



Queensland
Government

Oedema Management Referral Form

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Refer to reverse side for referral guidelines. Incomplete/illegible referrals will not be accepted.

Referral date: / / Consultant/GP:

Referral source: Contact number:

Office Use

R/V due:

Therapist:

Diagnosis:

☐ Venous oedema

☐ Post-traumatic oedema

☐ Dependence oedema

☐ Lymphoedema

☐ Lympho-venous stasis

☐ Lipoedema

☐ Other/comments:

Medical history: (include dates of relevant surgery)

Medications:

Condition status: ☐ New onset ☐ Acute change ☐ Routine review

Site:

☐ Upper limb

☐ Lower limb

☐ Right

☐ Left

☐ Bilateral

☐ Head

☐ Neck

☐ Genitals

Compression contraindications:

☐ ☐ Severe arterial insufficiency ☐ ☐ Uncontrolled heart failure ☐ ☐ Severe peripheral neuropathy

Compression cautions:

☐ ☐ Extreme limb shape distortion

☐ ☐ Complex regional pain syndrome

☐ ☐ Very deep skin folds

☐ ☐ Malignant lymphoedema

☐ ☐ Extensive ulceration

☐ ☐ Acute cellulitis/erysipelas

☐ ☐ An ABPI < 0.8 or > 1.2

☐ ☐ Diabetes mellitus

☐ ☐ High arterial blood pressure

☐ ☐ Paralysis

☐ ☐ Cardiac arrhythmia or cardiac stenosis

☐ ☐ Sensory deficit

☐ ☐ Controlled heart failure

☐ ☐ Fragile or damaged skin

☐ ☐ Scleroderma

☐ ☐ Lymphorrhoea or other weeping skin conditions

☐ ☐ Chronic polyarthritis

Medical clearance

☐ Yes

Class:

☐ 15-20 mmHg

☐ 20-30 mmHg

for compression:

☐ 30-40 mmHg

☐ Other: (specify)

Vascular status: Completion of box 1 is **mandatory** for all lower limb referrals. Completion of box 3 is **recommended** for all diabetic patients.

1. ☐ Pedal pulses present and palpable

2. ☐ ABPI completed and the result is

3. ☐ Toe pressure (diabetic patients)

4. ☐ Other investigations

Name (print):	Designation (print):	Signature:	Date:





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Guidelines for referral for compression therapy

DDHHS Occupational Therapists and/or Physiotherapists accept referrals for compression therapy to assist in the management of non-medical oedema, lymphoedema, venous stasis and treatment of post-deep vein thrombosis (DVT). Compression therapy involves compression bandaging techniques and the prescription of standard ("off-the-shelf") or custom-made compression garments. As a general rule, compression bandaging is used to reduce oedema and garments are used to maintain the oedema once it becomes stabilised. Good reductions can be achieved with garments alone in the cases of mild, soft, non-pitting oedema.

For hospital inpatients – Important information to be aware of prior to referral:

Compression bandaging cannot be commenced:

- immediately prior to a patient's discharge
- toward the end of the week (no later than Wednesday morning) as nil funding exists for week-end staff in this caseload.

Initial application of compression garments **should not** be on day of discharge as review of fit cannot be conducted.

For hospital outpatients – Important information to be aware of prior to referral:

The DDHHS Occupational Therapy and Physiotherapy departments have limited outpatient services and waiting lists may exist.

Eligibility criteria	Non-Eligible
<ul style="list-style-type: none">• Upper or lower limb oedema• Venous stasis• Treated DVT (INR 2-3) (May be considered if ABPI 0.8 - > 1.0)• No contra-indications• Medical clearance documented in chart by registrar or consultant	<p>Contra-indications such as:</p> <ul style="list-style-type: none">• untreated infection (e.g. cellulitis)• untreated deep vein thrombosis (DVT)• compromised arterial supply• fluid overload secondary to underlying unstable condition, e.g. renal, cardiac

Referral process

- Referrals are accepted from consulting medical team for inpatients and/or general practitioners for outpatients.
- Medical clearance to commence compression (addressing all potential contra-indications) must be documented in the medical chart.
- Complete all details on the referral form (reverse side of this information page).
- Toowoomba Hospital outpatients – send referral in internal mail to OT/PT or fax to 4616 6335.
- Toowoomba Hospital inpatients – fax referral to 6335.
- Consult with rural services regarding specific advice for their facility.

Please note:

- If a garment is requested the referral must include the **class / level of compression**.
- It is the responsibility of the referrer to determine **vascular status** prior to referral.
- INR levels, where relevant, (must be within therapeutic range 2-3) if referral is for post DVT management.
- Indication of positive response to an antibiotic treatment for infection is required if a patient has cellulitis.

Incomplete / illegible referrals will not be accepted.