ValleyCare Olive View-UCLA Medical Center

14445 Olive View Dr.
Sylmar, CA 91342

Table of Contents 1 - 2

ValleyCare Olive View-UCLA Medical Center

14445 Olive View Dr.
Sylmar, CA 91342

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	ADULT CONTINUITY CARE - HEALTH CENTERS
SERVICE DAYS/HOURS	MONDAY – THURSDAY 8:00AM – 8:30 PM FRIDAY 8:00 AM – 4:30 PM (GLENDALE 8:00 – 4:30 PM)
LOCATION	MID VALLEY CHC 2ND FLOOR 818-947-4026 GLENDALE CHC 818-500-5785 SAN FERNANDO CHC 818-837-6969

CONDITIONS TREATED: PRIMARY CARE SERVICES ARE PROVIDED TO ADULT PATIENTS WITH NON-EMERGENT CHRONIC MEDICAL CONDITIONS. SERVICES INCLUDE: HEALTH MAINTANCE, PATIENT EDUCATION AND PREVENTIVE CARE. DUE TO EXTREMELY LIMITED CAPACITY, PATIENTS REFERRALS ARE DISPOSITIONED BY ACUITY AND NUMBER OF CHRONIC CONDITIONS.

CURRENTLY, ONLY PATIENTS WITH THE FOLLOWING CONDITIONS WILL BE CONSIDER FOR APPOINTMENT: DIABETES, UNCONTROLLED HYPERTENSION, UNCONTROLLED ASTHMA/ CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), AND/OR PATIENTS WITH TWO OR MORE SIGNIFICANT CONDITIONS.

REQUIRED DOCUMENTATION:

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	□ Yes	X No
Lab Results:	X Yes	□ No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports:	□ Yes	X No

Other: _____

SPECIAL INSTRUCTIONS:

REFERRALS ACCEPTED FROM DEPARTMENT OF PRIMARY CARE.

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	AFTERCare 19L
SERVICE DAYS/HOURS	Monday, Tuesday, Wednesday 8:00 a.m. – 12:00 p.m.
LOCATION	CLINIC D – 2A167

Conditions Treated:

- 1st trimester vaginal bleeding
- Ectopic pregnancy or rule out ectopic
- Pap smear surveillance after Colpo/Cone/LEEP
- Molar Pregnancy
- Norplant removal

Required Documentation:

Complete History and Physical:	☐ Yes	☒ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☒ Yes	☐ No
Doctor's Notes	☒ Yes	☐ No
Lab Results:	☒ Yes	☐ No
Medical Records:	☒ Yes	☐ No
Pathology Report:	☒ Yes	☐ No
X-ray Reports	☐ Yes	☒ No

Other: <u>Ultrasound reports</u>

Special Instruction:

- <u>Not</u> for Gyn vaginal bleed.
- Call AFTERCare 818-364-3163, if unsure.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE: PRE-OP Anesthesia Clinic

SERVICE DAYS/HOURS: M – F;
0700 - 1500

LOCATION: Clinic B

Conditions Treated: Pre-operative Anesthesia Evaluations
Pain Consultations
OB Consults

Required Documentation:

Complete History and Physical:	Yes
Consult Form:	Yes
Diagnostic Studies:	Complex conditions*/Pain Consult
Doctor's Notes	Yes
Lab Results:	Yes
Medical Records:	Yes
Pathology Report:	Yes
X-ray Reports	Yes

Other: Phone number(s); Names; H & P from any Physicians at outside facilities.

***e.g. Congenital anomalies, Aneurysms, A-V malformations, Valvular & coronary heart disease, Severe liver disease, severe pulmonary disease.**

Special Instruction:

1) Bring all medications including prescription and non-prescription medications, including vitamins, herbs, patches, inhalers, eye drops, etc.
2) On day of pre-op evaluation, patient to take all medications as usual.
3) On day of pre-op evaluation have patient eat their normal diet (i.e. do not fast)

ValleyCare Olive View–UCLA Medical Center

ANTEPARTUM TESTING REFERRAL GUIDELINES

SERVICE	ANTEPARTUM TESTING
SERVICE DAYS/HOURS	8am –4.30 PM daily
LOCATION	3A 101

Conditions Treated: maternal medical complications of pregnancy, fetal growth abnormalities, decreased fetal movements, twins, postdate pregnancy, fetal heart rate abnormalities, oligohydramnios, polyhydramnios, prior fetal demises, stillbirths, cholestatsis of pregnancy, RH isoimmunization, unexplained abnormal expanded AFP
See detailed attached list

Required Documentation:

Complete History and Physical:	x Yes □ No
Consult Form:	x Yes □ No
Diagnostic Studies:	x Yes □ No
Doctor's Notes	x Yes □ No
Lab Results:	x Yes □ No
Medical Records:	x Yes □ No
Pathology Report:	x Yes □ No
X-ray Reports	□ Yes □ No

Other:____ Ultrasound reports

Special Instruction:

ANTEPARTUM TESTING UNIT-INDICATIONS FOR TESTING

MATERNAL INDICATIONS

A. DIABETES

	ULTRASOUND	ANTEPARTUM TESTING
Class A1 (Type III on diet)	**At Dx for dating/anatomy**	**At 40 weeks, twice weekly till delivery**
Class A1(Type III on diet) with medical problems or prior IUFD	**At Dx for dating/anatomy**	**At 34 weeks, twice weekly till delivery**
Class A2-C (Type III on insulin) and Type I or II without vascular, end organ disease)	**At Dx for dating/anatomy serial growth q3-4 weeks**	**At 34 weeks, twice weekly till delivery**
Class D-R (Type I or II) & micro-vascular or end organ disease	**At Dx for dating/anatomy serial growth q3-4 weeks**	**At 28-32 weeks, twice weekly till delivery, Weekly umbilical doppler**

B. MEDICAL COMPLICATIONS

	ULTRASOUND	ANTEPARTUM TESTING
Chronic HTN/Renal Disease	**At Dx for dating/anatomy, serial growth q3-4 weeks**	**At 32 weeks, twice weekly till delivery weekly umbilical doppler**
Cardiac/Active Pulmonary Disease	**At Dx for dating/anatomy, serial growth q3 weeks**	**At 32 weeks, twice weekly till delivery weekly umbilical doppler**
Collagen Vascular Disease	**At Dx for dating/anatomy serial growth q3 weeks**	**At 32 weeks, twice weekly till delivery Weekly umbilical doppler**
Hemoglobinopathy, Severe anemia	**At Dx for dating/anatomy Serial growth q3 weeks**	**At 32 weeks, twice weekly till delivery**
Active Substance Abuse	**At Dx for dating/anatomy Serial growth q3-4 weeks**	**At 32 weeks, twice weekly till delivery**

C. OTHER MATERNAL CONDITIONS

	ULTRASOUND	ANTEPARTUM TESTING
PPROM	**At Dx for anatomy Serial q3 weeks**	**At Dx ≥ 25 weeks once sealed twice weekly till delivery**
PIH, Preeclampsia	**At Dx for anatomy/size Serial q3 weeks**	**At Dx twice weekly till delivery Weekly umbilical dopplers**
Prior IUFD	**At Dx for dating/anatomy**	**Two weeks prior to GA of demise or 34 weeks if demise occurred after 35 weeks, Twice weekly till delivery**
Cholestasis	**At Dx for anatomy/size Serial q 4 weeks**	**At Dx twice weekly till delivery**
Elevated AFP (unexplained) or Elevated HCG	**At Dx for dating/anatomy**	**At 34 weeks, twice weekly till delivery, Weekly umbilical doppler**
Isoimmunization	**At Dx for dating/anatomy Serial q 1-3 weeks**	**At diagnosis of fetal anemia x2/ weeks, Or 34 weekly till delivery**

FETAL/INTRAUTERINE INDICATIONS

Abnormal FHR Patterns -≤110 or ≥160 -f/u of decels -documented arrythmias	**At Dx for dating/anatomy ECHO**	**At Dx twice weekly till delivery**
Decrease Fetal Movement	**At Dx if abnormal APT**	**At Dx x 1 if adequate AFI, nl FM nl BPP and nl FM profile**
Concordant Twins	**At Dx for dating, anatomy Serial q3-4 weeks**	**At 34 weeks twice weekly till delivery**
Discordant Twins (20%)	**At Dx for dating/anatomy Serial q2-3 weeks**	**At Dx twice weekly till delivery Weekly umbilical dopplers**
IUGR	**At Dx for size/anatomy Serial q3 weeks**	**At Dx twice weekly till delivery Weekly umbilical dopplers**
Post Dates	**At Dx if ? Macrosomia**	**At 41 weeks, twice weekly till delivery, Twice weekly vag exam if good dates, Deliver by 42 completed if dated by 3rd trimester ultrasound**

Placenta Previa	**At Dx for anatomy/size** **Serial q3-4 weeks**	**At 34 weeks twice weekly or** **at time of 1st bleed**
Polyhydramnios	**At Dx for anatomy/size** **Serial q3-4 weeks**	**At Dx > 25 weeks, twice weekly till delivery**
Oligohydramnios	**At Dx for anatomy/size** **Serial q3 weeks**	**At Dx > 25 weeks, twice weekly til delivery** **Weekly umbilical dopplerss**

SPECIAL TESTING GUIDELINES

A. An AFI < 5.0 in a term patient admitted for delivery should not be changed in triage or on L&D

B. Patients referred from Radiology for subjective low fluid should have AFI/NST/Dopplers/Plot x 1 and maintained in testing as per perinatologist's recommendation

C. An AFI < 8.0, shall be repeated in 24-48 hours

D. An AFI trending down shall have a repeat in 24-48 hours and perinatal consultation

E. Borderline AFI, subject decreased AFI or crowded fetus may be tested at the physicians discretion

09-2007
JG

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	AUDIOLOGY
SERVICE DAYS/HOURS	Monday, Tuesday, Thursday and Friday – 8:00 a.m.-11:00 a.m.
LOCATION	2C101

Conditions Treated:

- Adult and Pediatric hearing disorders, tinnitus and vertigo

Required Documentation:

Complete History and Physical:	☐ Yes ☒ No
Consult Form:	☒ Yes ☐ No
Diagnostic Studies:	☐ Yes ☒ No
Doctor's Notes	☒ Yes ☐ No
Lab Results:	☐ Yes ☒ No
Medical Records:	☐ Yes ☒ No
Pathology Report:	☐ Yes ☒ No
X-ray Reports:	☐ Yes ☒ No

Other: _____

Special Instruction:

None

Surg13

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	BTL / STERILIZATION COUNSELING
SERVICE DAYS/HOURS	FRIDAY 7:30AM – 9:30AM
LOCATION	CLINIC D 2A-167

Conditions Treated:
WOMEN (PREGNANT* OR NON-PREGNANT) SEEKING PERMANENT STERILIZATION INFORMATION. STATE CONSENT SIGNED AT END OF CLASS.

