

1. Community Management of Cellulitis – It's all about choices

Currently a patient with cellulitis that has not responded to oral treatment, or for whom oral treatment is not appropriate, requires a trip to ED for the initiation of IV treatment. Management is then continued in the community via the district nursing service.

A new initiative that is about to be implemented will enable Waikato GPs to manage these patients completely within primary care, if they choose, by providing access to a convenient IV antibiotic regime. The first dose is given at the surgery with subsequent doses given either by the general practice team or by the district nursing service on referral.

Treatment consists of once daily intravenous doses of the antibiotic cefazolin given over three days in conjunction with probenecid. It is followed by a course of oral antibiotics. The intravenous antibiotic cefazolin is used because of its efficacy and ability to be given as a single daily dose.

GPs will be provided with kits containing cefazolin and probenecid by the Waikato Hospital pharmacy under the discretionary community supply scheme.

The benefits are obvious:

- More convenient care for patients
- A reduction in presentations to the emergency departments
- Standardised management of cellulitis across the Waikato DHB in line with best practice.

The approach has been developed by a working party of stakeholders including the infectious diseases physician, GP Liaison, clinical nurse educator iv therapy, pharmacy manager, representation from the emergency department, PHOs, accident and medical centres, district nursing service and planning and funding. Similar programmes are successfully operating in several other DHBs.

A number of other supports will be provided:

- Guidelines have been agreed.
- Training in delivery of iv medication for practice nurses will be provided
- Cellulitis management kits for all general practices and accident and medical centres will be provided from Waikato Hospital pharmacy. These will contain cefazolin and probenecid for one patient episode, a district nurse authorisation form, a patient information leaflet, a copy of the guideline and a kit re-order form.

All the above forms will also be available to GPs on the GP Direct page of the Waikato DHB website (www.waikatodhb.govt.nz/GP) under primary care management guidelines, or the projects page of the Pinnacle website (www.pinnacle.org.nz/clinical/).

Roll out of the programme will take place over the next few weeks. Either the Waikato Primary Health team or GP Liaison will be in contact with your practice with further details.

REFERRALS INFORMATION ENCLOSED

Distributed with this Outreach is a summary of contact phone numbers etc for the various referral routes to assist you in the process. It is also available on the GP Direct page of WDHB website.

2. BNP: Getting the best from the test!

BNP is a useful and widely used investigation. The following are a few tips on how to get the best out of the test.

- BNP is a really useful test for **excluding** heart failure in patients with dyspnoea where heart failure is suspected.
- BNP has no additive diagnostic value for patients with a clear diagnosis of heart failure e.g. chest x-ray showing pulmonary oedema.
- A normal BNP virtually excludes the diagnosis of heart failure and other causes for symptoms should be considered.
- BNP is a very reliable test with highly reproducible results so positive results do not need to be repeated.
- If the NT-proBNP is >220pmol/l in a patient with symptoms of heart failure treatment should be initiated and the patient referred for specialist opinion. The specialist assessment is to determine the aetiology, which may influence future management.
- Repeat testing is rarely indicated and is only recommended on the request of a cardiologist. If in doubt please discuss with a cardiologist.

A flow chart and notes on diagnosis of heart failure and best use of BNP, endorsed by Waikato DHB cardiologists, is available on the GP Direct page of the Waikato DHB website (www.waikatodhb.govt.nz/GP) under primary care management guidelines.

3. Orthopaedic Paediatric and Child Development Service

Mr Wesley Bevan and Mr Matt Tomlinson from Middlemore Hospital are temporarily supporting the orthopaedic service to provide a specialised service for paediatric patients. The majority of patients continue to be seen at Waikato Hospital, but some will be referred to either Auckland or Tauranga as required.

If you have any questions regarding the service please contact Lyn Harris, Clinical Nurse Leader, Orthopaedic Outpatients (07 839 8899 ext. 8325, 021 549 687), or alternatively Mr Richard Somerville, Clinical Director (by mail) or Mr Don Allen at the Orthopaedic Outpatients Department.

4. Protecting our children

The Waikato DHB Child Protection, Advisory & Support Service can provide advice and support for GPs and practice nurses who come across care and protection issues for children and young people.

The team includes paediatricians, Dr Eleanor Carmichael and Dr John Goldsmith, who are DSAC trained and carry out the medical aspects of child sexual abuse and severe physical abuse assessments, together with a fulltime nurse and social worker. There is also a paediatric registrar who does a 3-month rotation with the service.

For acute referrals please contact the paediatric registrar via the normal route. For further information/advice please contact Gaye Andrews, Resource Nurse, 07 858-0965/021 244-4853 or Fax 07 858-0964.

The street address is 218B Pembroke Street, Waikato Hospital Campus, Hamilton.

