

Stroke Rehabilitation Clinic Referral Guideline



Austin Health Stroke Rehab Unit holds weekly multidisciplinary meetings with Health Independence programs to discuss and plan the treatment of stroke survivors.

Department of Health clinical urgency categories for specialist clinics					
<p>For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.</p> <p>Direct the patient to the Emergency Department for the following reasons:</p> <ul style="list-style-type: none"> • New, sudden onset stroke symptoms, face, arm or speech (FAST) changes. • Seizures. 					
<p>Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen within 30 days of referral receipt.</p>					
<p>Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.</p>					
<p>Exclusions: Stroke Rehabilitation Unit does not provide the following services:</p> <ul style="list-style-type: none"> • Children under 16 years 					
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>Any person who has had a recent stroke that has caused a reduction in their usual function.</p> <p>People living closer to another health service may be directed to that service.</p> <p>People living with long term disability from a stroke may be referred to the Disability service clinic.</p>	<p>When to Refer: During or shortly after acute care for a stroke.</p> <p>Previous treatment already tried: If your patient has been discharged from outpatient rehabilitation elsewhere, referral to this clinic may not result in more therapy being offered.</p>	<p>To be included in referral</p> <ul style="list-style-type: none"> • Reason for Referral • Clinical history • Medication list <p>Imaging – if acute stroke care was not at Austin.</p> <p>Diagnostics – if acute stroke care was not at Austin.</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: High level of disability as a result of a recent stroke.</p> <p>Routine: Mild to moderate level of disability.</p>	<ul style="list-style-type: none"> • Assessment and management of common stroke sequelae such as fatigue and cognitive change. • Referrals to outpatient therapy, including OT driving assessor. • Assistance with return to work advice and certification. • Securing patient/family confidence of 	<p>Patients can be seen until their recovery has plateaued.</p> <p>If ongoing disability management is needed they can be referred to the Disability service clinic.</p>

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				understanding and self care	