Required Documentation:

Complete History and Physical:	□ Yes	☒No
Consult Form:	☒Yes	□ No
Diagnostic Studies:	□ Yes	☒No
Doctor's Notes	□ Yes	☒No
Lab Results:	□ Yes	☒No
Medical Records:	□ Yes	☒No
Pathology Report:	□ Yes	☒No
X-ray Reports	□ Yes	☒No

Other:_____

Special Instruction:
* PREGNANT WOMEN MUST ATTEND CLASS AT LEAST 30 DAYS PRIOR TO DUE DATE.

- ENGLISH CLASS ONLY GIVEN ON 2ND FRIDAY OF EVERY MONTH.

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Cancer Detection Program: Breast and Cervical Cancer Screening	
SERVICE DAYS/HOURS		
Mid-Valley Comprehensive Health Center	Tuesday –Thursday 8:00 a.m. -12:30 p.m. Friday 8:00 a.m. – 4:30 p.m.	
San Fernando Health Center	(2nd, 3rd, 4th Wednesday 8:00 a.m. – 12:00 p.m.)	
LOCATION		
Mid-Valley Comprehensive	Health Center	818-947-4026
San Fernando	Health Center	818-837-6969

Conditions Treated: Screening only, limited to breast and cervical cancer detection. Patient should be >25 years, and without reproductive capacity (menopausal, h/o BTL, s/p hysterectomy). Patients who are able to get pregnant do not qualify. Please see Family Planning Clinic.

Required Documentation:

Complete History and Physical:	□ Yes x No
Consult Form:	□Yes x No
Diagnostic Studies:	□ Yes x No
Doctor's Notes	□ Yes x No
Lab Results:	□ Yes x No
Medical Records:	□ Yes x No
Pathology Report:	□ Yes x No
X-ray Reports	□ Yes x No

Other:

Special Instruction:
Telephone number: 1-800-511-2300 Monday through Friday, 9:00 a.m. – 7:00 p.m.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	**CARDIOLOGY**
SERVICE DAYS/HOURS	OVMC-TUESDAY -7:30AM–11:00AM MVCHC-MON/ TUES/THURS -8AM–12:00AM MVCHC-FRIDAY -9:30AM-11: 30 AM
LOCATION	OLIVE VIEW MEDICAL CENTER – CLINIC C 2A140 MIDVALLEY COMPREHENSIVE HEALTH CENTER – 2ND FLOOR, ROOM 255

Conditions Treated:
DIAGNOSIS AND TREATMENT OF HEART DISEASE INCLUDING, BUT NOT LIMITED TO:

- CORONARY ARTERY DISEASE
- CARDIOMYOPATHY
- ARRHYTHMIAS
- VALVULAR DISEASE
- CONGENITAL HEART DISEASE

Required Documentation:

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

Other: SEE SPECIAL INSTRUCTION

Special Instruction:

SEE ATTACHMENT: ANY PATIENTS CLASS III-IV SYMPTOMS SHOULD NOT BE REFERRED ELECTIVELY FOR EVALUATION AND CLINICS. EMERGENT EVALUATION IN THE EMERGENCY ROOM/ WALK-IN IS INDICATED.

NOTE: EKG, ETT, ECHOCARDIOGRAM AND HOLTER TEST SHOULD BE CONSIDERED BEFORE REFERRAL.

CRITIERIA FOR CLINIC PATIENT REFERRAL

I. APPROPRIATE PATIENTS FOR REFERRAL AND/OR FOLLOW-UP

1. Patients requiring management of known, symptomatic cardiac disease with confirmed abnormalities by invasive/non-invasive testing such as ECG, stress test, ambulatory ECG, echocardiogram, catheterization, or electrophysiology study.

2. The categories of diseases evaluated and treated includes:
   - Congenital heart disease
   - Valvular heart disease
   - Arrhythmias
   - Cardiomyopathy (functional class III/IV)
   - Pericardial disease (pericarditis, pericardial effusion)
   - Coronary artery disease (recent MI, difficult or poorly controlled angina)
   - Permanent pacemakers

II. APPROPORIATE PATIENTS FOR PHONE CONSULTATION

1. Advice needed for initial diagnostic evaluation

2. Advice needed for medication changes

3. Advice needed for patients with known disease (diagnostic evaluation completed), but in whom there has been new clinical changes requiring different management strategy.

Continue Criteria for Clinic Patient Referral.

III. PATIENTS WHO DO NOT QUALIFY FOR REFERRAL/PHONE CONSULTATION

1. Patients requiring evaluation of stable chest pain prior to diagnostic tests. (If test abnormal, referral appropriate)

2. Patients who continue to have chest pain symptoms despite a negative invasive/non-invasive evaluation (normal angiogram, normal stress imaging study).

3. Patients requiring evaluation of asymptomatic murmur prior to echocardiogram.

4. Patients with clear vasovagal syncope with normal physical exam and ECG.

5. Patients with CABG (bypass surgery) or PTCA who are symptom free 6 months after the revascularization procedure.

6. Patients with dilated cardiomyopathy, functional class I/II, who are on stable, appropriate doses of medications.

SERVICE	**CARDIOLOGY**
CONDITIONS:	**CHEST PAIN**
SYMPTOMS:	• SUBSTERNAL OR LEFT PRECORDIAL CHEST PRESSURE. • ONSET WITH EXTERTION. • RELIEF WITH REST OR NITROGLYDERIN IN < 10-15 MINUTES. • ASSOCIATED SYMPTOMS MAY INCLUDE BUT NOT BE LIMITED TO DYSNEA, RADIATION, PAIN TO ARM, JAWS, OR BACK.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	**HISTORY:** • QUALITY, DURATION, FREQUENCY, INTENSITY, AND TIME OF CHEST PAIN. • DETAILS OF SYMPTOMS LISTED ABOVE. • CARDIAC RISK FACTORS INCLUDING DIABETES, TOBACCO USE, HYPERLIPIDEMIA, AGE, SEX, AND FAMILY HISTORY. • EXCERISE TOLERANCE. **PHYSICAL EXAMINATION:** • VITAL SIGNS INCLUDING MEASUREMENT OF BLOOD PRESSURE IN BILATERAL UPPER AND LOWER EXTREMITIES IF SUSPICIOUS FOR AORTIC DISSECTION OR AORTIC COARCTATION. • POSSIBLE SIGNS SUGGESTIVE OF CONGESTIVE HEART FAILURE. • SIGNS SUGGSETIVE OF AORTIC DISSECTION INLCUDING, BUT NOT LIMITED TO: ASYMMETRICAL BLOOD MEASUREMENTS, AORTIC REGURGITATION MURMUR. ASYMMETRICAL PERIPHERAL ARTERIAL PULSES.
TREATMENT PRIOR TO REFERRAL:	THE PATIENT'S CLINICAL PRESENTATION WILL BE THE BASIS FOR THE DECISION IN HOW LIKELY YOU BELIEVE IN PATIENTS CHEST PAIN IN ANGINAL IN NATURE. APPROPRIATE OPTIONS IN ADDITION TO SUBLINGUAL NITROGLYERCIN INCLUDE: **<u>LOW LIKELIHOOD:</u>** - NITRATES: ISOSORBIDE MONONIRATE 20mg PO BID OR DINITRATE 20-40mg PO TID. - ASPIRIN 325mg PO QD.

	MODERATE LIKELIHOOD: - NITRATES: ISOSORBRIDE MONONITRATE 20mg PO BID OR DINITRATE 20-40mg PO TID. - BETA BLOCKERS: METOPROLOL 50mg PO BID OR ATENOLOL 50mg PO QD. - ASPIRIN 325mg PO QD. - IF BETA BLOCKERS ARE A CONTRAINDICATED, MAY USE CALCIUM CHANNEL BLOCKERS: AMLODIPINE 5 OR 10mg PO QD, DILTIAZEM CD 180-240mg PO QD OR VERAPAMIL 240mg PO QD. **HIGH LIKELIHOOD:** - NITRATES: ISOSORBRIDE MONONITRATE 20mg PO QD OR DINITRATE 20-40mg PO TID. - BETA BLOCKERS: METOPROL 50mg PO BID OR ATENOLOL 50mg PO QD. - ASPIRIN 325mg PO QD - IF BETA BLOCKERS ARE CONTRAINDICATED, MAY USE CALCIUM CHANNEL BLOCKERS: AMIODIPLINE 5 OR 10mg PO QD, DILTIAZEM CD 180-240mg PO QD OR VERAPAMIL PO QID.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• EKG • EXERCISE STRESS TEST • IF UNABLE TO EXERCISE - PERSANTAINE- SESTAMIBI - DOBUTAMINE ECHOCARDIOGRAM (RECOMMENDED IF PATIENT HAS REACTIVE AIRWAY DISEASE)
SPECIAL INSTRUCTIONS:	**CONDITIONS WHICH NECESSITATE A DIRECT REFERRAL TO THE CARDIOLOGY CLINIC:** - STRESS TEST POSITIVE FOR ISCHEMIA (EXERCISE OR STRESS INCLUDING SYMPTOMS, EKG CHANGES AND/OR POSITIVE FOR SESTAMIBI). - STABLE FUNCTIONAL CLASS III-IV ANGINA. **CONDITIONS WHICH NECESSITATE A REFERRAL FOR EMERGENT CARE IN (E.R NOT CARDIOLOGY CLINIC):** - UNSTABLE ANGINA - CLINICAL PRESENTATION SUGGESTIVE OF AORTIC DISSECTION.

