

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

<p>Pain that requires complex medication management</p>	<ul style="list-style-type: none"> • Rapidly progressive neurological symptoms leading to weakness or imbalance • Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) • Central nervous system, autonomic and neuromuscular symptoms suggestive of serotonin syndrome • Symptoms of respiratory depression, unconsciousness and pupillary miosis suggestive of opioid toxicity. 	<p>The person has been identified as having high-risk circumstances through SafeScript (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) with both:</p> <ul style="list-style-type: none"> • persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role • open to exploring living well with pain and learning to self-manage ongoing pain. 	<p>Mandatory</p> <ul style="list-style-type: none"> • Pain history: onset, location, nature of pain and duration • Psychological status and cognitive function • Details of previous pain management including the course of treatment(s) and outcome of treatment(s) • Comprehensive past medical history • History of alcohol, recreational or injectable drugs, or prescription medicine misuse • Current and complete medication history (including non-prescription medicines, herbs and supplements) • Details of any current behaviours that may 	<ul style="list-style-type: none"> • Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain • Patients currently undertaking another chronic pain management program • Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness
--	---	--	---	---

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)</p> <p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment • Psychiatric history • If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD) • Results of previous investigations • If the person has previously completed a chronic pain 	<p>to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> • Patients who only want an intervention such as an injection or dry needling • Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services
--	--	--	--	---

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			management program and if so the provider of the program <ul style="list-style-type: none"> If the person is part of a <u>vulnerable population</u> - see notes for definition 	
Persistent or chronic neuropathic pain	<ul style="list-style-type: none"> Rapidly progressive neurological symptoms leading to weakness or imbalance Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p>	Neuropathic pain related to any of the following: <ul style="list-style-type: none"> post-herpetic neuralgia trigeminal neuralgia peripheral nerve injury (e.g. brachial plexopathy) peripheral neuropathies (e.g. diabetic neuropathy) multiple sclerosis spinal cord injury post-stroke complex regional pain syndrome <p>with <u>all of the following</u>:</p>	Mandatory <ul style="list-style-type: none"> Pain history: onset, location, nature of pain and duration Psychological status and cognitive function If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD) Details of previous pain management including the course of treatment(s) and outcome of treatment(s) 	<ul style="list-style-type: none"> Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain Patients currently undertaking another chronic pain management program Patients that have already completed a multidisciplinary, comprehensive chronic pain

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

	Facial shingles with eye involvement	<ul style="list-style-type: none"> persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role adequate trial of treatment in previous 12 months (exercise and analgesia) at risk of functional or psychological deterioration, or medication dependence willing to explore living well with pain and is willing to learn to self-manage ongoing pain 	<ul style="list-style-type: none"> Comprehensive past medical history History of alcohol, recreational or injectable drugs, or prescription medicine misuse Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desirable</p> <ul style="list-style-type: none"> Details of functional impairment Psychiatric history Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol 	<p>management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> Patients who only want an intervention such as an injection or dry needling Patients who want to receive services as a compensable patient should not be referred to health service that only provides
--	--------------------------------------	---	---	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>intake, cognition issues, reliance on a carer, mental health issues)</p> <ul style="list-style-type: none"> • If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript • Results of previous investigations (e.g. nerve conduction studies, HbA1c, aetiology of peripheral neuropathy) • If the person has previously completed a chronic pain management program and if so the provider of the program • If a medication review or assessment is required 	publicly funded services
--	--	--	---	--------------------------

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<ul style="list-style-type: none"> If the person is part of a <u>vulnerable population</u>- <i>see notes for definition</i> 	
Persistent or chronic pain in cancer survivors	<ul style="list-style-type: none"> Rapidly progressive neurological symptoms leading to weakness or imbalance. Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) Suspected systemic infection 	Persistent or chronic pain following cancer treatment (e.g. chemotherapy-induced peripheral neuropathy, abdominal visceral pain, neural injury) <u>with all of the following</u> : <ul style="list-style-type: none"> > 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role ongoing or escalating analgesia needs despite adequate trial of treatment in previous 3 months (exercise and analgesia) adequate trial of treatment (exercise and analgesia) at risk of functional or psychological 	Mandatory <ul style="list-style-type: none"> pain history: onset, location, nature of pain and duration Details of surgery, chemotherapy or radiotherapy treatment that may have caused the pain Psychological status and cognitive function Details of previous pain management including the course of treatment(s) and outcome of treatment(s) Comprehensive past medical history History of alcohol, recreational or injectable 	<ul style="list-style-type: none"> Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain Patients currently receiving treatment for cancer Patients currently undertaking another chronic pain management program Patients that have already completed a multidisciplinary, comprehensive chronic pain

