

Far West Local Health District

Broken Hill Urology Service

Referral framework description

|  |  |
| --- | --- |
| **All referrals will be assessed by our 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**

* Urinary Retention

**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**

* Pertinent investigation results

**Initial management**

* Commence patient on an alpha blocker (tamsulosin/silodenosin, doudart)
* Repeat trial of void
* If patient fails trial of void, patient will be fast tracked for a TURP (please indicate on referral if any anaesthetic issues or on blood thinners)

 **‘Red Flag’ items**

* On blood thinners

**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

**Other Information**