

Hawera Hospital: Rural Hospital Medicine Department Guidelines for Referral for South Taranaki patients

Note: Rural Hospital Medicine (RHM) Department at Hawera Hospital includes both the Hawera Emergency Department and the Hawera Inpatient Ward.

Referrals to Hawera Hospital include patients that are likely to require admission to the Hawera Inpatient (HIP) ward or that require stabilisation, further treatment or a period of observation in Hawera ED that cannot be delivered in Primary Care.

Patients requiring Specialty Services at Taranaki Base Hospital, should be referred, and transported directly from the community.

For critically unwell patients that require an ambulance transfer to Base Hospital, consider transfer directly from GP by emergency ambulance or transfer to Hawera ED for further clinical support prior to ambulance transfer.

Hawera Hospital does not have CT imaging capabilities on-site.

Diagnosis/symptom sets and specialty service:

Condition	Symptoms/diagnosis	Specialty
Abdominal Pain	Gastroenteritis, pyelonephritis, UTI and other undifferentiated abdominal pain needing work-up prior to surgical referral Proven ureteric stone requiring admission Gynaecological cause or due to confirmed pregnancy	RHM - Hawera Urology O & G
Acute Arthritis	Suspected septic arthritis Gout or rheumatological condition	Orthopaedics RHM - Hawera
Anaemia	If complicating a pre-existing condition or a non-GIT source of bleeding (e.g. epistaxis or vaginal bleeding) If suspected occult GIT blood loss or of unknown cause and requiring admission	Relevant service General medicine – Base Hospital
Back Pain	Acute injury or cord compression Osteoporotic collapse without instability, pain secondary to metastases. Acute musculoskeletal pain requiring admission Chronic musculoskeletal pain known to the pain service at Base Hospital	Orthopaedics RHM - Hawera RHM - Hawera Orthopaedics or General Medical??
Cellulitis/Soft tissue infection	Mastoiditis, pharyngeal infections, sinusitis requiring hospital admission Abscesses that threaten the airway including Ludwig's angina Bone or joint including overlying a joint, over or potentially associated with a prosthesis, infected bursitis Orbital and periorbital cellulitis Dental abscess/infections Scrotal cellulitis or abscess Vulval cellulitis and abscess All other patients/locations These will be SURGICAL, unless patient's medical co-morbidities are considered "unstable" and would, on their own merits (in the absence of any cellulitis) warrant an acute medical admission, then it would seem appropriate to admit such a patient under the medical service.	ENT (refer to ORL pathway if actual ENT surgeon not on call locally) Orthopaedics or RHM - Hawera Ophthalmology Dental Urology O&G General Surgery

Hawera Hospital: Rural Hospital Medicine Department Guidelines for Referral for South Taranaki patients

	Condition	Comorbidity	Admitting service	Consulting service		
	cellulitis	none				
	cellulitis	stable				
	cellulitis	unstable	medical	surgery		
	Mild cellulitis	unstable	medical	surgery		
Chest Pain	Trauma, traumatic PTX, oesophageal perforation All other patients				General Surgery RHM - Hawera	
Collapse/Falls	Patients who have a medical cause of falls (seizure, syncope, possible arrhythmia etc) Unable to mobilise because of severe pain after and injury or mechanical fall or trauma (with or without a fracture) – unless they have a concurrent active medical problem requiring inpatient management				RHM - Hawera	
Constipation	Severe enough to result in impaction with overflow or urinary retention. If associated with significant abdominal pain – adult patients are likely to need a CT to exclude other surgical pathologies.				RHM - Hawera	
COPD/Asthma					RHM - Hawera	
Delirium	Patients with delirium due to an identified surgical specialty cause should be admitted under that surgical service Delirium of uncertain cause or caused by a medical condition appropriate to General Medicine				Relevant service RHM - Hawera	
DVT (but no PE)	If significant co-morbidities and unsuitable for outpatient Rx With critical limbs ischaemia to consider thrombolysis or if high saphenous clot to consider ligation				RHM - Hawera Vascular surgery	
Diverticulitis					General surgery	
Elderly at risk	If the patient has a medical condition that has been (or highly likely to be) destabilized because of a presenting Orthopaedic/Surgical complaint then it would be appropriate for that patient to be admitted under RHM – Hawera after they are cleared by Orthopaedics/Surgery.				RHM - Hawera	
Facial fractures					Maxillo-facial surgery – initial discussion is with Dental surgeon on call	
GI bleeding	Upper and lower GI bleeding				General surgery	
Heart failure					RHM - Hawera	
Hepatitis/Liver failure					General medicine – Base	
Hypertension	Pre-eclamptic All other patients				O&G RHM - Hawera	
Inflammatory Bowel Dis.	Obstruction, perforation, undifferentiated pain New diagnosis or flare of known IBD with no concern of acute surgical complications				General surgery General medicine – Base	
Ischaemic limb					Vascular surgery	
Ischaemic colitis					General surgery	
Paediatric patients (<16 years)	Depending on dx/cause identified for patients >24 months old All other patients and all patients <24 months old or any paediatrics patients requiring admission Patients requiring a longer period of treatment and observation in ED that may or may not require admission				Relevant service General paediatrics - Base RHM - Hawera	
Palliative care	New patients, or no Hospice bed avail. (Hospice have asked to be informed of all their patients who present to ED)				RHM - Hawera	
Pancreatitis					General surgery	