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

		<p>deterioration, or medication dependence</p> <ul style="list-style-type: none"> • willing to explore living well with pain and is willing to learn to self-manage ongoing pain 	<p>drugs, or prescription medicine misuse</p> <ul style="list-style-type: none"> • Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment • Psychiatric history • If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD) • Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, 	<p>management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> • Patients who only want an intervention such as an injection or dry needling • Patients who want to receive services as a compensable patient should not be referred to health service that only provides
--	--	---	---	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>reliance on a carer, mental health issues)</p> <ul style="list-style-type: none"> • If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript • Results of previous investigations • If the person has previously completed a chronic pain management program and if so the provider of the program • If a medication review or assessment is required • If the person is part of a <u>vulnerable population</u>- <i>see notes for definition</i> 	<p>publicly funded services</p>
--	--	--	--	---------------------------------

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

<p>Persistent or chronic pain in post-surgical or post-traumatic patients</p>	<ul style="list-style-type: none"> • Rapidly progressive neurological symptoms leading to weakness or imbalance • Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) • Suspected systemic infection. 	<ul style="list-style-type: none"> • Rapidly progressive neurological symptoms leading to weakness or imbalance • Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) • Suspected systemic infection. 	<p>Mandatory</p> <ul style="list-style-type: none"> • Pain history: onset, location, nature of pain and duration • Details of surgery or trauma (date and where surgery / treatment was supplied) • Psychological status and cognitive function • Details of previous pain management including the course of treatment(s) and outcome of treatment(s) • Comprehensive past medical history • History of alcohol, recreational or injectable drugs, or prescription medicine misuse • Current and complete medication history (including non- 	<ul style="list-style-type: none"> • Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain • Patients currently undertaking another chronic pain management program • Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness
--	--	--	---	---

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p style="text-align: center;">prescription medicines, herbs and supplements)</p> <p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment • Psychiatric history • If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD) • Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues) • If the person has been identified as having high- 	<p style="text-align: center;">to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> • Patients who only want an intervention such as an injection or dry needling • Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services
--	--	--	---	---

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript</p> <ul style="list-style-type: none"> • Results of previous investigations • If the person has previously completed a chronic pain management program and if so the provider of the program • If a medication review or assessment is required • If the person is part of a <u>vulnerable population</u>- <i>see notes for definition</i> 	
Persistent or chronic primary pain	<ul style="list-style-type: none"> • Rapidly progressive neurological symptoms leading to 	All of the following:	Mandatory	<ul style="list-style-type: none"> • Patients that are currently not willing to explore

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

	<p>weakness or imbalance</p> <ul style="list-style-type: none"> Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) <p>Arrange and urgent pain assessment for:</p> <ul style="list-style-type: none"> Patients with a previous trauma or injury with suspected stage one Complex Regional Pain Syndrome (CRPS) 	<ul style="list-style-type: none"> persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role multiple presentations for exacerbations of pain despite adequate treatment in previous 12 months (exercise and analgesia) at risk of functional or psychological deterioration, or medication dependence willing to explore living well with pain and is willing to learn to self-manage ongoing pain 	<ul style="list-style-type: none"> Pain history: onset, location, nature of pain and duration Psychological status and cognitive function Details of previous pain management including the course of treatment(s) and outcome of treatment(s) Comprehensive past medical history History of alcohol, recreational or injectable drugs, or prescription medicine misuse Current and complete medication history (including non-prescription medicines, herbs and supplements) 	<p>living well with pain and not willing to learn to self-manage ongoing pain</p> <ul style="list-style-type: none"> Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain Patients currently undertaking another chronic pain management program Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same
--	---	---	---	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment • Psychiatric history • Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues) • If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript 	<p>identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> • Patients who only want an intervention such as an injection or dry needling • Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services
--	--	--	---	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<ul style="list-style-type: none"> • Results of previous investigations • If the person has previously completed a chronic pain management program and if so the provider of the program • If a medication review or assessment is required • If the person is part of a <u>vulnerable population</u>-<i>see notes for definition</i> 	
Persistent or chronic secondary headache or orofacial pain	<ul style="list-style-type: none"> • Headache with: <ul style="list-style-type: none"> ○ sudden onset or thunderclap headache ○ severe headache with signs of systemic illness (fever, neck stiffness, 	Persistent or chronic secondary headache or orofacial pain with all of the following: <ul style="list-style-type: none"> • > 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role 	Mandatory <ul style="list-style-type: none"> • Onset, characteristics and frequency of headache • Details of any previous neurology assessments or opinions • Psychological status and cognitive function • Details of previous pain management including 	<ul style="list-style-type: none"> • Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain • Patients with mild or tension headaches or