SERVICE	**CARDIOLOGY**
CONDITIONS:	**CONGESTIVE HEART FAILURE**
SYMPTOMS:	DYSNEA, LOWER EXTREMITY EDEMA, ORTHOPNEA, PAROXYSMAL NOCTURAL DYSNEA.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	**PHYSICAL EXAMINATION:** • ELEVATED JVP, S3 GALLOP, BILATERAL RALES, PERIPHERAL EDEMA. **LABORATORY FINDINGS:** • POSSIBLE MILD HYPONATREMIA, ELEVATED CREATINE, ELEVATED TRANSMINASES. **CXR:** • PULMONARY EDEMA, CARDIOMEGALY.
TREATMENT PRIOR TO REFERRAL:	• INITIAL THERAPY SHOULD BE DIURESIS WITH GOAL OF DECREASING JVP TO NORMAL LEVEL, RESOLUTION OF PERIPHERAL EDEMA. • ADDITIONAL THERAPY SHOULD BE BASED UPON THE ETIOLOGY OF THE CHF SYSTOLIC LV DYSFUNCTION: INITIATE ACE INHIBITOR AGENT IF ACE INIHIBITOR CONTRAINDICATED CONSIDER COMBINATION OF NITRATES AND HYDRALAZINE. DIASTOLIC LV DYSFUNCTION: CONSIDER USE OF ACE INIHIBITOR OR BETA BLOCKER.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• ECG • CXR • ECHOCARDIOGRAM • IF CLINICAL OR DIAGNOSTIC TEST SUGGEST ISCHEMIA HEART DISEASE, CONSIDER NUCLEAR STRESS IMAGING TEST IF PATIENT IS FUNCTIONAL CLASS I-II • LAB CHEMISTRIES INCLUDING SODIUM, POTASSIUM, BAN, CREATINE, MAGNESIUM, LIVER FUNCTION TESTS.
SPECIAL INSTRUCTIONS:	**NOTE:** CASES FOR ER- DECOMPENDATED CLASS III-IV CHF.

SERVICE	**CARDIOLOGY**
CONDITIONS:	**HEART MURMUR**
SYMPTOMS:	ASSOCIATED SYMPTOMS MAY INCLUDE: • DYSNEA • DYSNEA ON EXERATION • ORTHOPNEA OR CHEST PAIN
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	**HISTORY:** • DETAILS ASSOCIATED WITH SYMPTOMS, • HISTORY OF SYNCOPE • HISTORY OF RHEUMAIC FEVER • CONGESTIVE HEART FAILURE DISEASE **PHYSICAL EXAMINATION:** • AUSCULTATION OF ANY DIASTOLIC MURMUR • GRADE II/IV OR GREATER SYSTOLIC MURMUR • FINDINGS SUGGESTIVE OF CHF
TREATMENT PRIOR TO REFERRAL:	• ASYMPTOMATIC HEART MURMUR: NO TREATMENT SHOULD BE INITIATED UNTIL AFTER DIAGNOSTIC TEST. • IF PATIENT HAS MILD VOLUME OVERLOAD, DIURECTICS SUCH AS LASIX MAY BE INITIATED. • SPECIFIC TREATMENT CAN BE STARTED IN CARDIOLOGY CLINIC ONCE DEFINITIVE DIAGNOSIS IS MADE. • ENDOCARDITIS PROPHYLAXIS WITH ANITBIOTICS WHEN INDICATED.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• ECHOCADIOGRAM • EKG
SPECIAL INSTRUCTIONS:	**NOTE:** CASES FOR E.R- DECOMPENSATED CLASS III-IV CHF

SERVICE	**CARDIOLOGY**
CONDITIONS:	**SYNCOPE OR PRESYNCOPE**
SYMPTOMS:	
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	**HISTORY:** • VASOVAGAL SYMPTOMS, MEDICATIONS, SEIZURE LIKE ACTIVITY, SYMPTOMS ASSOCIATED WITH A CVA OR TIA, CHEST PAIN, PALPITATION. **PHYSICAL EXAMINATION:** • ASSESSMENT FOR ORTHOSTATIC HYPOTENSION, HEART MURMUR, AND NEUROLOGICAL EXAM.
TREATMENT PRIOR TO REFERRAL:	HISTORY OF SYNCOPE SHOULD BE REPORTED TO THE DMV
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• ECG • ECHOCARDIOGRAM • CARTOID-SINUS MASSAGE IF CAROTID BRUTIS ARE NOT PRESENT. • HOLTER MONITOR TEST IF HISTORY OF PALPITATIONS IS ELICTIED • TILT TABLE TEST IF THERE IS NO STRUCTURAL HEART DISEASE BY EXAM, ECG OR ECHOCARDIOGRAM.
SPECIAL INSTRUCTIONS:	CASES FOR E.R • INJURY WITH FALL • CAUSE OBVIOUS NECESSITATING HOSPITALIZATION (i.e. SICK SINUS SYNDROME WITH PAUSES.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	CARDIOLOGY (PACEMAKER CLINIC)
SERVICE DAYS/HOURS	1ST, 2ND, 3RD WEDNESDAY 12:00PM – 4:00PM
LOCATION	CARDIOLOGY CLINIC (2C121)

CONDITION TREATED

FOLLOW UP OF ALL PERMANENT PACEMAKERS AND AICD RECIPIENTS

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes □ No
Consult Form:	X Yes □ No
Diagnostic Studies:	X Yes □ No
Doctor's Notes	□ Yes X No
Lab Results:	X Yes □ No
Medical Records:	X Yes □ No
Pathology Report:	□ Yes X No
X-ray Reports	□ Yes X No

OTHER: _____

SPECIAL INSTRUCTIONS

IF NOT SEEN HERE BEFORE, PLEASE PROVIDE PACEMAKER INFORMATION.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	CLEFT PALATE
SERVICE DAYS/HOURS	1st Wednesday 8:00 AM – 11:00 AM
LOCATION	Clinic B (2A 185)

CONDITIONS TREATED

- Facial Clefts
- Congenital facial
- Palatal deformities

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	□ Yes	X No
Doctor's Notes	X Yes	X No
Lab Results:	□ Yes	X No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	□ Yes	X No

OTHER: _____

SPECIAL INSTRUCTIONS

Appointments are arranged through Cleft Palate Coordinator

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Colposcopy Clinic 19P
SERVICE DAYS/HOURS	Wednesday – 1:00 p.m. – 5:00 p.m.
LOCATION	CLINIC D – 2A167
Conditions Treated: Any complicated pregnancy	

Required Documentation:

Complete History and Physical:	☐ Yes	☒ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☐ Yes	☒ No
Doctor's Notes	☐ Yes	☒ No
Lab Results:	☒ Yes	☐ No
Medical Records:	☐ Yes	☒ No
Pathology Report:	☒ Yes	☐ No
X-ray Reports	☐ Yes	☒ No

Other:

Special Instruction:

- Must have Pap Smear/Biopsy results

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Colposcopy
SERVICE DAYS/HOURS	Tuesday & Wednesday 12:30PM-4:30PM
LOCATION	Mid-Valley Comprehensive Health Center

Conditions Treated: Colposcopy services: This service provides for the follow up of abnormal PAP test results. (classes IIIA, III, and IV) Procedures such as cervical and endometrial biopsy , endocervical curettage, cryosurgery are used to treat or diagnose abnormal findings. Patients are referred to the Olive View Medical Center who need more intensive evaluation or treatment..

Required Documentation:

Complete History and Physical:	■Yes	□No
Consult Form:	□Yes	■No
Diagnostic Studies:	■Yes	□No
Doctor's Notes	■Yes	□No
Lab Results:	■Yes	□No
Medical Records:	■Yes	□No
Pathology Report:	■Yes	□No
X-ray Reports	□Yes	■No

Other: .

Special Instruction: Outside referrals are not accepted.

REFERRAL GUIDELINES

SERVICE	DEMENTIA CLINIC
SERVICE DAYS/HOURS	**Friday – 12:30 p.m. – 4:30 p.m.**
LOCATION	Clinic D, 2A167

Conditions Treated:

Required Documentation:

Complete History and Physical:	☒ Yes	☐ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☒ Yes	☐ No
Doctor's Notes	☐ Yes	☐ No
Lab Results:	☒ Yes	☐ No
Medical Records:	☐ Yes	☐ No
Pathology Report:	☐ Yes	☐ No
X-ray Reports:	☒ Yes	☐ No
	☒ Yes	

Other: _____

Special Instruction:

- Prior to referral, work-up should include the following studies: Non-contrast brain CT, CBC, random blood sugar, TSH, B12, RPR, MHA-TP, Lipid panel, homocysteine, sodium, calcium, liver, and kidney function tests.
- Appointments can be scheduled through Neurology office (x3104) once work-up is complete.

orfl01

REFERRAL GUIDELINES

SERVICE	DERMATOLOGY
SERVICE DAYS/HOURS	Wednesday – 8:00 a.m. – 11:00 a.m. Friday (2nd & 4th) – 8:00 a.m. – 11:00 a.m. Tuesday (Procedures) – 2:00 p.m. – 3:30 p.m.
LOCATION	Clinic E – 2D154

Inpatient Consultations will not be seen.
Patients referred directly from Medical Walk-In and the Emergency Room will not be seen.

Consultation Requests require:

- Detailed description of at least six months of conventional therapy including the names of medications attempted and duration of each medication's therapy
- Biopsy pathology reports if applicable
- Satisfy appropriate inclusion criteria detailed below

Consultation Requests will be denied for the following:

- Skin tags: Skin tags are NOT removed in Dermatology clinic
- Onychomycosis (unless patient has medication dependent diabetes mellitus)
- Lesions desired to be removed for cosmetic reasons (i.e. nevi, seborrheic keratoses, etc.)
- Failure to describe at least six months of conventional medical therapy
- Failure to biopsy a suspicious lesion below the face before consultation request.

Pre-Consultation Strategies: Trial of six months of conventional therapy as follows:

- Warts: Monthly cryotherapy and 40% Salicylic Acid (over-the-counter)
- Rash (eczema, psoriasis, etc): Two failed therapies such as Nizoral 2% Cream BID (anti-fungal) or Triamcinolone 0.1% Cream BID (topical steroid).
- Rosacea/Acne: Failed two oral therapies such as Tetracyline or Doxycyline
- Suspicious Lesions: If below the face, biopsy should be performed by consulting provider and then referred if needed with pathology reports.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Dental
SERVICE DAYS/HOURS	Monday, Tuesday, Thursday and Friday 8:00 a.m.-8:30 p.m. Wednesday 12:30 p.m. – 4:30 p.m.
LOCATION	Mid-Valley Comprehensive Health Center

Conditions Treated: Adults with dental pain or infection that present or are referred to the Mid-Valley CHC Dental Clinic.

