

Far West Local Health District

Broken Hill Urology Services

Referral framework description

|  |  |
| --- | --- |
| **All referral will be assessed by a visiting Urology physician at their next scheduled visit. Please contact the urologist directly for urgent reviews.** **During normal working hours, our urology physician is happy to discuss any referrals.** | **Send referral to…** **Broken Hill Outpatient Service**  FWLHD-OutpatientServices@health.nsw.gov.au**Fax referral** to 08 8087 3689 |

**Name of Clinical Department**

* Urology Outpatients Clinic

**Indications for specialist referral**

* Haematuria

**Referral information required**

* Name and patient demographic
* Diagnosis
* History and Physical Examination
* Pertinent Past illness, surgery and FH of Malignancy
* Pertinent investigation results
* Medication List and allergies

**Investigations required**

* Renal CT scan or US
* MSU
* Urine cytology X 3
* EUC/FBC

**Initial management**

* No initial management for haematuria

 **‘Red Flag’ items**

* Anaemia
* Hypotension

**How to access care in the event of a ‘red flag’**

* Direct Number:0400 559 440
* Email: tania.hossack@health.nsw.gov.au

**Please fax referral to**

BHBH Outpatients Clinic fax: 08 8087 3689

BHBH Outpatients Clinic phone: 08 8080 1421

**Other Information**

Patients will be fast tracked for cystoscopy