Clinic	Category	Waiting Time
Audiology	Children 9-32 mths	2 months
	Under 17 years	2-3 months
	Children's hearing aids	4 weeks
	Adult diagnostic tests	4 months
	Adult hearing aids	6 months
Breast Care	Urgent	3 weeks
	Semi-urgent *BCC Imaging	1 month 2 weeks
Cardiac Surgery	Urgent	1-3 weeks
Cardiology	Semi-urgent	3-6 weeks
	Urgent	1-2 months
Colposcopy	Semi-urgent	2-9 months
	Routine	9-12 months
	Invasive	Within 7 days
Dental	High grade	4 weeks
	Low grade	26 weeks +
	Non cervical	26 weeks +
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	2 months
Paediatric Dermatology		7 months
Dermatology Lesion Clinic	Urgent	7 days
	Semi-urgent	4 weeks
	Routine	6 months
Diabetes Consultant (2)	Urgent	1-3 months
	Semi-urgent	3-5 months
	Routine	6 months
Diabetes Nurse Educator	Urgent	Within 7 days
	Semi-urgent	Within 6 weeks
Endocrinology	Urgent	1-2 months
	Semi-urgent	2-6 months
	Routine	9-12 months
Endoscopy/Colonoscopy Medical	Urgent	4-6 weeks
	Semi-Urgent	4-6 weeks
Surgical	Urgent	4-6 weeks
	Semi-urgent	24 months
ENT	Urgent	1-6 weeks
	Semi-urgent (children)	4-5 months
	Semi-urgent (adults)	6 months
Gastro-enterology	Urgent	2-4 weeks
	Semi-urgent	2-6 weeks
General Medicine	Urgent	1-2 weeks
	Semi-urgent	2-4 weeks
	Routine	2-3 months
General Surgery	Urgent	1-4 weeks
	Semi urgent	1-5 months
Gynaecology	Urgent	2-4 weeks
	Semi-urgent	6 months
	Routine	6 months
Haematology	Urgent	2-8 weeks
	Semi-urgent	6-4 weeks
	Routine	4-10 months
	DVT	4 months
Maxillo-facial	Urgent	Within 24 hours
	Semi-urgent	Within 3 weeks
	Routine	3 months
Neurology	Urgent	1-3 months
	Semi-urgent	3-10 months
	EMG urgent	1-4 months
	Routine	4-6 months
	EEG urgent routine	2-8 weeks 2-6 months
Neurosurgery	Urgent	Within 1 month
	Semi-urgent	Within 6 months

Clinic	Category	Waiting Time
Oncology and Medical	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	20-30 working days
Radiation	Priority 1	1-2 days
	Priority 2	5-10 working days
	Priority 3	45-50 working days
Ophthalmology	Urgent	within 1 month
	Urgent laser	1-3 weeks
	Semi-urgent – Children	within 6 months
	Semi-urgent – Adults	6 months
	Semi-urgent (diabetic) Minor Operation Clinic	1 month within 6 months
Orthopaedic	General – Urgent	1-6 weeks
	Semi-urgent	Up to 3 months
	Routine	Up to 6 months
	Paediatrics – Urgent	1-6 weeks
	Semi-urgent	Up to 4 months
Paediatric Medicine	Routine	Up to 6 months
	Urgent	2 month
	Semi-urgent	3 months
Paediatric Surgical	Routine	4-5 months
	Urgent	2-3 weeks
	Semi-urgent	4-6 weeks
Pain clinic	Routine	8-12 weeks
	Urgent	Up to 3 months
	Semi-urgent	Up to 5 months
Physiotherapy	Routine	6 months
	General musculoskeletal	5 days (urgent) 6-8 weeks (routine) 2-3 weeks
	Respiratory	4 weeks
	Rheumatology Women's Health	2 days (urgent) 2-3 weeks (routine)
Plastics (1) Fax immediate / acute referrals to 07 839 8670	Urgent	2 weeks
	Semi-urgent	4 months
	Routine	6 months
Plastics Lesion clinic	Urgent	2 weeks
	Semi-urgent	4 months
	Routine	6 months
Rehabilitation	Day Clinic (Physio Only)	1-3 weeks
Renal	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Respiratory	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	4-6 months
Rheumatology (3)	Urgent	1-4 weeks
	Semi-urgent	1-2 months
	Routine	2-4 months
Thyroid	Urgent	2-4 weeks
	Semi-urgent	4 months
	Routine	4-6 months
Ultrasound	Urgent	1-2 weeks
	Semi-urgent	1-3 months
	Routine	3-6 months
Urology		Within 2 months
Vascular	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Vascular Surgery	Urgent	1-4 weeks
	Semi-urgent	2-4 months
	Routine	4-6 months
Adult Mental Health Waiting Times		
Community mental health team	Crisis referrals	Within 24 hours
	Non-crisis/routine	Within 10 days

1 Immediate & urgent dermatology/plastics cases must be discussed with the specialist or registrar to allow appropriate prioritisation.

2 All urgent diabetes referrals can be seen on the same day.

3 All urgent rheumatology cases should be discussed with the rheumatologist.

4 Carotid studies are now being done by the vascular laboratory.

5 OPHTHALMOLOGY - PLEASE NOTE FAXED REFERRALS ARE NOT ACCEPTED UNLESS THE PATIENT IS ACUTE AND YOU HAVE DISCUSSED THE CASE WITH THE REGISTRAR. ON YOUR ACUTE FAX REFERRAL PLEASE ADVISE THE NAME OF THE DOCTOR WITH WHOM YOU DISCUSSED THE CASE.