Government of South Australia
SA Health

REFERRAL GUIDE TO ADULT AND PAEDIATRIC PAIN MANAGEMENT UNITS

There are three publicly funded multi-disciplinary chronic pain services in SA providing expert assessment, advice, treatment and access to a range of interventions and self management based 'Pain Programmes' from a bio psychosocial perspective. The services are time-limited and require a named referral from a medical practitioner with a provider number.
This is a guide to assist practitioners to navigate the referral system and establish suitability of the referral. Once received, referrals will be assessed and prioritized by the Pain Service.

Indications for referral to a Pain Service

- Consider referral when the patient has **persistent pain*** and;
- all reasonable investigations have been completed;
- reasonable and accessible management in the primary care sector has been tried with insufficient success;
- pain has significant impact on some aspects of life – sleep, self care, mobility, work or school attendance, recreation, relationships and/or emotions

Referrals are particularly encouraged when the patient has:

- exacerbations of persistent pain that resulted in an Emergency Department presentation or hospital admission
- complex psychosocial influences on pain behaviour requiring specialised assessment and care
- significant pain in the setting of current or past history of addiction or prescribed medication use that seem to be complicating current management (e.g. an **escalating opioid requirement**)
- difficult to control neuropathic pain
- difficult to control cancer pain.

***** Pain constant, and daily for a period of 3 months or more over the previous 6 months, or where the natural history of the painful condition suggests this is likely to be the case. Also episodic severe pain ; e.g. headache which interferes with daily life.

The Pain Management Unit will require

- Completion of the attached referral form **IN FULL.**

The Pain Management Unit will:

- Work actively in partnership with the General Practitioner for ongoing management
- Work in close communication with other specialist services that are providing treatment for the patient.

Central Adelaide Local Health Network Priority Categories

Category 1 – Wait time 1-2 days.
Refractory cancer pain

Category 2 – Wait time 6 -8 weeks.
Early neuropathic pain or complex regional pain syndrome (CRPS) < 3 months since onset.
Patients in whom an interventional procedure may be indicated
Children whose pain interferes with school attendance
Pain interfering with sleep or self-care

Category 3 - Wait time 3- 4 months
Pain < 1 year not responding to GP management; frequent pain exacerbations occasioning Emergency Dept. presentations or hospital admissions, neuropathic pain, persistent pain following trauma or surgery, pain associated with marked physical interference or emotional distress, children and elderly

Category 4 – Wait time 12 - 24 months
Pain > 1 year not responding to GP management, diagnostic advice, medication optimization, psychological distress, physical interference. These patients will undergo Multidisciplinary assessment.

<table>
<tr><td rowspan="2"> Government of South Australia
SA Health</td><td>FAMILY NAME</td><td>MRN</td></tr>
<tr><td>GIVEN NAME</td><td>MALE FEMALE</td></tr>
<tr><td>Facility:</td><td>D.O.B. / /</td><td>M.O.</td></tr>
<tr><td rowspan="4">REFERRAL GUIDE TO ADULT AND PAEDIATRIC PAIN MANAGEMENT UNITS</td><td colspan="2">ADDRESS</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">LOCATION / WARD</td></tr>
<tr><td colspan="2">COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td></tr>
</table>

Pain Management Unit Referral
Please complete this form fully and email to enable appropriate triage.
Incomplete forms will be returned to the Referrer.

Date:

