

This guide was developed by a working group of pain medicine physicians, other related specialists, general practitioners, nursing and allied health representatives.

Persistent Pain Management Services are not intended to be diagnostic services but do offer consultative, time limited treatment and management advice for appropriate patient referral, with the aim of improving quality of life and functionality in the presence of persistent pain.

Screening guidelines

This guide assists practitioners to establish referral suitability. The Persistent Pain Management Services (PPMS) will determine appropriateness of referrals on a case by case basis.

The patient should:

- » have persistent pain with disability and/or psychosocial issues relating to pain
- » have persistent pain that has been fully investigated
- » be referred to the PPMS by their General Practitioner (GP), internal medical or surgical specialist
- » have a GP prepared to work closely with the PPMS and to provide ongoing community management.

The patient should NOT:

- » have unstable, non-therapeutic drug dependence without concurrent treatment by a drug and alcohol specialist
- » have an active, untreated mental health condition
- » be undergoing treatment from other specialist services for the same pain problem without mutual awareness and agreement of cross referral by both teams.

Patients who may NOT benefit include those:

- » with cognitive impairment that prevents understanding of treatment and management goals (unless adequate support from carer +/- social support network)
- » accepted under a WorkCover claim or actively involved in litigation, who should be considered for alternate pathways
- » that have been seen by another PPMS within the last 12 months
- » where there is a clear statement by a PPMS that there are no further therapeutic options.

Conditions requiring prompt referral to a PPMS

Most persistent pain does not require urgent assessment or treatment by a Persistent Pain Management Service, however patients

with the following conditions should be considered for a higher priority referral:

- » Recent diagnosis of Complex Regional Pain Syndrome (CRPS)
- » Cancer-related pain for consideration of interventional management
- » Pain after major trauma (e.g. Phantom Limb Pain, Brachial Plexopathy)
- » Refractory pain related to Acute Herpes Zoster or Post-Herpetic Neuralgia **or** if ophthalmic, refer to Ophthalmologist.

Referral guidelines

This guide assists practitioners to understand referral process and the mandatory information required for accurate referral categorisation.

Referral validity duration

- » A PPMS is consultative and time-limited. 'Indefinite' referrals will not be accepted
- » Referrals from a specialist or internal consultant are valid for three months from the initial outpatient consultation
- » Referrals from a GP are valid for 12 months from the initial outpatient consultation
- » A PPMS aims to discharge the patient within this 12 month timeframe with a pain management plan

Referrers should provide the following information at a minimum

Reason for referral and pain history:

- » Reason for referral (summary of patient's needs)
- » Date of injury/onset of pain
- » Mechanism of injury (if applicable)
- » Location and nature of pain
- » Physical examination findings
- » Provisional diagnosis (if determined)
- » History of treatment for pain
- » Past analgesia/medication trialled for pain condition
- » Functional status

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Other patient history:

- » Psychological stressors/psychiatric history/cognitive function
- » Assessments by other persistent pain service providers and/or other specialist services including psychiatry/psychology/Alcohol Tobacco and Other Drugs Service (ATODS)
- » Relevant medical and surgical history
- » Current treatment from or referral to other specialist services for the same pain problem
- » History of alcohol/substance abuse and/or medication misuse
- » History of opiates/drugs of dependence for more than eight weeks
- » Current medications
- » Allergies/adverse reactions

Relevant investigations and test results

Specialist reports/summaries/investigations relevant to the patient's pain condition and psychological status are required prior to entry to the service. Please ensure these are attached.

In relation to specific pain types, where relevant and if clinically indicated, provide the following:

Back pain

- » Orthopaedic or neurosurgery report
- » Relevant diagnostic imaging: CT/MRI/Other

Headaches/Cranial Nerve Pain

- » Recent neurology report
- » Relevant diagnostic imaging: CT/MRI/Other

Joint pain

- » Rheumatology report
- » ESR, CRP (to exclude inflammatory arthropathies)

Musculoskeletal Pain/Osteoporosis/Chronic High Dose Opioids

- » Vitamin D, Ionised calcium, Magnesium
- » Bone Mineral Density

Neuropathic pain

- » Nerve conduction studies where relevant
- » B12, Folate
- » HbA1c (if diabetic)

Phone advice:

- » If you would like the PPMS to consider the option of **phone advice only**, please indicate this on the referral.
- » Pain of any duration where GP-PPMS contact may be all that is required to make an immediate difference to the patient's quality of life and improved medical condition (i.e. medication/diagnostic/general advice) may warrant this option.

Categorisation of Referral

To ensure the accurate categorisation of your patient's referral please provide as much information as possible.

- » You will receive advice that your patient has been placed on the wait list once a referral has been accepted and categorised.
- » Maintain clinical supervision of your patient's condition prior to the initial consultation and notify the PPMS:
 - » of any significant change in their condition
 - » if you have referred the patient to an alternate service for the same pain problem
 - » if the patient no longer requires PPMS referral.

Clinical urgency categories:

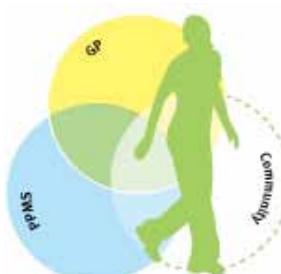
- » Clinical urgency categories have been defined for use in Outpatient Services undertaken in Queensland public hospitals.
- » These categories, along with a patient questionnaire in some instances will be used by the PPMS to triage and prioritise the referral.
- » **If the PPMS deem that the referral is incomplete or contains insufficient information it may be returned. You and your patient will be notified of this in writing as the facility is unable to clinically categorise and place the patient on an appropriate wait list until this information is received.**

Referral pathways

The referral should be sent via local e-referral process (if applicable), mail or fax directed to the closest, most appropriate service for your patient.

To determine the most appropriate referral pathway, use the **Queensland Health Persistent Pain Management Service Referral Pathway Tool** as a guide. This tool, along with the preferred PPMS referral templates are available at: www.health.qld.gov.au/persistentpain/html/clinicianinfo.asp

Other existing services in some regional areas and practitioners and programs in the private sector may also be a suitable source of information, advice and service provision. For directory details, see: www.apsoc.org.au/facility-directory



Partners in persistent pain management:

- the person with pain
- the GP
- the PPMS
- the community.