Required Documentation:

Complete History and Physical:	□Yes x No
Consult Form:	□Yes x No
Diagnostic Studies:	□Yes x No
Doctor's Notes	□Yes x No
Lab Results:	□Yes x No
Medical Records:	□Yes x No
Pathology Report:	□Yes x No
X-ray Reports	□Yes x No

Other: .

Special Instruction: Referrals accepted from our walk-in and primary clinics and as self-referrals.

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Eye Screening
SERVICE DAYS/HOURS	Wednesday 12:30 p.m. – 8:30 p.m. Friday 8:00 a.m. -4:30 p.m.
LOCATION	Mid-Valley Comprehensive Health Center

Conditions Treated: To provide initial screening/evaluation and necessary follow-up care to any patient with ocular problems referred to the clinic, and to ensure that patients are screened/evaluated within a reasonable length of time and prioritized based on severity of symptoms and underlying conditions.

The Mid-Valley Optometry clinic is devoted to screening patients for diabetic retinopathy and to the evaluation of new and existing patients with eye disease including but not limited to cataract, diabetic retinopathy, and ocular surface disease.

Basic screening for Glaucoma including intraocular pressure check and baseline visual field testing is performed at the Mid-Valley Optometry Clinic. All new and existing patients with Glaucoma will not be treated at this location. No surgical/laser treatment procedures are performed at this location. All patients requiring a higher level of care will be referred to either Ophthalmology Clinic at Mid-Valley Comprehensive Health Center or the Ophthalmology Clinic at the Olive View Medical Center.

Required Documentation:

Complete History and Physical:	□Yes ■No
Consult Form:	■Yes □No
Diagnostic Studies:	■Yes □No
Doctor's Notes	■Yes □No
Lab Results:	□Yes ■No
Medical Records:	□Yes ■No
Pathology Report:	□Yes ■No
X-ray Reports	□Yes ■No

Other:

Special Instruction: Outside referrals are accepted, as well as internal referrals.

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Family Planning
SERVICE DAYS/HOURS	Every Thursday 12:30 p.m. - 4:30 p.m. 1st, 3rd and 5th Tuesday 4:30 p.m. – 8:30 p.m.
LOCATION Mid-Valley Comprehensive	Health Center, 2nd floor 818-947-4026

Conditions Treated: Family Planning, vaginal complaints, screening, evaluation and treatment of sexually transmitted infections; urinary tract infections, hepatitis B vaccination, screening for cervical and breast cancer. HPV Vaccination available for age up to 18.

Required Documentation:

Complete History and Physical:	□ Yes x No
Consult Form:	□ Yes x No
Diagnostic Studies:	□ Yes x No
Doctor's Notes	□ Yes x No
Lab Results:	□ Yes x No
Medical Records:	□ Yes x No
Pathology Report:	□ Yes x No
X-ray Reports	□ Yes x No

Other:

Special Instruction: Patient should be instructed to call for an appointment; referral form not needed. Patient should have reproductive capacity (no history of Bilateral Tubal Ligation, hysterectomy, or menopause) and be below the age of 55.

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	Gastroenterology Clinic
SERVICE DAYS/HOURS	**1st, 3rd & 5th Monday – 8:00 a.m. – 12:00 p.m.**
LOCATION	Clinic C, 2A140

Conditions Treated:

- Dyspepsia**
- Ulcer Disease**
- Reflux Esophagitis**
- Bright Red Blood Per Rectum (w/o Diarrhea)**
- Chronic Viral Hepatitis**
- Abnormal Aminotransferase (in asymptomatic patients)**
- Iron Deficiency Anemia**
- Acute Diarrhea (not requiring hospitalization)**
- Chronic Diarrhea
- Chronic Constipation**
- Colon Cancer Screening/Surveillance**
- Active Inflammatory Bowel Disease (Crohn's disease, ulcerative colitis)
- Inadequate Bowel Syndrome (requiring home parenteral nutrition or specialized enteral feedings)
- Jaundice
- Disorders requiring biliary stenting
- Rare secretory tumors (e.g., Zollinger-Ellison syndrome or VIPomas)
- Generalized malabsorption
- Patients with end-state liver disease, accepted to transplant program and awaiting the organ (patients who have had transplants are followed by the transplant center)
- Dysphagia
- Abdominal pain

Required Documentation:

Complete History and Physical:

Consult Form:	☒ Yes	☒ No
Diagnostic Studies:	☒ Yes	☐ No
Doctor's Notes	☒ Yes	☒ No
Lab Results:	☒ Yes	☒ No
Medical Records:	☒ Yes	☒ No
Pathology Report:	☒ Yes	☐ No
X-ray Reports:	☒ Yes	☒ No
	☒ Yes	☒ No

Other: _____

Special Instruction:

- Only in-house referrals accepted

****See attached guidelines for appropriate referral to GI Clinic.**

I. DYSPEPSIA*

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Trial of antipeptic therapy for 4 weeks (H-2 blockers, PPIs, sucralfate)
2. Avoid NSAID's (if possible)
3. In absence of documented ulcer, do not treat for H. pylori

REFERRAL TO GI IF

1. Associated anemia, gastrointestinal bleeding, weight loss (when initially seen)
2. Abnormal UGI series (and biopsy required for clarification)
3. Failure to respond to therapy after 4 weeks, or, if respond, recurrence within 4 months.

* A syndrome encompassing most or all of the following:
   1) Upper abdominal (usually epigastric) discomfort
   2) Burning quality
   3) Intermittent during day, usually occurring an hour or so after eating
   4) Relief with food or antacids
   5) Episodic (occurs for a few weeks or months, resolves for weeks or months)
   6) No associated bleeding, anemia, weight loss

II. DOCUMENTED* UNCOMPLICATED** ULCER DISEASE

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Acute phase (first 6-8 weeks)
   a) Antipeptic therapy (H-2 blockers, PPIs, sucralfate)
   b) Avoid/discontinue NSAID's if possible
   c) Dietary restrictions - none
   d) If disease is not due to NSAID's, can empirically treat for H. pylori

2. 6-8 weeks later
   a) If duodenal (or "pre-pyloric") ulcer and symptoms resolved, no need to prove healing (do not order repeat X-ray or ask for repeat endoscopy)
   b) If non-prepyloric gastric ulcer (previously thought to be benign) and symptoms resolved, repeat diagnostic procedure to prove healing

REFERRAL TO GI IF

1. Failure to have satisfactory symptomatic response to medical therapy
2. Suspicion of gastric malignancy
3. Development of complication
4. Three or more symptomatic episodes in a twelve month period

* Proven on UGI X-ray or endoscopy
** No perforation, obstruction, or overt bleeding

III. REFLUX ESOPHAGITIS*

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

Medical therapy: Trial of antipeptic therapy (H-2 blockers, PPIs)

Life Style modifications:
1. Weight reduction if patient overweight (even mildly so)

2. Elimination of garlic, onion, mint, and chocolate (as well as any other specific foods that aggravate condition); avoid eating for several hours before going to sleep
3. Discontinue smoking and alcohol; reduce or discontinue use of aspirin or NSAID's
4. Avoid tight or abdominally-constricting clothing
5. If symptoms at night, place 4-6" blocks under legs at head of bed (so patient sleeps with head higher than feet, but without any forward bending and resultant compression of abdominal cavity)

REFERRAL TO GI IF

1. Above regimen fails (Note: condition is chronic, so regimen may have to be life-long)
2. Presence or development of overt bleeding, dysphagia, unintentional weight loss

* A syndrome encompassing most or all of the following:
   1) Substernal discomfort
   2) Burning quality
   3) Intermittent during day, usually occurring an hour or so after eating
   4) Tendency to occur with recumbency
   5) Relief with food or antacids
   6) No associated dysphagia (difficulty swallowing), weight loss, or overt bleeding

IV. BRIGHT RED BLOOD PER RECTUM* (WITHOUT DIARRHEA)

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Careful examination of anal canal for fissures/hemorrhoids
2. Decrease hardness of stool
   a) Bulk agents (See constipation suggestions) - This is first line treatment
   b) Docusate (Colace^{R}) 50-100 mg 1-2 times daily can be added to the regimen
3. If fissure present, daily Sitz baths with careful drying of anal area and either a local application of zinc oxide ointment or Anusol HC suppositories bid (1 week)
4. If hemorrhoid present, see hemorrhoid strategy (Surgery service) – The GI service does not perform hemorrhoidal obliterative procedures

REFERRAL TO GI (Note that patients <40 rarely have serious underlying diseases) IF

1. Bleeding persists
2. Associated weight loss, anemia

* Blood spotting or only a few cc's of blood per episode

V. CHRONIC VIRAL HEPATITIS

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Assessment for symptoms of fatigue or anorexia
2. Assessment for evidence of liver failure*
3. Q 12 month assessment for evidence of liver failure*
4. Q 12 month screening for hepatoma if patient known to have cirrhosis (α-fetoprotein, right upper quadrant ultrasound)
5. If HBsAg positive, Q 12 month assessment for disappearance of this marker

REFERRAL TO GI IF

1. Candidate for treatment (only if fatigue severe enough to prevent usual activities or anorexia severe enough to result in weight loss) - see attached information for rationale

2. Candidates for liver transplantation can be directly referred to UCLA (Must have permanent Medi-Cal or private insurance, be sober >1 year, have home support system [family or friends available for psychological and medical assistance], and be compliant for medications.) If fulfill these criteria, call UCLA Liver Transplant Office (310-825-8138).

- This includes the following: 1) abnormal prothrombin time; 2) low white blood cell or platelet count (hypersplenism); 3) low serum albumin; 4) ascites; 5) hepatic encephalopathy; 6) variceal bleeding; 7) cutaneous manifestations (e.g., palmar erythema, spider angiomata, Dupuytren's contracture). The presence of any one or more of these signs is of potential prognostic utility, as they predict a high likelihood for future hepatic morbidity.

Treatment of Chronic Viral Hepatitis: Policy of the GI Service at OV-UCLA Medical Center

The GI service is not routinely treating patients with chronic viral hepatitis with interferon (IFN) with lemivudine (for hepatitis B) or ribavirin (for hepatitis C). There are currently no convincing data that treatment results in clinical benefit in these patients and such treatment does cause substantial morbidity. (One study has suggested that lamivudine alone was useful in patients with severe fibrosis secondary to chronic hepatitis B.)

