

Referrals to specialized services



Referral procedures |

Chapter 7

Referrals to specialized services

KEY POINTS

- Referral to a specialized service is needed when complications or problems are not resolved with the basic POD interventions or activities described in this manual.
- Criteria and procedures for referral need to be clearly defined.
- A summary of the problems and treatment already given should be sent to the referral centre, which should then return a summary of findings, treatment, and recommended follow-up activities.

If you are unable to provide a necessary intervention, then the person should be referred to the appropriate professional within the health centre or referred to the closest health unit able to provide the intervention. Training, supervision, and management can assure that persons affected by BU are identified and that a functioning referral process is present. Specific criteria and procedures should be established for referrals.

Some of the common problems requiring referral are:

- oedema not responding to interventions (compression, elevation, exercise);
- wound complications (infection, excessive bleeding, or breakdown of a scar);
- extensive or complicated ulcers (for example, involving tendons);
- osteomyelitis;
- loss of a body part (eye, breast, hand, leg, or foot), requiring a prosthesis;
- new or recurrent lesions;
- other severe medical or socioeconomic problems;
- need for amputation;
- need for reconstructive surgery;
- need for fabrication of a special orthosis or prosthesis;
- need for pre- and post-prosthetic training;
- need for special adaptations to improve independence.

▶ **Refer problems needing special services or interventions** Figure 7.1



■ Pain, wound, nerve and bone complications

■ Loss of body part



■ Limitations in joint movement

■ Loss of body part

(continued on next page)

Figure 7.1 continued



■ Activity and participation restrictions

Referral procedures

Monitoring the individual helps to assess whether or not interventions have achieved the desired results. If not, the interventions may need to be modified or a referral may be required. Adequate documentation, with comparison of the results on individual assessment forms, facilitates this process.

If referral is needed, the following checklist of procedures is helpful:

- Selection and referral must be based on established referral criteria.
- Know the requirements of the referral centre or professional (such as a summary of the affected person’s current situation, copies of assessment forms, a pre-arranged consultation time, payment for services).
- Try to schedule a specific day and time for the consultation before sending the person there.
- Have contact information for the affected person, the referring health unit, and the referral centre, with a copy of the contact information provided to each.
- The referring health unit should summarize the individual’s medical and therapeutic situation and specify the reason for the referral. Copies can be sent to the referral centre and carried by the person being referred. A copy of this information should be kept in the individual’s health record.
- A request should be made for the referral centre to provide a summary of their assessment and recommendations. If services are provided, they should be described.

- Follow-up procedures should be communicated clearly, both to the individual and to the referring health unit.

Referral should not be used to lessen workloads or compensate for poorly-organized services. All efforts should be made to develop and implement the essential POD activities within the health services managing Buruli ulcer. Appropriate training and consistent supervision, together with provision of adequate materials, should permit POD implementation. If the essentials are provided, prevention of disability is possible and costly referrals can be prevented. This means that both the financial cost and time lost for the affected person, the family, the health system, and the community can be reduced.

Table 7.1 summarizes the essential POD activities defined by health workers in the Ashanti region in 2003. The health workers also defined the problems and needs that would require referral to another specialist within their own health service or an outside referral centre.

Table 7.1 Summary of essential POD activities and problems that may need to be referred

Essential POD activities to be done at local health facilities	Problems and needs that may be referred to specialty services or professionals
<ul style="list-style-type: none"> ■ Patient education, self-care and ADL ■ Oedema control ■ Scar management and control ■ Positioning and splinting ■ Management of pain and sensory problems ■ Exercise and activity for ROM and strengthening weak muscles ■ Adaptations in ADL ■ Referral to special service or professional 	<ul style="list-style-type: none"> ■ Oedema not responding to interventions (compression, elevation, exercise) ■ Wound complications (infection, excessive bleeding, abnormal or unusual appearance of wound, unstable scars) ■ Extensive or complicated ulcers ■ Osteomyelitis ■ Surgical amputation ■ Loss of a body part (eye, breast, hand, leg, foot, etc.) ■ Pre- and post-prosthetic training ■ Fabrication of special orthoses and prostheses ■ Special adaptations to improve independence in ADL ■ New or recurrent lesions ■ Other medical or socioeconomic problems

Review questions

1. When should people affected by BU be referred to specialized services?
2. What criteria and procedures are needed before the referral is made?
3. What information is needed in return from the referral centre?