

Far West Local Health District

Broken Hill Urology Service

Referral framework description

|  |  |
| --- | --- |
| **All referrals 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 visiting 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**

* Recurrent Urinary Tract Infections

**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 & allergies

**Investigations required**

* Renal US or a Renal CT scan
* MSU (multiple confirming infection and at least two tests when symptoms free
* EUC, FBC

**Initial management**

* Three months of Cranberry tablets, probiotics (L rhamnosus/L reuter) and d-mannose 1 g/day

 **‘Red Flag’ items**

* Acute Pain Management
* Treatment of acute symptomatic UTI

**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 08 8087 3689

**Other Information**