Most patients with chronic viral hepatitis do not have many, if any, symptoms related to the hepatitis itself. (A few have overwhelming fatigue that interferes with their daily life style, a separate consideration discussed below.) Treating them will not make them less symptomatic in the short term. The rationale for treating rests on the hope that it will prevent end stage liver disease (and either death or the need for a liver transplantation) and/or liver cancer.

Clinical trials have shown that antiviral therapy makes biochemical, histologic, and serologic tests better in some patients. For those with hepatitis C, up to 50% of those treated with combination therapy (pegylated IFN + ribavirin) become HCV-RNA negative. About half of those with HBeAg-positive hepatitis B who received IFN for a year undergo HBeAg seroconversion after treatment. None of the trials followed patients for long periods of time. In fact, only the earlier trials even included an untreated group, and, after the trial, those controls received IFN. Hence, there is no information to address the issue of whether improving a surrogate end point in some patients results in a decrease in long-term morbidity in the group as a whole. Treatment even causes occasional fatalities (exacerbation of hepatitis or coexistent autoimmune processes, or depression resulting in suicide).

It takes decades for end stage liver disease to occur; moreover, this event does not develop in everyone. In the 1970's, a cohort of 90 patients who developed non-A, non-B post-transfusion hepatitis at UCLA were identified. 25-30 years later, only 8 of them developed any manifestation of liver failure; during that same time, over half of the total population had died of non-liver conditions with normal liver function (Hepatology 1998; 28:673A). A cooperative study comparing transfused patients who did, or did not, develop post-transfusion hepatitis found no difference in the long-term survival between the two groups (N Eng J Med 1993; 327:1906-11). Only 2 out of 17 hepatitis C positive US Army recruits had liver failure 45-50 years later (Hepatology 1998;28:360A). Liver failure is not being seen in a large cohort of Irish women who were exposed to a hepatitis C contaminated globulin two decades earlier (N Engl J Med 1999;340:1288-33) nor in children who received HCV-contaminated blood as infants years earlier (N Engl J Med 1999; 341:866-70).

The issue of long-term prognosis in hepatitis C can also be assessed from an epidemiologic perspective. There are about 3.5 - 4 million hepatitis C carriers in the United States. Only about 10,000 deaths or transplantations occur each year in this group. At this rate, most infected people can expect to die of something other than liver disease. We have no way to identify which infected people will develop end stage liver disease. Hence, if we are going to treat, we must treat them all. As a result of such a policy, many who would never have gotten into trouble would be subjected to the side effects of therapy without having any benefit.

The characteristics of treatment responders are different from those of individuals destined to develop end stage liver disease. Responders have lower titers of virus, shorter durations of infection, and no cirrhosis on their pre-treatment liver biopsies. Hepatitis B responders have associated features suggesting that they may be about to undergo spontaneous seroconversion. It may be that IFN only

accelerates in time an event that was predetermined to occur anyway. (If the non-responding group contains all of the patients who are destined to developed end-stage disease, the treatment would not prevent any subsequent liver deaths or transplants.)

Until and unless a long-term controlled trial shows that treatment results in better clinical outcomes, the GI service has no reason to assume that that is the case. Hence, we do not offer therapy routinely.

Although there is no established reason to treat, some physicians are doing so. Several reasons could be cited for this behavior. An NIH Consensus Conference recommended that patients whose liver biopsies demonstrated significant inflammation and fibrosis should be considered for therapy; however, this same statement recognized that there were no data indicating that the long term course was altered, a point made by the US Preventive Services Task Force. The ongoing publicity campaign "educating" the public about hepatitis C makes analogies between hepatitis C and AIDS, even though such a comparison is inappropriate. (Untreated, AIDS is universally fatal; if left untreated, the vast majority of patients with hepatitis C will live perfectly normal lives.) It is not a coincidence that the campaign is being financed by pharmaceutical firms and manufacturers of serologic tests, groups with obvious vested interests in promoting hepatitis C testing and treatment. Finally, some physicians may be treating simply because they have nothing else to offer. However, doing nothing is better than doing something bad. There are a large number of side effects associated with this antiviral therapy, including death. (Virtually everyone who is treated does develop some adverse side effects.) Furthermore, a single course of therapy is expensive, and, given the large number of potential candidates in the community, such an intervention will represent a major drain on our limited resources.

Only 2 groups of patients are being considered for therapy by the GI Service. The first is that small subgroup in whom fatigue is causing substantial hardship. If one assumes that the fatigue is related to the inflammatory component of the disease (as measured by the enzyme levels and to be distinguished from the scarring component of the disease, i.e., cirrhosis), it may be that those symptoms will be improved if a biochemical remission is achieved. There are no data from the controlled trials to prove this; in fact, the symptom scores were not improved at all by the drug in those studies. Nevertheless, we will evaluate patients with severe fatigue. This fatigue must be secondary to hepatitis and not functional. (A useful question to ask in this regard is to inquire about sleep patterns; if the patient cannot fall asleep or stay asleep, this problem is probably functional [i.e., caused by depression and/or anxiety] and not hepatic in origin.) (Note: Depression is a contraindication for the use if IFN.)

The second is the small group of patients who are having disabling extrahepatic manifestations of hepatitis C (e.g., cryoglobulinemia). Such patients can be referred to GI, but it is likely that they will need to be seen by the specialty service that cares for patients in that extrahepatic organ system (e.g., Rheumatology or Nephrology).

VI. ABNORMAL AMINOTRANSFERASE* (IN ASYMPTOMATIC INDIVIDUALS)

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Evaluate (with history, physical exam, and simple laboratory tests) for underlying causes
    a) Viral hepatitis (IgM-anti-HA, HBsAg, anti-HCV)
    b) Drugs/toxins (including alcohol and over-the-counter medications)
    c) Fatty liver (obesity, diabetes, hyperlipidemia)
2. Evaluate for occult manifestations of liver disease (using exam only) - large spleen, skin changes
3. If patient overweight, diabetic, or hyperlipidemic, institute treatment measures
4. Follow patient for 6 months to assess progress
    a) Enzyme becomes normal - problem resolved (unless patient has chronic hepatitis B or C, in which case should be treated according to chronic hepatitis guideline)
    b) Enzyme remains abnormal
        1) Assess iron stores (serum iron and total iron binding capacity) for hemochromatosis (concern if saturation >60% in males or >50% in females)
        2) Assess smooth muscle and antinuclear antibody status (for autoimmune chronic hepatitis)

3) In the absence of neurologic findings, the likelihood of Wilson's disease is so small that copper studies should not be done; similarly, α_1-anti-trypsin deficiency is not an issue in adult liver disease, and that disease should also not be sought.

5. Consider liver biopsy if
    a) Question of autoimmune chronic hepatitis
    b) Although traditionally done for hemochromatosis in the past, with regard to the Olive View population, this will not be done routinely. For those patients from high risk populations (northern European ancestry), genetic testing may be just as helpful. In other populations, the incidence of hemochromatosis is much lower and the genetic testing is not as helpful; hence, in selected cases, biopsy may be appropriate.
    c) Patient develops significant symptoms (fatigue interfering with daily activities, anorexia producing weight loss, or jaundice)
    d) Patient (not physician) wants to know what is wrong (even if no treatment available)
6. If patient has chronic viral hepatitis, see that strategy

REFERRAL TO GI IF

1. Patient is candidate for liver biopsy/treatment

* With normal alkaline phosphatase; if the alkaline phosphatase is also abnormal, obtain ultrasound to evaluate biliary tree.

VII. IRON DEFICIENCY ANEMIA

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Menstruating females - replace iron
2. Male or non-menstruating female
    a) Dietary history for evidence of inadequate iron intake
    b) History for gastrointestinal symptoms
    c) Air contrast barium enema (ACBE)* if no symptoms or if symptoms of lower GI tract
    d) Upper GI series* if above negative or if symptoms of upper GI tract (Remember, if this test negative and ACBE not done, then do ACBE)
    e) Replace iron

REFERRAL TO GI FOR

Endoscopy if X-rays suggest a process which needs histologic evaluation (Note: a] Duodenal ulcers do not require endoscopy in most circumstances; b] Colonoscopy will not be done if the only abnormality noted on the ACBE is “poor preparation and small polyps cannot be ruled out)

* The important concern about iron deficiency is the presence of cancer, especially cancer of the right colon. It must be appreciated that iron deficiency only occurs when the tumor ulcerates and then bleeds for a sufficient time for the iron stores to be depleted. Tumors ulcerate when they outgrow their blood supplies; thus, they are already quite macroscopic (probably several cm in size) and should be apparent on a barium study. Furthermore, most males/non-menstruating females with iron deficiency do not have cancer. The other potentially important diagnosis to make is ulcer disease; again, by the same reasoning, such lesions should be large enough to see with a barium study. If neither of these conditions are present, even if iron deficiency has occurred because of some gastrointestinal bleeding lesion, in the absence of a major bleed (which can be ascertained by history), there is no life-threatening property of that lesion. The patient’s problem is simply the anemia, and that can be corrected by the iron supplementation; a life-time supply of iron is cheaper than an endoscopic procedure.

VIII. ACUTE DIARRHEA (NOT REQUIRING HOSPITALIZATION)

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Duration few days/symptoms mild - symptomatic therapy (in addition to fluid and electrolyte replacement):

a) LoMotil^{R} 2 tablets qid, or
b) Loperamide (Imodium^{R}) 4 mg initially and up to 16 mg qd (Imodium comes as 2 mg tablets)

2. Duration few days/symptoms more severe (especially overt bleeding and/or fever)
    a) Stool cultures (routine bacterial) and stools for O&P (ameba)
    b) Stool for C. difficile toxin if history of recent antibiotic usage
3. Duration for 1-2 weeks (if not previously done)
    a) Stool cultures (routine bacterial) and stools for O&P (ameba) - Treat pathogens identified
    b) Stool for C. difficile toxin if history of recent antibiotic usage
    c) If patient is HIV positive, stool for cryptosporidiosis

REFERRAL TO GI IF

1. Diarrhea persists for more than two weeks

IX. CHRONIC CONSTIPATION

DIAGNOSIS/THERAPY PRIOR TO REFERRAL

1. Almost all constipation "functional" and responds to
    a) Fiber (e.g., Metamucil) - begin with 1 tablespoon qd (stirred in liquid and consumed rapidly, before sedimentation occurs)*, and increase dose incrementally until patient having 1-2 bulky stools qd (Note: it is impossible to overdose on fiber)
    b) Increased fluid intake
    c) Increased exercise/ambulation
2. If clearly recent onset or change and/or there are associated symptoms (bleeding, pain, weight loss, anemia), mechanical obstruction or metabolic disturbance should be ruled out.
    a) Rectal examination and BE (if obstruction suspected)
    b) Assessment of serum Na, K, Ca and thyroid function (if metabolic issues suspected)

REFERRAL TO GI IF

1. Obstructing lesion found on BE
2. Patients with negative workups and extreme problems unresponsive to treatment

* Advise patient that, for first few weeks, he or she may have increased flatulence and/or cramps (since bacteria metabolize fiber to H_2 and CO_2).