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

	<p>vomiting, confusion, drowsiness, dehydration)</p> <ul style="list-style-type: none"> ○ severe disabling headache ○ severe headache associated with recent head trauma. <ul style="list-style-type: none"> • Headache suggesting temporal arteritis (focal neurological symptoms, altered vision, elevated erythrocyte sedimentation rate and C-reactive protein in patients > 50 years of age). 	<ul style="list-style-type: none"> • adequate trial of treatment in previous 12 months (exercise and analgesia) • at risk of functional or psychological deterioration, or medication dependence • willing to explore living well with pain and is willing to learn to self-manage ongoing pain 	<p>the course of treatment(s) and outcome of treatment(s)</p> <ul style="list-style-type: none"> • Comprehensive past medical history • History of alcohol, recreational or injectable drugs, or prescription medicine misuse • Current and complete medication history (including non-prescription medicines, herbs and supplements). <p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment • Psychiatric history • Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program 	<p>untreated typical migraine</p> <ul style="list-style-type: none"> • Patients already referred to another pain service for the assessment, or treatment of, the identifiable cause of pain • Patients currently undertaking another chronic pain management program • Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms,
--	--	--	--	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>(e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues)</p> <ul style="list-style-type: none"> • If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript • Results of previous investigations (e.g. neuroimaging results) • If the person has previously completed a chronic pain management program and if so the provider of the program • If a medication review or assessment is required 	<p>or their readiness to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> • Patients who only want an intervention such as an injection or dry needling • Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services
--	--	--	--	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<ul style="list-style-type: none"> If the person is part of a <u>vulnerable population</u>- <i>see notes for definition</i> 	
<p>Persistent or chronic secondary musculo-skeletal pain</p>	<ul style="list-style-type: none"> Rapidly progressive neurological symptoms leading to weakness or imbalance Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) Fever with acutely painful, hot, swollen joint(s) 	<ul style="list-style-type: none"> Pain that has been described as musculoskeletal in nature with all of the following: <ul style="list-style-type: none"> persistent or chronic pain (> 3 months duration) with symptoms that impact on daily activities including impact on work, study, school or carer role adequate trial of treatment in previous 12 	<p>Mandatory</p> <ul style="list-style-type: none"> Pain history: onset, location, nature of pain and duration Psychological status and cognitive function Details of previous pain management including the course of treatment(s) and outcome of treatment(s) Comprehensive past medical history History of alcohol, recreational or injectable drugs, or prescription medicine misuse 	<ul style="list-style-type: none"> Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain Patients already referred to another service for the assessment, or treatment of, the identifiable cause of pain Patients currently undertaking

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

		<ul style="list-style-type: none"> ○ months (exercise and analgesia) ○ at risk of functional or psychological deterioration, or medication dependence • willing to explore living well with pain and is willing to learn to self-manage ongoing pain 	<ul style="list-style-type: none"> • Current and complete medication history (including non-prescription medicines, herbs and supplements) <p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment. • Psychiatric history • If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD) • Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, 	<p>another chronic pain management program</p> <ul style="list-style-type: none"> • Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged • Patients who only want an intervention such as an injection or dry needling
--	--	---	--	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p>reliance on a carer, mental health issues)</p> <ul style="list-style-type: none"> • If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript • Results of previous investigations. • If the person has previously completed a chronic pain management program and if so the provider of the program. • If a medication review or assessment is required. • If the person is part of a <u>vulnerable population</u>- <i>see notes for definition</i> 	<ul style="list-style-type: none"> • Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services
--	--	--	---	---

