



UR No: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Given Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex M F I

- Exclusion Criteria**
- Current IV drug user(12 mths or less)
  - Pain uncontrolled by oral analgesia
  - Septic shock
  - Condition amenable to empiric oral antibiotic therapy
  - Suspected bone or joint involvement

- REFERRAL CRITERIA**
- Patient consents to program
  - Lives within 50km of hospital
  - Adequate social support
  - Safe environment for both patient and staff
  - Over 12yrs. And not under care of paediatrician

**REFERRER'S DETAILS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ hrs  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Provider No. \_\_\_\_\_ Contact no: \_\_\_\_\_  
 Name of Consultant/Registrar case discussed with: \_\_\_\_\_  
 Current obs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Sats \_\_\_\_\_ Temp \_\_\_\_\_ RR \_\_\_\_\_ Time Taken: \_\_\_\_\_

**REASON FOR REFERRAL** **PAST MEDICAL HISTORY**

Current obs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Sats \_\_\_\_\_ Temp \_\_\_\_\_ RR \_\_\_\_\_

.....  
 .....  
 .....  
 .....

*Include list of current medications*

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 .....  
 .....  
 .....

**MEDICAL TREATMENT PLAN**

- Option 1**  
 Cephazolin 2g IV daily with probenecid 1g PO daily 30 minutes before antibiotic
- Option 2**  
 If Creatinine clearance less than 30mL/minute (Cockcroft Gault) then Cephazolin 6g daily via 24 hr infuser or 2g q8hrly IV
- Option 3**  
 If allergic to Penicillin/Cephalosporin then Lincomycin 600mg IV TDS followed by Clindamycin 450mg PO TDS for six days
- If patient has been exposed to a marine environment the Doxycycline 100mg BD PO can be added to the above regime.***

- . Ensure first dose tolerated in hospital or clinic
- . Medication chart completed for HiYH
- . Post HiYH discharge script completed
- . HiYH Nurse contacted and patient interviewed by HiYH



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**HiYH NURSE TO COMPLETE ON DAY OF PATIENT DISCHARGE**

Date of Discharge: _____	Discharge Time: _____ Hrs _____
<input type="checkbox"/> Patient afebrile	
<input type="checkbox"/> Pain decreased since admission.	Pain score (0-10): _____
<input type="checkbox"/> Patient feeling systemically well	
<input type="checkbox"/> Wound appears to have decreased in lividity. Clean dressing applied if applicable	
<input type="checkbox"/> Discharge prescription given to patient and patient educated on dose instructions	
<input type="checkbox"/> IVC/CVAD removed and patient educated on post cares.	
<input type="checkbox"/> Patient has follow-up appointment with GP/on-going care provider	
<input type="checkbox"/>	

**DISCHARGING CLINICIAN DETAILS**

Discharge Nurse Name: _____	
Discharge Nurse Signature: _____	Date: ..... / ..... / .....
Name of MO Consulted With: _____	

References:  
eTG complete 2008. Therapeutic Guidelines limited. [Online].November 2008[2009 Aug 06]; Available from: URL:  
<http://etg.tg.com.au.rplibresources.health.wa.gov.au/ip/>