X. COLON CANCER SCREENING/SURVEILLANCE*

DIAGNOSIS/THERAPY PRIOR TO REFERRAL (Note: Because of the absence of any positive evidence establishing a meaningful benefit, the GI Service at Olive View is not recommending that routine colon cancer screening be implemented – See explanatory policy)

1. Known hemoccult positive stool in asymptomatic - If done for colon cancer screening and followup desired, air contrast barium enema (ACBE) can be ordered.
2. History of polyps - If adenomatous polyps > 1 cm or with higher risk characteristics (high-grade dysplasia, villous elements), GI will consider colonoscopic surveillance 5 years later
3. History of prior cancer – Several randomized trials have shown that intensive colonoscopy programs are not effective for at least 5 years after the surgery, so GI is not offering such surveillance. (GI will consider such colonoscopy after 5 years.)
4. The following are still considered to be candidates for screening/surveillance
    a) Patients with $\geq$ 2 first-degree relatives with colon cancer
    b) Patients with family histories that include i) 3 or more members with cancer of the colon or rectum, uterus, or transitional cell cancer of the renal pelvis or ureter; ii) 1 of those family members is a first degree relative; iii) at least 2 successive generations of relatives were represented; iv) at least 1 of those cases was diagnosed in an individual < 40 years of age. (Note: these are the Amsterdam criteria for suspecting Lynch syndrome)
    c) Patients with > 10 years of ulcerative colitis involving entire colon

REFERRAL TO GI IF

1. One of the above exceptions
2. Endoscopic evaluation of abnormal barium enemas (Note: Colonoscopy will not be provided if the only "abnormality" is that "small polyps cannot be excluded")

* Screening - Looking for cancer in a patient without prior polyps or cancer
Surveillance - Looking for recurrent lesions in patients with histories of cancer or polyps

Colon Cancer Screening Policy:

Colon cancer screening is being recommended by a number of people. However, the criteria for accepting cancer screening have required that the screening test be both effective and that the cost per life-year saved be no more than $25-50,000. The currently available data do not support the implementation of colon cancer.

The only way that cancer screening can be shown to be effective is via a prospective randomized controlled trial. This is because of the various biases that must occur when data from non-randomized experiences are considered. These biases include selection bias, lead-time bias, and length-time bias.

There have been three large randomized trials that have assessed hemoccult screening (J Natl Cancer Inst 1999; 91:434-7; Lancet 1996; 348:1467-71; Lancet 1996; 348:1472-7). All three found that such screening translates into about a 30% reduction in colon cancer mortality. Thus, efficacy has been established. In all three studies, however, there were no differences in overall survival. While this could be a type II error, it is to be noted that over 250,000 individuals were evaluated. The power of seeing a difference in survival of 0.5% was 0.70. If the total mortality data from the three studies are simply arithmetically combined, the respective rates are 28.6%in the screened subjects and 28.0% in the controls. (This difference favoring the controls is actually statistically significant!) In two of these trials, the numbers of cardiovascular deaths were arithmetically higher in the screened group. This may be due, in part, to the inescapable fact that, in the process of screening, asymptomatic lesions will require surgery. Since these lesions occur largely in an elderly population, some perioperative (and premature) deaths must result from screening. Furthermore, terminal colon cancer does produce weight loss and subsequent lower serum levels of cholesterol. The combination of these phenomena may account for the lack of improved overall survival. In any event, we have no data to date proving that hemoccult screening improves overall survival. If there are no life-years saved, as soon as any investment is made (e.g., the cost of the cards), the cost per life-year saved becomes infinite. (This far exceeds the accepted monetary limits.)

We only have one trial of flexible sigmoidoscopic screening (Scand J Gastroenterol 1999; 34:414-20). In that study, the all-cause mortality in the screened group was significantly higher than the mortality in the control group. This may only be a statistical quirk, but these data certainly do not establish efficacy. There are no trials of screening colonoscopy.

In summary, we have no reliable evidence that colon cancer screening meets the established criteria for implementation. Since there is a limited amount of resources available in the county health care system, we should use them for interventions with established value first. Colon cancer screening is not such an intervention.

XI. Abdominal Pain

The GI Service is frequently asked to evaluate patients with abdominal pain. It is important to realize that the initial step in such an evaluation is a good history and physical examination. It is not necessary to be a GI Specialist to do this. It is expected that any consultation request for GI to evaluate a patient with abdominal pain will provide the following details:

1. A detailed history of the pain, including
    a. Duration of pain

   b. Location of pain
   c. Timing of pain – is it present all of the time, or is it intermittent? If the latter, how often do the episodes occur and how long does each one last?
   d. Are there any aggravating or alleviating factors? (What makes the pain better or worse?)
   e. Are there any associated systemic signs or symptoms (fever, weight change)?
   f. Are there any associated GI signs or symptoms (bleeding, change in bowel habits)?
2. The results of the physical examination
3. A summary of the diagnostic tests performed, as well as the results. (It is not the job of the GI service to find out the results of these tests and report them to the patient.)
4. A summary of the therapeutic interventions tried to date, as well as the results.
5. A specific diagnostic impression

The GI Service is often asked to see patients with functional bowel disease. At times, it is appropriate to have GI see such a patient on a one-time basis to allay any anxiety that the patient (or, at times, even the doctor) has regarding the possibility of a missed diagnosis. On the other hand, once a workup has been accomplished, there is no need to repeat it unless there has been some change in the clinical presentation to suggest that a second process is now present. Furthermore, one of the most important aspects in the management of functional bowel disease is the ongoing care of a single physician. The GI Clinic does not have the resources to assume the long-term care of the vast majority of these patients, nor do we have the ability to supply single physician follow-up. Thus, most of these patients are referred back to a primary care setting.

GI CLINIC

PATIENTS BEING FOLLOWED LONG TERM ARE THOSE WITH:

1. Active inflammatory bowel disease (Crohn's disease, ulcerative colitis)
2. Severe reflux esophagitis (documented strictures or ulcers)
3. Chronic viral hepatitis being treated with antiviral agents
4. Inadequate bowel syndrome requiring home parenteral nutrition or specialized enteral feedings
5. Unusual malabsorption syndromes (e.g., sprue)
6. Disorders requiring biliary stenting
7. Rare secretory tumors (e.g., Zollinger-Ellison syndrome or VIPomas)
8. Patients with end-stage liver disease already accepted to transplant program and awaiting the organ (Patients who have had transplants are followed by the transplant center.)

PATIENTS WHO SHOULD BE REFERRED:

1. Any of the above conditions who are not yet in the clinic*
2. Any satisfying the referral criteria from the guidelines
3. Requirement for endoscopy to evaluate an abnormality found on X-ray
4. Requirement for liver biopsy
5. Requirement for endoscopic evaluation of the biliary tree
6. Requirement for percutaneous endoscopic gastrostomy (PEG)
7. Suspected inflammatory bowel disease
8. Dysphagia
9. Unexplained chronic abdominal pain that cannot be adequately evaluated in other venues
10. Patients with treatment-refractory symptoms of end stage liver disease (e.g., ascites)
11. Others by arrangement with the GI attending physician

*Note: if a decision to treat a patient for viral hepatitis was made elsewhere, GI will not in general, continue that treatment.)

PATIENTS WHO SHOULD NOT BE REFERRED

1. Patients with dyspepsia, reflux esophagitis, rectal bleeding, chronic viral hepatitis, abnormal aminotransferases, iron deficiency anemia, acute diarrhea, constipation, or ulcers who do not meet the guideline criteria for referral
2. Routine colon cancer screening (or endoscopic followup for positive hemoccults)
3. Evaluation for non-cardiac causes of chest pain (empiric trials of anti-reflux management or smooth muscle relaxants can be tried)
4. Patients with end-stage liver disease who require straightforward medical management (e.g., diuretics, beta-blockers, lactulose, prophylactic antibiotics)

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	GENERAL MEDICINE CLINIC (PCC, GEN. MED, AMB MED)
SERVICE DAYS/HOURS	MONDAY – FRIDAY 8:00AM – 4:30 PM (EXCEPT WEDNESDAY AM)
LOCATION	CLINIC A (2A123)
CONDITIONS TREATED:	CONITINUITY OF CARE FOR CHRONIC MEDICAL CONDITIONS.

REQUIRED DOCUMENTS:

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

Other:_____

SPECIAL INSTRUCTIONS:

SEE ATTACHED CRITERIA BELOW

PROCEDURE FOR REVIEW AND TRIAGE OF ALL REFERRALS TO HOSPITAL-BASED PRIMARY CARE IN CLINIC A

Referrals for Hospital-based Primary Care should be routed to Clinic A for review. Residents in the UCLA-San Fernando Valley Program are encouraged to refer inpatients and outpatients under their care requiring continuity care to their own Primary Care Clinic (i.e. PCC or MVCH) for follow up. Those patients with chronic stable medical conditions at the time of discharge from the hospital or urgent care setting can be referred to the continuity care in clinic A in the following priority. Patients in category 4 should be informed that appointments would be extremely limited in the hospital-based continuity clinic due to lack of capacity.

Category:

1. Acute decompensation of one or more chronic medical illnesses requiring care within 6-8 weeks. This includes newly diagnosed major medical illnesses, e.g. Diabetes, CAD/CHF, Hypertension, Asthma/COPD.

2. Chronic illnesses that are poorly controlled or have manifested secondary complications requiring care within 2-3 months.

3. Chronic stable major medical illnesses requiring ongoing continuity care to prevent potential secondary complications.

4. Conditions which causes discomfort but is stable and unlikely in leading to life threatening complications. This also including those who are referred strictly for preventive care.

