

This guide was developed by a working group of pain medicine physicians, other related specialists, general practitioners, nursing and allied health representatives and should be considered in conjunction with Queensland Health's Outpatient Services Implementation Standard<sup>1</sup>.

## Screening Guidelines

These are a guide to assist practitioners establish referral suitability. Persistent Pain Management Services will determine appropriateness of referrals on a case by case basis.

### Patients should:

- Have persistent pain with disability and / or psychosocial issues relating to pain
- Have persistent pain that has been fully investigated
- Be referred to the Persistent Pain Management Service (PPMS) by their General Practitioner, medical or surgical specialist
- Have a General Practitioner prepared to work closely with the PPMS to provide ongoing management

### Patients should not:

- Have unstable, non-therapeutic drug dependence without concurrent treatment by a Drug and Alcohol Specialist
- Have an active, untreated mental health condition
- Be undergoing treatment from other specialist services for the same pain problem without mutual awareness and agreement of cross referral by both teams

### Patients who may not benefit include those:

- With cognitive impairment that prevents understanding of treatment and management goals (unless adequate support from carer +/- social support network)
- Accepted under a WorkCover claim or actively involved in litigation, who should be considered for alternate pathways
- That have been seen by another PPMS within the last twelve months
- Where there is a clear statement by a PPMS that there are no further therapeutic options

## Referral Guidelines

### Referral validity duration:

- Persistent Pain Management Services are consultative and time-limited. 'Indefinite' referrals will not be accepted.
- Referrals from a specialist or internal consultant are valid for three (3) months from the initial outpatient consultation.

- Referrals from a General Practitioner are valid for twelve (12) months from the initial outpatient consultation.
- Persistent Pain Management Services aim to discharge the patient within this twelve (12) month timeframe with a Pain Management Plan.

### Reason for referral:

Referrers should provide information including, but not limited to:

- Date of injury / onset of pain
- Mechanism of injury (if applicable)
- History of treatment for pain
- Past analgesia / medication trialled for pain condition

### Patient clinical history:

Please provide information including, but not limited to:

- Relevant medical and surgical history
- History of alcohol / substance abuse and / or medication misuse history
- History of opiates / drugs of dependence for greater than eight weeks
- Psychological stressors / psychiatric history / cognitive function
- Assessments by other persistent pain service providers and / or other specialist services including psychiatry / psychology / Alcohol Tobacco and Other Drug Services (ATODS)

### Recent investigations / test results:

Specialist Reports / Summaries / Investigations relevant to the patient's pain condition and psychological status are required prior to entry into the service, please ensure these are attached.

In relation to specific pain types, *where relevant* please provide the following:

### Back Pain

- Orthopaedic or neurosurgery review / report
- Relevant diagnostic imaging: CT / MRI / Other

### Headaches / Cranial Nerve Pain

- Recent neurology report
- Relevant diagnostic imaging: CT / MRI / Other

<sup>1</sup> Outpatient Services Implementation Standard QH-IMP-300-1:2010, version no.10, effective from: 25/11/2010.

## Referral Guidelines *continued*

### Musculoskeletal Pain / Osteoporosis / Chronic High Dose Opioids

- Vitamin D, Ionised calcium, Magnesium
- Bone Mineral Density

### Neuropathic Pain

- Nerve conduction studies where relevant
- B12, Folate
- HbA1c (if diabetic)

### To ensure the accurate categorisation of your patient's referral please provide as much information as possible.

If the PPMS deem that the referral is incomplete or contains insufficient information it may be returned. You and your patient will be notified of this in writing, as the facility is unable to clinically categorise and place the patient on an appropriate wait list until this information is received.

You will receive advice that your patient has been placed on the waiting list once a referral has been accepted and categorised. Please maintain clinical supervision of your patient's condition prior to the initial consultation with the Persistent Pain Management Service. Please notify the Outpatient Department of any significant change in their condition.

### Use of urgency categories

Clinical urgency categories have been defined for use in Outpatient Services undertaken in Queensland public hospitals. These categories along with a patient questionnaire in some instances will be used by Persistent Pain Management Services to triage and prioritise referrals.

#### Category 1:

- I Appointment within thirty (30) days is desirable; AND
- II Condition has the potential to require more complex or emergent care if assessment is delayed; AND
- III Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

#### Category 2:

- I Appointment within ninety (90) days is desirable; AND
- II Condition has potential to require more complex care if assessment is delayed; AND
- III Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

#### Category 3:

- I Appointment within 365 days desirable; AND
- II Condition is unlikely to deteriorate quickly; AND
- III Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

### GP Contact:

Pain of any duration where GP - PPMS contact may be all that is required to make an immediate difference to the patient's quality of life and improved medical condition (i.e. medication / diagnostic / general advice). Please indicate on the referral if you would like the PPMS to consider this option.

Referrals should be sent via local e-Referral process, mail or fax directed to the appropriate PPMS based on service catchment areas. Where no local e-Referral process exists, the statewide PPMS referral template is preferred. Referrals should be directed to the PPMS Director or principal pain medicine physician in the relevant service.

### North Queensland Persistent Pain Management Service

The Townsville Hospital  
100 Angus Smith Drive  
PO Box 670, Douglas Qld 4814  
Phone: (07) 4796 2218 | Fax: (07) 4796 2223

### Sunshine Coast Persistent Pain Management Service

Private Surgical Suites, Level 1, Block 6  
Nambour General Hospital  
PO Box 547, Nambour Qld 4560  
Phone: (07) 5470 6933 | Fax: (07) 5470 6873

### Metro North Persistent Pain Management Service

The Professor Tess Cramond Multidisciplinary Pain Centre  
Level 4, Dr James Mayne Building  
The Royal Brisbane and Women's Hospital,  
Herston Qld 4029  
Phone: (07) 3636 6141 | Fax: (07) 3636 6142

### Metro South Persistent Pain Management Service

Chronic Pain Clinic, Outpatients Department, Ground Floor C  
Princess Alexandra Hospital, Woolloongabba Qld 4102  
Phone: (07) 3176 5900 | Fax: (07) 3176 7474

### Gold Coast Persistent Pain Management Service

Suite 3, Campus Alpha  
2 Investigator Drive, Robina Qld 4226  
Phone: (07) 5668 6825 | Fax: (07) 5680 9539

**For further information about Persistent Pain Management Services and the Statewide Persistent Pain Health Services Strategy, visit: [www.health.qld.gov.au/persistentpain/](http://www.health.qld.gov.au/persistentpain/) or email: [persistentpain@health.qld.gov.au](mailto:persistentpain@health.qld.gov.au)**

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