Hawera Hospital: Rural Hospital Medicine Department Guidelines for Referral for South Taranaki patients

Pregnancy**	Depending on dx/ cause if identified **notify O&G of all obstetric patients admitted with a significant illness or injury	Relevant service at Base Hospital
Psychosis, depression, mood disorder and disordered behaviour	Organic or uncertain cause Acute or chronic psychiatric condition	Relevant service Psychiatry
Pulmonary embolism (+/- DVT)	Requiring CTPA	General medicine - Base
Pneumonia		RHM - Hawera
Prostatitis		Urology
Pyelonephritis/ UTI	With ureteric stone All other patients requiring admission	Urology RHM - Hawera
Renal failure	Known to renal service +/- on dialysis or severe renal failure All other patients	General medicine - Base RHM - Hawera
Stroke/TIA/ICH	ICH possibly amenable to intervention (requires CT imaging) ICH due to trauma with admission required while awaiting N/S review or transfer All other patients (i.e.: atraumatic ICH patients not for N/S intervention or while awaiting transfer for N/S review)	Neurosurgery or ED - Base General surgery General medicine - Base
Suicidal attempt		Psychiatry once medically and/or surgically cleared Otherwise appropriate service
Seizure	Depending on dx or cause if identified (eg. – post traumatic, eclamptic etc) All other seizures requiring admission and if likely imaging required Known epileptic with seizure requiring admission (no imaging required)	Relevant service General medicine – Base RHM - Hawera
Strangulation	With laryngeal injury Hypoxic brain injury	ENT (See ENT pathway if local ENT surgeon not on call) General medicine - Base
Trauma	Single system injury, even with other minor injuries that can be managed by consultation All other patients	RHM – Hawera General surgery
Urological devices and post urological surgery related complications		Urology

Examples of appropriate patients to HIP

- Acute decompensated heart failure – once stabilised in the Emergency Department
- Stable NSTEMI patients who are unlikely candidates for angiography
- Common infections (COPD/pneumonia/urosepsis) unlikely to require escalation to Base ICU
- Cellulitis not responding to outpatient oral or IV treatment.
- Acute diabetic management in adult patients (excluding moderate-severe DKA)
- Surgical presentations not requiring operative intervention *in consultation with the surgical team*: e.g. sub-acute bowel obstruction for conservative management; mild pancreatitis; stable mild lower GI bleed.

Hawera Hospital: Rural Hospital Medicine Department Guidelines for Referral for South Taranaki patients

- Stable oncology patients including neutropenic sepsis – in consultation with the oncology/haematology team.
- Orthopaedic injuries not requiring operative intervention causing physical and functional impairment.
- Patients requiring palliative cares after an acute or terminal event.

Examples of Inappropriate patients to HIP

- Critically unwell patients requiring ICU
- Complex infections or infections potentially threatening airway
- Unstable cardiac or STEMI/thrombolysed patients – consider transfer to Waikato directly
- NSTEMI patients who are likely candidates for angiography – transfer to Base General Medicine
- Acute Stroke – all patients should be referred to the Base Acute Stroke Team (through General Medicine)
- Acute surgical problems that may require operative or specialist surgical intervention.
- Moderate-High risk GI bleeds that require inpatient endoscopy
- Patients with moderate-severe DKA
- Unwell patients known to the renal team or on dialysis – need consultation
- All paediatric patients
- All patients with obstetric problems
- Acute multi-trauma patients
- Unstable drug overdose and acute mental health patients
- Alcohol or drug detoxification as sole reason for admission