Please check each patient's appointment status prior to referral to minimize duplication of clinic or primary provider assignment. Referrals are reviewed weekly and triage into available appointments. For further questions, please contact Rhonda Polzin R.N. (Charge Nurse), Dr. Fred Adler or Dr. Katherine Yu at ext.3125.
* For more urgent one-time referral, please contact Dr. Matt Waxman Or Scott Lundberg at ext. 3205 for possible Medical Follow up appointment within 2-4 weeks.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	GENERAL SURGERY
SERVICE DAYS/HOURS	Monday 12:30 PM – 3:50 PM Thursday 12:30 PM – 3:50 PM
LOCATION	Clinic B (2A 185)

CONDITIONS TREATED

- Lung and Mediastrial tumor
- General Post – op follow ups
- Hernias and soft tissue tumors
- Gallbladder and billiary disease
- Peptic ulcers and other stomach disease
- Esophageal, Pancreatic and Colon disease
- Thyroid and Parathyroid disease

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes □ No
Consult Form:	□ Yes □ No
Diagnostic Studies:	□ Yes □ No
Doctor's Notes	□ Yes □ No
Lab Results:	□ Yes □ No
Medical Records:	□ Yes □ No
Pathology Report:	□ Yes □ No
X-ray Reports	□ Yes □ No

OTHER: _____

SPECIAL INSTRUCTIONS

See attached

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	GENERAL SURGERY (BREAST)
SERVICE DAYS/HOURS	Tuesday 12:30 PM – 4:10 PM
LOCATION	Clinic B (2A 185)
CONDITIONS TREATED	ANY BREAST PATHOLOGY (PRE –OP AND POST OP) **EXCEPT:** BREAST PAIN WITH NEGATIVE EXAM AND MAMMOGRAM, NIPPLE D/C THAT IS CLEAR AND SPONTANEOUS. BREAST LUMP <22 YRS OLD NO ROUTINE SCREENING (EVEN WITH POSITIVE FAMILY HISTORY)

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: ACTUAL MAMMOGRAM

SPECIAL INSTRUCTIONS

See Attached

SERVICE	**BREAST**
CONDITIONS:	**BREAST MASS** IN YOUNG WOMEN (< 22 YEARS OLD)
SYMPTOMS:	• PALPABLE SMOOTH, SOMEWHAT MOBILE MASS IN A YOUNG WOMEN MEASURING LESS THAN 4CM • MASS USUALLY PRESENT FOR YEARS
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• NON-TENDER OR MINIMALLY TENDER, MOBILE, SMOOTH BORDERED MASS.
TREATMENT PRIOR TO REFERRAL:	• REASSURANCE THAT THIS NOT TYPICAL PRESENTATION FOR BREAST CANCER. • 75% OF ALL NEW BREAST MASSES WILL GO AWAY IN 2-3 MENSTRUAL CYCLES.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• ULTRASOUND OF MASS IF LARGER THAN 4CM
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • NONE IF LESS THAN 4CM • MASSES THAT ARE GREATER THAN 4CM

SERVICE	**BREAST**
CONDITIONS:	**MASSTODYNIA** (BREAST PAIN) WITHOUT MASS.
SYMPTOMS:	• PAIN CAN BE VARIABLE; MILD TO SEVERE, DIFFUSE OR FOCAL, UNILATERAL OR BILATERAL, CYCIAL OR CONSTANT
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• NO PALPABLE DOMINANT MASSES • NEED TO RULE OUT MASTITIS (EITHER LACTATIONAL OR NON-PUERPERAL)
TREATMENT PRIOR TO REFERRAL:	• RESSURANCE THAT THIS IN NOT A TYPICAL PRESENTATION FOR BREAST CANCER • IF PAIN DEBILATING, A COURSE OF NSAID'S IBUPROFIN 400mg Q6H WITH FOOD X5 DAYS WILL USUALLY HELP. • FOR LESSER COMPLAINTS OF PAIN, NSAID PRN WILL USUALLY RELIEVE SYMPTOMS.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• MAMMOGRAM FOR ANY WOMAN OVER AGE 40 IF NONE IN LAST YEAR. • ULTRASOUND OF DOMINANT MASS IF MASS PRESENT.
SPECIAL INSTRUCTIONS:	SPECIALITY REFERRAL REQUIRED IF: • FAILURE OF ABOVE • PALPABLE DOMINANT MASS.

SERVICE	**BREAST**
CONDITIONS:	**NIPPLE DISCHARGE**
SYMPTOMS:	• NON-BLOODY NIPPLE DISCHARGE (EITHER UNILATERAL OR BILATERAL); CAN VARY IN COLOR FROM LIGHT YELLOW TO GREENISH TO DARK BROWN (NEARLY BLACK); CAN ALSO BE MILKY.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• NO PALABLE DOMINANT MASSES • NEED TO RULE OUT MASTITIS (EITHER LACTATIONAL OR NON-PUERPERAL)
TREATMENT PRIOR TO REFERRAL:	• REASSURANCE THAT THIS IS NOT A TYPICAL PRESENTATION FOR BREAST CANCER; 90% OF NON-LACTATING WOMEN HAVE SOME NIPPLE DICHARGE.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• MAMMOGRAM FOR ANY WOMEN OVER AGE 40 IF NONE IN LAST YEAR • ULTRASOUND OF DOMINANT MASS IF PRESENT • SERUM PROLACTIN IF DISCHARGE MILKY (DO NOT ORDER HEAD CT SCAN)
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • BLOOD NIPPLE DISCHARGE • ABNORMAL MAMMOGRAM AND/OR ULTRASOUND • PALPABLE DOMINANT MASS • ELEVATED SERUM PROLACTIN WITH MILKY DISCHARGE

ValleyCare Olive View–UCLA Medical Center

GENETIC SERVICES REFERRAL GUIDELINES

SERVICE	**Preconceptional / Prenatal Genetic Services**
SERVICE DAYS/HOURS	**Tuesday, 8am-4.30 pm** **Thursday, 8 am-4.30 pm**
LOCATION	**3A 101**

Conditions Treated: See attached list also
Advanced maternal age, abnormal expanded AFP results, fetal abnormalities
personal or family history of known genetic disorder, birth defects or chromosome abnormality, exposure to known or suspected teratogen, mother with medical condition that may affect fetal development, parental consanguinity, parent with known carrier of genetic abnormality, unexplained infertility, multiple pregnancy losses, stillbirths,
family history of mental retardation of unknown etiology

Required Documentation:

Complete History and Physical:	xYes □ No
Consult Form:	x Yes □ No
Diagnostic Studies:	x Yes □ No
Doctor's Notes	x Yes □ No
Lab Results:	xYes □ No
Medical Records:	x Yes □ No
Pathology Report:	x Yes □ No
X-ray Reports	x Yes □ No

Other:_Ultrasound report

Special Instruction: Tel number for referral is 818-364-4349
See page 2

Olive View UCLA Medical Center
Fetal Assessment Unit

Indications for Referral for Genetic Services:
<u>Preconception/Prenatal</u>

- Advanced maternal age *(35 years or older at delivery; 32 years or older for a twin gestation)*
- Abnormal serum multiple marker screening results *(e.g. triple screen, quad screen, and first trimester screen)*
- Fetal abnormalities on prenatal ultrasound *(e.g. structural malformations, hydrops, oligohydramnios, growth retardation with no known etiology)*
- Personal or family history of a known or suspected genetic disorder, birth defect, or chromosomal abnormality
- Family history of mental retardation of unknown etiology
- Exposure to a known or suspected teratogen *(e.g. alcohol, parvovirus, rubella, anticonvulsants, Accutane, lithium, recreational drugs)*
- Mother with a medical condition known or suspected to affect fetal development *(e.g. diabetes, alcoholism, PKU, etc)*
- Parental consanguinity
- Either parent or other family member with a chromosome rearrangement
- Parent is a known carrier or has a family history of a genetic disorder for which prenatal testing is available *(e.g. Tay-Sachs disease, cystic fibrosis, sickle cell disease, alpha and beta thalassemia)*
- Unexplained infertility or multiple pregnancy losses (three or more miscarriages) or previous stillbirths
- Absence of the vas deferens
- Premature ovarian failure

January 2006

ZT/2006

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Gynecology – 19A
SERVICE DAYS/HOURS	Tuesday – 8:00 a.m. – 5:00 p.m. Wednesday - 8:00 a.m. – 12:00 p.m. Thursday – 1:00 p.m. – 5:00 p.m. Friday - 8:00 a.m. – 12:00 p.m.
LOCATION	Clinic D –2A167

Conditions Treated:

- Any gynecological condition, excluding routine well – women examinations

Required Documentation:

Complete History and Physical:	☐ Yes ☒ No
Consult Form:	☒ Yes ☐ No
Diagnostic Studies:	☒ Yes ☐ No
Doctor's Notes	☐ Yes ☒ No
Lab Results:	☐ Yes ☒ No
Medical Records:	☒ Yes ☐ No
Pathology Report:	☒ Yes ☐ No
X-ray Reports	☐ Yes ☒ No

Other: See Special

Special Instruction:

- Pap Smear, Mammogram, Ultrasound reports need to be provided if done at outside clinic.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	GYN ONC 19D
SERVICE DAYS/HOURS	Monday – 1:00 p.m.- 5:00 p.m.
LOCATION	CLINIC D – 2A167

Conditions Treated:

- Gynecological precancerous and cancerous conditions

Required Documentation:

Complete History and Physical:	☐ Yes	☒ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☐ Yes	☒ No
Doctor's Notes	☐ Yes	☒ No
Lab Results:	☐ Yes	☒ No
Medical Records:	☒ Yes	☐ No
Pathology Report:	☒ Yes	☐ No
X-ray Reports	☐ Yes	☒ No

Other:_____

Special Instruction:

- To expedite referral of cancer patients e-mail Latisha Smith at lsmith@ladhs.org or call AFTERCare 818-364-3163.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	GYNECOLOGY WALK-IN	
SERVICE DAYS/HOURS	TUESDAY AM/PM WEDNESDAY AM	THURSDAY PM FRIDAY AM
LOCATION	CLINIC D 2A-167	

Conditions Treated:
URGENT GYNECOLOGICAL CONDITIONS

Required Documentation:

Complete History and Physical:	□ Yes	☒No	
Consult Form:	☒Yes	□ No	
Diagnostic Studies:	□ Yes	☒No	
Doctor's Notes	□ Yes	☒No	
Lab Results:	☒Yes	□ No	
Medical Records:	☒Yes	□ No	} if applicable
Pathology Report:	☒Yes	□ No	
X-ray Reports	☒Yes	□No	

Other:_____

Special Instruction:

- RESTRICTED TO GYNECOLOGY SERVICE ONLY
- MUST BE APPROVED BY DR. OREGON

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	HEMATOLOGY
SERVICE DAYS/HOURS	MONDAY 12:00PM-3:00PM
LOCATION	2A140 CLINIC C

Conditions Treated:
- MONOCLONAL GAMMOPATHY (NOT POLYCLONAL GAMMOPATHIES)
- THROMBOCYTOPENIA
- IRON DEFICENCY ANEMIA
- ANEMIA
- COAGULOPATHY
- HYPERCOAGULABLE EVALUATION

Required Documentation:

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

Other:_____

Special Instruction:

See attached

Referral Guidelines

We only see adult patients (age 18 or older) or emancipated minors.

