CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED

All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria

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Aortic aneurysm	• Present or suspected acute aortic dissection • Present or suspected ruptured abdominal aortic aneurysm or thoracic aortic aneurysm • Present or suspected symptomatic abdominal aortic aneurysm or thoracic aortic aneurysm (e.g. abdominal pain or back pain)	• Abdominal aortic aneurysm >4.0 cm diameter measure • Descending thoracic aortic aneurysm > 5.0cm diameter measure • Rapid abdominal aortic aneurysm expansion (>1.0cm diameter growth per year)	**Mandatory** • Current and previous imaging results	N/A

The Royal Melbourne Hospital

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Carotid artery disease	• Transient ischaemic attack(s) in last 48 hours • Multiple or recurrent transient ischaemic attack episodes in the last 7 days • Amaurosis fugax in last 48 hours • Symptomatic internal carotid stenosis (>50% on imaging) within 2 weeks of symptoms	• Internal carotid stenosis (>50%) on imaging with symptoms (excluding dizziness alone) more than 2 weeks after onset of symptoms • Asymptomatic internal carotid stenosis >70% on imaging • Carotid body tumour	**Mandatory** • Symptoms • Timing of symptoms • Current and previous imaging results	• Asymptomatic internal carotid stenosis <70% on imaging • Isolated external carotid artery stenosis

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Deep vein thrombosis (DVT)	• Present or suspected acute iliofemoral or supra inguinal deep vein thrombosis • Present or suspected acute axillary or subclavian vein thrombosis	• Post thrombotic syndrome • Symptomatic chronic iliofemoral venous obstruction • Iliac vein compression syndrome (May-Thurner syndrome)	**Mandatory** • History of DVT • Symptoms • History of previous surgery **Desired** • Current and previous imaging results • Thrombophilia testing	N/A

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High risk foot ulcers/Sepsis/ Ischaemia	• Sepsis or acutely unwell due to foot infection • Critical lower limb ischaemia with necrosis, pain or ulceration • Suspected acute limb ischaemic-**especially when emphasis not on acute/severe level of ischaemia** • Rapidly deteriorating ulceration or necrosis • Suspected foreign body in the foot	• Non healing foot ulceration present for more than one month with no reduction in size despite medical management • Red hot swollen foot (active Charcot foot) • Foot osteomyelitis with ulceration • Chronic ischaemic signs and symptoms of the lower limb with foot ulceration • Neuropathic symptoms associated with deranged function and structure	**Mandatory** • History of diabetes (eg year of onset, type) • Current medication list including any antibiotics • Wound history and location • Current management • Recent HbA1c and creatinine blood test • Recent vascular imaging (if available) **Desired** • Medical history • Recent pathology tests including wound swabs • X-rays or other imaging • Current podiatry treatment	Referrals should be directed to the High risk foot clinic **first not** Vascular surgery

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All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
Hyperhidrosis	N/A	• Referrals for hyperhidrosis should not be made to this service	• N/A	Referrals should be directed to Dermatology
Lymphoedema	N/A	• Referrals for lymphoedema should not be made to this service	• N/A	Referrals should be directed to a multidisciplinary lymphoedema service (eg St Vincents)
Non-healing or chronic lower leg ulcers	• Sepsis or acutely unwell due to infection • Critical lower limb ischaemia with necrosis, pain or ulceration • Suspected acute limb ischaemia • Rapidly deteriorating ulceration or necrosis	• Non healing ulceration present for more than one month with no reduction in size despite medical management • Chronic ischaemic sign and symptoms with ulceration • Excessively painful ulcers	**Mandatory** • Current medication list including any antibiotics • Wound history and location • Current management including dressings being used • Recent wound swabs if invasive infection • Recent vascular imaging **Desired** • Medical history • Recent pathology tests • X-rays or other imaging • Current podiatry treatment	Referral should be directed to a lower leg ulcer service **first e.g. Chronic wound clinic at RMH**

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All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
Varicose veins	• Ascending thrombophlebitis within 7 cm of the saphenofemoral junction • Significant haemorrhage from varicose vein	• Symptomatic varicose vein with a CEAP* classification of C3, C4, C5 or C6. E.g. varicose veins with these characteristics: ○ Pigmentation, eczema, lipodermatosclerosi, atrophie blanche ○ Healed venous ulcer ○ Active venous ulcer	**Mandatory** • Symptoms **Desired** • Current and previous imaging results	CEAP classification of C0, C1 or C2 e.g. • No visible or palpable signs of venous disease • Telangiectasis or reticular veins • Varicose veins Cosmetic veins in patients greater than 16 years old Spider veins in patients greater than 16 years old