

## Neurology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of neurological conditions by a Neurologist. Patients will be triaged into one of these management pathways according to their clinical needs:

<b>Movement Disorders Clinic</b>	Patients with symptoms of Parkinson's disease and/or clinical symptoms of ataxia, tremor or dystonia.
<b>General Neurology Clinic</b>	Patients with peripheral nervous system disorders, peripheral neuropathy, neuromuscular conditions, multiple sclerosis, headache/migraine, motor neurone disease and dementia (in patients under 60 years of age).
<b>Epilepsy/Seizure Clinic</b>	Patients with previously diagnosed epilepsy or new symptoms of epilepsy and seizure.
<b>Stoke/TIA Clinic</b>	Patients with neurological symptoms that are vascular in nature, such as stroke and transient ischaemic attack (TIA)

## Conditions not seen by Neurology Specialists at Western Health:

- Back pain (refer to subspecialty surgery clinics or manage in the community)
- Dizziness with absence of alarm symptoms (see list of alarm symptoms below and refer to Emergency Department as indicated)
- Sleep disordered breathing (refer to Respiratory/Sleep Disorder Clinic)
- Falls in elderly (refer to Falls and Balance Clinic)
- Patients requiring only Neuropsychology
- Dementia for patients > 60 years of age (refer to Western Health CDAMS clinic).
- Neurology conditions in children under 17 years of age
- Neurology appointments for Vic Road documentation

## Neurological Alarm Symptoms:

The following alarm symptoms should trigger an immediate referral to an **Emergency Department**:

- Thunderclap headache (onset of headache within one minute) – subarachnoid haemorrhage
- Headache with new onset focal signs such as neck stiffness, fever or positive Kernig's sign
- Acute visual disturbance associated with pain (different to typical migraine-associated visual symptoms)
- Sudden confusion, rapidly progressing cognitive impairment, disorientation, loss of motor function or slurred speech (different to typical migraine-associated similar symptoms)
- Red eye and haloes around lights, suggestive of acute angle closure glaucoma
- Symptoms of temporal arteritis

## Access & Referral Priority Neurology:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p style="text-align: center;"><b>URGENT</b></p> <p style="text-align: center;"><b>Appointment timeframe 30 days</b></p>	<p style="text-align: center;"><b>ROUTINE</b></p> <p style="text-align: center;"><b>Appointment timeframe greater than 30 days, depending on clinical need.</b></p>
<p><b>Movement Disorders Clinic:</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul> <p><b>General Neurology Clinic:</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul> <p><b>Epilepsy/seizure Clinic:</b></p> <ul style="list-style-type: none"> <li>• First Seizure in an adult</li> <li>• Uncontrolled epilepsy</li> </ul> <p><b>Stroke/TIA Clinic:</b></p> <ul style="list-style-type: none"> <li>• New Stroke/TIA that has been investigated and managed in the community (referred within 30 days of diagnosis)</li> </ul>	<p><b>General Neurology Clinic:</b></p> <ul style="list-style-type: none"> <li>• Newly diagnosed Multiple Sclerosis (MS)</li> <li>• Newly diagnosed/suspected Motor Neurone Disease</li> </ul> <p><b>Movement Disorders Clinic:</b></p> <ul style="list-style-type: none"> <li>• New onset Parkinson’s disease for diagnosis and initial management</li> <li>• Previously diagnosed Parkinson’s disease patients with three or more medications per day for management</li> <li>• Parkinson’s disease with frequent falls</li> <li>• Ataxia</li> <li>• Tremor of any form</li> <li>• Dystonia</li> </ul> <p><b>General Neurology Clinic:</b></p> <ul style="list-style-type: none"> <li>• Headache or migraine not responding to guideline-based treatment (see Health Pathways Melbourne) <a href="#">Home - Community HealthPathways Melbourne</a></li> <li>• peripheral neuropathy</li> <li>• Suspected myasthenia gravis or other muscle disorders</li> <li>• Dementia in patients under 60 years of age</li> </ul> <p><b>Epilepsy/Seizure Clinic:</b></p> <ul style="list-style-type: none"> <li>• Unconfirmed or infrequent seizure symptoms in adult patients</li> <li>• Epilepsy with new symptoms for management and review in adult patients</li> </ul> <p><b>Stroke/TIA Clinic:</b></p> <ul style="list-style-type: none"> <li>• Non-urgent confirmed Stroke/TIA</li> </ul>

## Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
<b>Parkinson's Disease</b>	<ul style="list-style-type: none"> <li>• Symptom history</li> <li>• Management of condition to date</li> <li>• Current list of medications</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• CT brain</li> </ul>
<b>All other Movement Disorders</b>	<ul style="list-style-type: none"> <li>• Symptom history</li> <li>• Management of condition to date</li> <li>• Current list of medications</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Relevant or recent imaging</li> </ul>
<b>Dementia</b>	<ul style="list-style-type: none"> <li>• Onset history</li> <li>• Symptom duration</li> <li>• Past history</li> <li>• Past and current treatment</li> <li>• Current list of medications</li> <li>• Substance use history e.g., alcohol and tobacco, other recreational drug</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Full Blood Examination + Erythrocyte</li> <li>• Sedimentation Rate</li> <li>• Urea &amp; Electrolytes, Creatinine.</li> <li>• B12 &amp; Folate</li> <li>• Calcium studies</li> <li>• Thyroid Function Test</li> <li>• Random Glucose</li> <li>• CT or MRI Brain</li> <li>• Syphilis Serology</li> <li>• MMSE/RUDAS</li> </ul>
<p><b>Note:</b> If patient &gt;60 years of age with absence of rapidly progressing symptoms consider referral to the Cognitive Dementia &amp; Memory Service (CDAMS). This is a multidisciplinary, specialist diagnostic service for patients with previously undiagnosed memory loss/cognitive problems.</p>		
<b>Peripheral Neuropathy</b>	<ul style="list-style-type: none"> <li>• Onset history</li> <li>• Symptom duration</li> <li>• Past history</li> <li>• Past and current treatment</li> <li>• Current list of medications</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Fasting blood sugar</li> <li>• HBA1C within three months of referral if diabetic</li> <li>• B12, B6 if regular multivitamin use</li> </ul> <b>Desirable:</b> <ul style="list-style-type: none"> <li>• EMG conduction studies prior to referral (you can refer patients for this directly)</li> </ul>
<b>Headache</b>	<ul style="list-style-type: none"> <li>• Onset history</li> <li>• Symptom duration</li> <li>• Past history</li> <li>• Past and current treatment</li> <li>• Relevant blood pressure/cardiovascular history</li> <li>• Failed on three migraine preventative medications at highest tolerable dose for minimum of eight weeks for each medication as per <a href="#">Health Pathways Melbourne</a></li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• CT/MRI Brain</li> <li>• Headache diary of &gt; 3 months in duration (template) attached as appendix</li> <li>• Current list of medications</li> <li>• Details list of medications tried in the past including duration, response side effects and why ceased</li> <li>• Outline of self-management strategies undertaken and response - see <a href="#">HealthPathways Melbourne</a></li> </ul>

# Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
<b>Multiple Sclerosis</b>	<ul style="list-style-type: none"> <li>• Onset history</li> <li>• Symptom duration</li> <li>• Past history</li> <li>• Past and current treatment</li> </ul>	<p><b>Essential:</b></p> <ul style="list-style-type: none"> <li>• MRI Brain within three months of referral</li> <li>• Current list of medications</li> <li>• Details list of medications tried including response, side effects and why ceased</li> </ul>
<b>Epilepsy/Seizure</b>	<ul style="list-style-type: none"> <li>• Onset history</li> <li>• Symptom duration</li> <li>• Past history</li> <li>• Past and current treatment</li> <li>• Current list of medications</li> </ul>	<p><b>Essential:</b></p> <ul style="list-style-type: none"> <li>• MRI brain</li> <li>• Urea &amp; Electrolytes and Creatinine</li> <li>• Full Blood Examination</li> <li>• Electrocardiogram</li> <li>• Liver Function Tests</li> <li>• Vitamin D</li> <li>• Calcium</li> </ul> <p><b>Desirable:</b></p> <ul style="list-style-type: none"> <li>• Electroencephalogram</li> <li>• CT brain</li> </ul>
<b>Stroke / TIA</b>	<ul style="list-style-type: none"> <li>• Onset history</li> <li>• Symptom duration</li> <li>• Past history</li> <li>• Past and current treatment</li> </ul>	<p><b>Essential:</b></p> <ul style="list-style-type: none"> <li>• Current list of medications</li> <li>• CT (preferably with CT-Angiogram)</li> <li>• Electrocardiogram</li> <li>• Carotid Doppler Ultrasound and/or CT angiogram</li> <li>• Fasting Lipids – cholesterol</li> <li>• /triglycerides/HDL/LDL</li> <li>• Serum glucose</li> <li>• HBA1C for patients with diabetes</li> <li>• Full Blood Examination</li> <li>• Urea &amp; Electrolytes</li> <li>• INR</li> <li>• Liver Function Tests</li> </ul> <p><b>Desirable:</b></p> <ul style="list-style-type: none"> <li>• Holter Monitor</li> <li>• MRI (preferably with MR-Angiogram) Brain (stroke protocol) if available</li> <li>• Echocardiogram</li> </ul>

## Appendices

- Headache Diary



18th June 2023

# **Steps4migraine2023**

World Migraine Day

Five Million Steps Campaign

[www.steps4migraine.com](http://www.steps4migraine.com)

## Headache Diary

This is a general guide to help you record your migraine attacks, symptoms and treatment.

Recording details of your migraine attacks or headache can be useful. It can help:

- your doctor make a diagnosis
- you recognise triggers and warning signs
- assess whether your acute or preventive medication is working
- show any patterns to attacks

A headache diary can include information on a range of things, however, it's often best to keep it simple and record basic information. This can include:

- date
- day of the week
- duration (how long the attack lasted)
- severity (how bad the attack was). This can either be recorded as mild, moderate or severe. Or on a scale from 1-10, where 10 is the worst pain you can imagine
- other symptoms you experience alongside the headache such as dizziness, vertigo, sensitivity to light, sound, smells or any symptoms that affect your movement (e.g. numbness)
- medication you take, including if you take a second dose
- anything else that may be helpful. Such as side effects from medication, any potential triggers, your period, any changes in medication, and anything else that may be helpful

On the following page is a monthly template of a headache diary you may find helpful. More information are available from migraine foundation [website](#).

Preventive and regular medication:

Date	Day	Duration	Severity (1- 10)	Other Symptoms (D=Dizziness, V=Vertigo, L = Light sensitivity, S = Sound sensitivity, M= movement sensitivity)	Acute/Rescue Medication (e.g. paracetamol, ibuprofen, triptans, anti-sickness etc)	Comments (e.g. triggers, menstruation, changes in medication, side effects)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						