

## 1. Cellulitis Community IV Management

Almost all practices will now have received cellulitis packs and hopefully many will have had the opportunity to use them and prevent a trip to hospital for some patients.

A few tips to assist you;

- Any questions about clinical aspect of an individual patient's care, whether they are suitable for the programme or if they have allergy to cephalosporin or anaphylaxis to penicillin, please contact Dr Graham Mills, infectious diseases specialist via Waikato Hospital switchboard. If he is unavailable please discuss with the emergency department specialist (not the registrar).
- Any other questions to Hilary Graham-Smith (07 958 8269) or Erica Amon (07 958 8281) for Waikato PHO GPs, or Linda Rademaker (07 839 8899 ext 6795) or Jan Goddard (07 839 8899 ext 23347) for all others.
- Remember to send in the **fully completed** re-order form as soon as you have used a pack to make sure you always have a replacement on hand.
- Copies of the guideline, patient information sheet, re-order form and district nurse referral/medication authority form are all on the GP Direct page of the Waikato DHB website [www.waikatodhb.govt.nz/GP](http://www.waikatodhb.govt.nz/GP).

This has been provided because GPs asked for it and it is a case of "use it or lose it". So, most of all, let's make it work!

## 2. Gonorrhoea: Changes in Treatment Recommendations

Gonorrhoea cases in the Waikato continued to increase. Resistance to penicillin has been high for some time and, since resistance to ciprofloxacin has risen to at least 20%, it can no longer be recommended as treatment for suspected gonorrhoea, unless indicated by susceptibility results. Recommended first line treatment for suspected cases of Gonorrhoea, when laboratory antibiotic susceptibility is not yet known, is now Ceftriaxone. Unfortunately there are no oral alternatives in NZ.

### Treatment for UNCOMPLICATED anogenital Gonorrhoea (not pharyngeal)

If a susceptibility report is available, treat accordingly. Co-infection with *Chlamydia trachomatis* is common so all regimens should include treatment for Chlamydia.

- Penicillin-susceptible: Amoxicillin 3g stat po plus 1g probenecid and anti-chlamydial therapy
- Ciprofloxacin-susceptible: Ciprofloxacin 500mg po stat and anti-chlamydial therapy
- Only susceptible to Ceftriaxone **or** susceptibilities not yet known: Ceftriaxone im stat and anti-chlamydial therapy

International guidelines recommend either Ceftriaxone 125mg im (US) or 250mg (UK) as a single dose but in NZ the lowest available dose of Ceftriaxone is a 500mg vial. General consensus is that Ceftriaxone 500mg may be substituted and administered as a single dose. Ceftriaxone is available on PSO.

Partner screening and treatment is essential. (Note: Gonorrhoea is not a notifiable disease.) If susceptibility is known, then sexual contacts should be treated accordingly. Otherwise, use empiric treatment of Ceftriaxone and anti-chlamydial therapy.

## 3. Palliative Care Developments

The Liverpool Care Pathway (LCP) is an internationally adopted integrated care pathway that guides health care professionals in the delivery of quality, evidence-based end-of-life care. The LCP is being piloted in some Waikato Hospital wards so you may start to hear the term being used or see it appearing on discharge letters. Amongst other goals, the LCP requires that the GP is notified that their patient has been diagnosed as dying, and that the GP is notified when the patient dies. Depending on success of the pilot, the intention is to develop the programme in other hospitals, rest homes and the community in the future. You can find out more about LCP at [www.lcp-mariecurie.org.uk](http://www.lcp-mariecurie.org.uk)

Hospice Waikato now has a part time palliative care nurse, Joan Kneube, who lives in Hahei and is working collaboratively with district nurses in the Coromandel area. Joan is happy to talk to GPs and practice nurses about her role. She can be contacted through Hospice Waikato on 07 839 3889.

## 4. ACC numbers

Missing ACC numbers cause the same frustrations for both GPs and our secondary colleagues. All hospital services have recently been reminded of the importance of including ACC numbers on discharge summaries and other communications. They are very grateful when GPs reciprocate by including ACC numbers on referrals, for obvious administrative reasons, as well as for patient convenience.

## 5. Getting medical records from Health Waikato

Marilyn Hunt and her team in medical records do their very best to meet the huge number of requests for information from hospital notes. While the required standard is to respond to requests within 20 days, they are fully aware that many requests are more urgent than this, so it is very helpful if you can give them a timeframe for when the information is needed. If the request really is urgent please indicate that so they can treat it appropriately. For security reasons they do need your request to be made in writing. It can be faxed to 07 839-8736.

The end of another year is upon us and I hope everyone will have the opportunity for some well deserved R&R.

Wishing you a Merry Christmas and all the very best for 2007.

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
	Central auditory processing test	12 months
Breast Care	Urgent	3 weeks
	Semi-urgent	1 month
	*BCC Imaging	2 weeks
Cardiac Surgery	Urgent	1-3 weeks
	Semi-urgent	3-6 weeks
Cardiology	Urgent	1-2 months
	Semi-urgent	2-9 months
	Routine	9-12 months
Colposcopy	Invasive	Within 7 days
	High grade	4 weeks
	Low grade	26 weeks +
	Non cervical	26 weeks +
Dental	Urgent	24 hours
	Semi-urgent	3 weeks
	Routine	2 months
Dermatology (1) Fax urgent referrals to 07 839 8670	Urgent	24 hours
	Semi-urgent	6 weeks
	Routine	6 months
Paediatric Dermatology		5 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)	1 month
	Minor Operation Clinic	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
	Routine	Up to 6 months
	Paediatric Gait Clinic	1-6 weeks
Paediatric Medicine	Urgent	2 month
	Semi-urgent	3 months
	Routine	4-5 months
Paediatric Surgical	Urgent	2-3 weeks
	Semi-urgent	4-6 weeks
	Routine	8-12 weeks
Pain clinic	Urgent	Up to 1 month
	Semi-urgent	Up to 3 months
	Routine	6 months
Physiotherapy	General musculoskeletal	5 days (urgent) 6-8 weeks (routine) 2-3 weeks
	Respiratory	4 weeks
	Rheumatology	2 days (urgent)
	Women's Health	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
<b>Adult Mental Health Waiting Times</b>		
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.

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