<table>
<tr><td colspan="3">Patient details</td></tr>
<tr><td>Family name</td><td colspan="2">Given Names</td></tr>
<tr><td>Sex M F</td><td>Date of Birth</td><td>Age >70< 18</td></tr>
<tr><td colspan="3">Address</td></tr>
<tr><td>Phone (H)</td><td>Phone (W)</td><td>Phone (M)</td></tr>
<tr><td colspan="2">Indigenous/ CALD status Aboriginal and or Torres Strait Islander Y N</td><td>CALD background YN</td></tr>
<tr><td>Country of Birth</td><td>Preferred language</td><td>Interpreter required YN</td></tr>
<tr><td colspan="2">Medicare card no</td><td>Medicare expiry date</td></tr>
<tr><td colspan="3">Referring Medical Officer’s details</td></tr>
<tr><td>Family Name</td><td>Given Name</td><td></td></tr>
<tr><td colspan="2">Organisation/practice name</td><td>Provider number</td></tr>
<tr><td colspan="2">Address</td><td>Post code</td></tr>
<tr><td>Phone</td><td>Fax</td><td>Email</td></tr>
<tr><td colspan="3">Nominated General Practitioner’s details
Should be identified if not referring medical officer</td></tr>
<tr><td>Family Name</td><td colspan="2">Given Name</td></tr>
<tr><td colspan="2">Organisation/practice name</td><td>Provider number</td></tr>
<tr><td colspan="2">Address</td><td>Post code</td></tr>
<tr><td>Phone</td><td>Fax</td><td>Email</td></tr>
<tr><td rowspan="2">Will the patient require prior approval from an insurer to attend a clinic Y N</td><td colspan="2">Insurer:</td></tr>
<tr><td colspan="2">Claim no:</td></tr>
<tr><td colspan="3">Reason for referral. Please tick the relevant box(es)</td></tr>
</table>

Reason	
All reasonable investigations have been completed	☐
Reasonable management in the primary care sector has been tried with insufficient success	☐
Pain has significant impact on life • Sleep, self care or pain necessitating the assistance of others	☐
• Pain impacting on mobility, work or school attendance, recreation, relationships and/or emotions	☐
Pain exacerbations have resulted in extreme distress or repeated hospital presentations / admissions.	☐
There seem to be complex psychosocial influences relating to pain behaviour requiring specialised assessment and care	☐
Current drug management is not resolving pain or leading to improved quality of life; e.g. escalating opioids requirements but inadequate relief or concerns about “drug regimen”.	☐

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Difficult to control neuropathic pain is suspected	☐
Difficult to control cancer pain	☐
Ongoing pain following trauma or surgery where there is concern regarding transition to persistent pain	☐
Location of pain…………………………………………………………………………….. What is the impact of the pain?	☐
Comment:	
Priority category: **1** ☐ **2** ☐ **3** ☐ **(See Referral Guide)**	

Patient History	
Relevant Clinical history	
Background surgical and imaging history (**PLEASE ATTACH RELEVANT REPORTS**)	
Is the patient and others involved in their care are aware and supportive of referral? **Please provide details**	Y ☐ N☐
Outline current or previous treatments from other specialist or allied health service providers for the same pain problem? **Please provide details**	Y ☐ N☐
History of previous assessment by another pain service or rehabilitation service for pain management. We would usually recommend review by the previous service. Name of Service: Please attach relevant correspondence	Y ☐ N☐
Current medications (include dosage, route, frequency and include analgesics)	

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Allergies/adverse reactions?	Y ☐ N☐
Psychiatric history? **Name of Psychiatrist** **Past and present treatments**	Y ☐ N☐
Psychological stressors? **Please describe**	Y ☐ N☐
Have any addiction services been involved? **Please provide details**	Y ☐ N☐
Could the patient have difficulty accessing information/services? Impaired cognitive function? Visual or hearing impairment? Difficulty reading and or accessing forms? Can they read and write English? If not what is their primary language? Difficulty travelling? Comment:	 Y ☐ N☐ Y ☐ N☐ Y ☐ N☐ Y ☐ N☐
Has the patient consented to the referral?	Y ☐ N☐
Does the patient require an advocate/parent/guardian to be involved in consultations and management? **If yes:** • Relationship to patient: • Name: • Contact details: **Why?** Has carer strain been identified?	Y ☐ N☐ Y ☐ N☐
Would you like the relevant Pain Management Unit to contact you for telephone advice as soon as practical?	Y ☐ N☐

*Referral to parallel services such as Addiction Medicine, Psychiatry and Mental health may be essential