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

<p>Persistent or chronic visceral pain</p>	<ul style="list-style-type: none"> • Rapidly progressive neurological symptoms leading to weakness or imbalance • Suspected cauda equina syndrome (e.g. leg weakness, loss of bowel or bladder control) • Suspected systemic infection 	<p>Persistent or chronic visceral pain with all of the following:</p> <ul style="list-style-type: none"> • > 3 months duration with symptoms that impact on daily activities including impact on work, study, school or carer role • adequate trial of treatment in previous 12 months (exercise and analgesia) • at risk of functional or psychological deterioration or medication dependence <p>willing to explore living well with pain and is willing to learn to self-manage ongoing pain</p>	<p>Mandatory</p> <ul style="list-style-type: none"> • Pain history: onset, location, nature of pain and duration • Physical examination findings • Psychological status and cognitive function • Details of previous pain management including the course of treatment(s) and outcome of treatment(s) • Comprehensive past medical history • History of alcohol, recreational or injectable drugs, or prescription medicine misuse • Current and complete medication history (including non- 	<ul style="list-style-type: none"> • Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain • Patients already referred to another service for the assessment, or treatment of, the identifiable cause of pain • Patients currently undertaking another chronic pain management program • Patients that have already completed a multidisciplinary, comprehensive chronic pain
---	---	---	--	---

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<p style="text-align: center;">prescription medicines, herbs and supplements)</p> <p>Desirable</p> <ul style="list-style-type: none"> • Details of functional impairment • Psychiatric history • If the person has symptoms of, or have been diagnosed with, post-traumatic stress disorder (PTSD) • Details of any current behaviours that may impact on the person’s ability to participate in a chronic pain management program (e.g. behaviours of concern, level of alcohol intake, cognition issues, reliance on a carer, mental health issues) 	<p style="text-align: center;">management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged</p> <ul style="list-style-type: none"> • Patients who only want an intervention such as an injection or dry needling • Patients who want to receive services as a compensable patient should not be referred to health service that only provides
--	--	--	--	--

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

			<ul style="list-style-type: none"> • If the person has been identified as having high-risk circumstances (multiple provider episodes, high-risk drug combinations, or opioid dose threshold) through SafeScript • Results of previous investigations • If the person has previously completed a chronic pain management program and if so the provider of the program • If a medication review or assessment is required • If the person is part of a <u>vulnerable population</u>-<i>see notes for definition</i> 	publicly funded services
--	--	--	---	--------------------------

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

Additional information:

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission or WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

Additional information:

The Health Independence Program chronic pain service is a multidisciplinary service focused on exploring how to self-manage to live well with the presence of persistent or chronic pain. These referral criteria identify the patients most likely to benefit from this type of intensive service. A different service should be considered for patients who do not meet these referral criteria. Patients that only require procedures or medical interventions (e.g. nerve blocks) should be referred to an acute pain clinic.

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through the Transport Accident Commission of WorkSafe).

Vulnerable populations include

- people from culturally and linguistically diverse backgrounds
- older Australians
- carers of people with chronic conditions
- people experiencing socio-economic disadvantage
- people living in remote, or rural and regional locations
- people with a disability
- people with mental illness
- people who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

STATEWIDE REFERRAL CRITERIA – CHRONIC PAIN

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

Referral to a public hospital health independence program service is not appropriate for

- Patients that are currently not willing to explore living well with pain and not willing to learn to self-manage ongoing pain
- Patients currently receiving treatment for cancer
- Patients currently undertaking another chronic pain management program
- Patients that have already completed a multidisciplinary, comprehensive chronic pain management program or service for the same identifiable cause of pain where their clinical symptoms, or their readiness to undertake a chronic pain management program, remains unchanged
- Patients who only want an intervention such as an injection or dry needling
- Patients who want to receive services as a compensable patient should not be referred to health service that only provides publicly funded services.