rapidly evolving paralysis (any cause) with or without respiratory difficulty</li> <li>• Progressive paralysis with recent loss or disturbance of sphincter function.</li> </ul>	<ul style="list-style-type: none"> <li>• Subarachnoid Haemorrhage</li> <li>• Space occupying lesions, encephalitis</li> <li>• Spinal cord lesions, myasthenia gravis, Guillain Barre syndrome</li> <li>• Spinal cord compression/cauda equina syndrome</li> <li>• Meningitis</li> <li>• Stroke</li> </ul>
2. Urgent	<ul style="list-style-type: none"> <li>• Rapidly evolving or episodic neurological dysfunction with a potential for serious neurological impairment. (usually over days to weeks)</li> <li>• Signs or suspicion of raised intracranial pressure but normal function</li> <li>• Neurological symptoms during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Paralysis due to any cause</li> <li>• Serial TIAs</li> <li>• Deteriorating seizure control</li> <li>• Papilloedema/focal neurological disturbance including cognitive</li> </ul>
3. Semi - Urgent	<ul style="list-style-type: none"> <li>• Progressive loss of neurological function (slower rate than 2)</li> <li>• Poorly controlled neurological pain</li> </ul>	<ul style="list-style-type: none"> <li>• 1st seizure</li> <li>• Symptoms suggestive of Multiple sclerosis, neuropathy, myopathy, motor neurone disease etc.</li> <li>• Trigeminal neuralgia</li> </ul>

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Category	Criteria	Examples (not an exhaustive list)
4. Routine	<ul style="list-style-type: none"> <li>Chronic neurodegenerative disorders acquired or inherited. (Slow rate of progression or long history = years)</li> <li>Diagnostic or management issues</li> </ul>	<ul style="list-style-type: none"> <li>Dementias</li> <li>extrapyramidal syndrome i.e. Parkinson's Disease</li> <li>Ataxias</li> <li>Tremor</li> <li>Muscular dystrophies and myopathies and neuropathies</li> <li>Previously diagnosed conditions such as migraine, second opinion and reports</li> </ul>

**Notes:**

- Paediatric Neurology is normally dealt with by Paediatricians with referral to paediatric neurologists as appropriate.*
- Patients with conditions requiring immediate treatment, such as suspected bacterial meningitis, subarachnoid haemorrhage, encephalitis, stupor and coma, status epilepticus, rapid development of paraplegia or quadraplegia, sudden severe headache, disabling stroke, myasthenia crisis should be referred to an acute facility for admission*
- Patient social and economic circumstances may, in some instances, influence their categorisation*