All consults will all be reviewed. Clearly state question to be answered. Contact MD's (both housestaff and attending) & primary care provider must be identified on the consult with a legible name, beeper # or email address. The contact MD may be contacted for more information or declining of the consult. All consult requests should include appropriate history, lab reports, scan results and pathology.

The outpt attending can be contacted for any questions. Call 818-364-3205 for current attending.

HEMATOLOGY CLINIC REFERRRAL GUIDELINES

Monoclonal Gammopathy (not polyclonal gammopathies)

Monoclonal gammopathy can be related to plasma cell disorders (MGUS, plasmacytoma, myeloma), B-cell lymphoproliferative disorders, hepatitis C, HIV (hepatitis C and HIV could have an associated lymphoproliferative disorder) and dermatologic disorders. Polyclonal gammopathy is a reactive process, not associated with a specific malignancy and will not be evaluated. In the consult document date of symptoms and date of labs ordered. To start the workup to exclude a plasma cell dyscrasia or lymphoproliferative process please order the following prior to referral:

- SPEP, Serum immunofixation, quantitative immunoglobulins
- 24 hour urine for protein,immunoelectropharesis with immunofixation
- CBC, chemistries to include BUN, creat, calcium, ESR, LDH, LFT'S, total protein, ALB
- Skeletal x-ray (bone) survey (not a nuclear bone scan!)

Thrombocytopenia (all CBC's should have manual differential)

Thrombocyopenia can be caused by multiple etiologies. Thrombocytopenia can result from medication, alcohol, liver disease, connective tissue disorders, thyroid dysfunction, pregnancy, HIV, DIC, sepsis, primary bone marrow disorders and idiopathic. Splenomegaly can result in platelet counts as low as 50,000. If the splenomegaly is from liver disease an evaluation is not necessary.

In order to exclude pseudothrombocytopenia (platelet clumping) perform a CBC on a blue top tube with manual platelet count.

If the plt count is greater than 100,000 monitor every 3-4 months to document stability- does not require a referral if plt count remains over 100,000.

- review medication list for causative medications most common- penicillins, cephalosporins, sulfonamides, quinidine, H-2 blockers, simvastatin- If a causative agent is identified stop the medication and repeat in CBC in 6 weeks to document recovery. If the platelet count doesn't recover refer for evaluation but include dates of labs and medications changed on the consult as well as all current medications.
- Perform HIV, liver function tests, hepatitis serologies, TSH, ANA and image spleen with either an ultrasound or CT.
- If white blood cell differential is suspicious for malignancy may refer without additional testing.

Iron deficiency anemia

Iron deficiency usually results from blood loss. The primary team is responsible for documenting the source of blood loss not hematology. Common causes include peptic ulcer disease, esophageal varices, gastritis, angiodysplasia , malignancy, menses, and malabsorbtion.

-
- Iron replacement should be taken 30 – 45 minutes before a meal which causes less GI side effects. Also starting with one iron tablet daily then gradually increase by one tablet daily to a maximumof 3 pills to improve tolerance.
- Iron requires an acidic environment to be absorbed, and PPI's or H2 blockers may decrease absorbtion. If there is no response to the iron add 500 mg of vitamin C with each iron tablet. Iron should be replaced with only a pure iron supplement not a MVI with iron.
  Iron replacement should be continued until the CBC and ferritin are normal plus an additional six months to replete bone marrow iron stores.

  If unresponsive to iron therapy continued bleeding should be excluded. Iron should be continued as long as bleeding is a problem.

  If not responding to iron and bleeding excluded perform oral iron absorbtion test. Have pt stop iron pill the night before the test. Obtain a baseline serum iron, have the pt take an iron pill and repeat the serum iron in one hour. If the serum iron increases the pt is absorbing iron.

  Refer if the pt may need IV iron not for a workup.

Anemia

Anemia can result from multiple etiologies. Anemia may also be multifactorial which may render the MCV normal with a mixed picture. Anemia can also result from suppression of erythropoiesis from infections or inflammatory states.

Low MCV-(excluding iron deficiency)- work up to exclude chronic disease (nl RDW, nl iron stores) and if cannot identify a chronic disease a hemoglobin electropharesis with levels of hemoglobin A2 and F should be done, and a retic count .

Normal MCV- creatinine, thyroid function testing, ESR, testosterone (males), SPEP with immunofixation, ESR, retic count
Elevated MCV- B12, folate levels, liver function tests, direct coombs -review medications- hydroxyurea, dilantin, HIV meds
Evaluation should include a reticulocyte count, peripheral smear, creatinine and TSH, and other testing appropriate for the clinical history.

If a treatable cause is identified then management should be by the primary team. If there is an increased retic ct, elevated LDH, bili suspicious for hemolysis; suspected malignancy or unclear diagnosis please refer for evaluation..

Coagulopathy

Abnormal coagulation can be seen in congenital or aquired liver disease, DIC, decreased vitamin K from antibiotics, TPN and warfarin. An isolated elevation of PTT is seen with heparin therapy and with a lupus anticoagulant. A lupus anticoagulant without the antiphopholipid antibody syndrome is only a laboratory abnormality, and does not result in bleeding or thrombosis.
For coagulapthies that are not secondary to medication, vitamin K deficiency or liver disease, may refer for evaluation.

If pt is actively bleeding with coagulopathy , urgent evaluation is necessary in ER.

Hypercoagulable evaluation

Clinical scenarios that do not require a hypercoagulabe workup include- pregnancy, recent surgery, immobilization, trauma, active malignancy, inflammatory bowel disease or myeloproliferative disorders.

Do not perform hypercoagulable workup in the setting of an acute thrombosis or while on anticoagulation . Unless the patient has a life threatening thrombsis or a thrombosis of an unusual site where stopping the anticoagulation may be detrimental.

If pt is less than 45 years old has an unprovoked thrombosis, thrombosis of an unusual site (mesentery, upper extremity, dural sinus) or has a history of fetal loss-the pt can be referred for evaluation. The evaluation does not need to be performed during acute thrombosis and an appointment in 6-8 weeks is appropriate. An arterial clot should only be screened for antiphospholipid antibody syndrome and possibly hyperhomocysteinemia, other studies aren't helpful.

When a pt is referred for a hypercoagulable problem they must have primary care follow up. Anticoagulation is regulated by the anticoagulation clinic.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	High Risk Obstetrics 02A
SERVICE DAYS/HOURS	Monday - 8:00 a.m. – 12:00 p.m. Wednesday – 1:00 p.m. – 5:00 p.m. Thursday - 8:00 a.m. – 12:00 p.m.
LOCATION	CLINIC D – 2A167

Conditions Treated:

- Any complicated pregnancy

Required Documentation:

Complete History and Physical:	☒ Yes	☐ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☒ Yes	☐ No
Doctor's Notes	☒ Yes	☐ No
Lab Results:	☒ Yes	☐ No
Medical Records:	☒ Yes	☐ No
Pathology Report:	☐ Yes	☒ No
X-ray Reports	☒ Yes	☐ No

Other:

Special Instruction:

- Initiation of consult should not be delayed.
- Referral should be completed ASAP (i.e. forwarding of outside prenatal labs, ultrasounds, etc.)

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	INFECTIOUS DISEASE
SERVICE DAYS/HOURS	THURSDAY 8:00 AM – 5:00 PM
LOCATION	CLINIC C (2A140)

CONDITIONS TREATED:

- INFECTIOUS DISEASE
- HIV / AIDS

REQUIRED DOCUMENTATION:

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	□ Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No (WHEN POSSIBLE FOR "OUTSIDE " PTS)
Pathology Report:	X Yes	□ No (IF PERTINENT)
X-ray Reports	X Yes	□ No (IF PERTINENT)

OTHER: _____

SPECIAL INSTRUCTIONS

SEE ATTACHMENT

REFERRAL GUIDELINES

WE ONLY SEE ADULT PATIENTS (AGE 18 OR OLDER) OR EMANCIPATED MINORS.

ALL CONSULTS WILL ALL BE REVIEWED. CLEARLY STATED QUESTIONS WILL BE ANSWERED. CONTACT MD'S (BOTH HOUSESTAFF AND ATTENDING) & PRIMARY CARE PROVIDER MUST BE IDENTIFIED ON THE CONSULT LEGIBLE NAME, BEEPER # OR EMAIL ADDRESS. THE CONTACT MD MAY BE CONTACTED FOR MORE INFORMATION OR DECLINING OF THE CONSULT. ALL CONSULT REQUESTS SHOULD INCLUDE APPROPRIATE HISTORY, LAB REPORTS, SCAN RESULTS, AND PATHOLOGY.

THE OUTPATIENT ATTENDING CAN BE CONTACTED FOR ANY QUESTIONS. CALL 818-364-3205 FOR THE CURRENT ATTENDING.

INFECTIOUS DISEASE CLINIC REFERRALS

GENERAL ID CLINIC:

1. **PATIENTS WITH HIV/AIDS:** IF POSSIBLE, INCLUDE DOCUMENTATION OF HIV INFECTION, T-CELL COUNTS OR ANY ADDITIONAL PERTINENT LABORATORY DATA OR MEDICAL RECORDS.
2. **HOME INTRAVENOUS ANTIBOTICS:** THE INFECTIOUS DISEASE SERVICE WILL PROVIDE FOLLOW UP FOR SELECTED PATIENTS (POST HOSPITAL DISCHARGE) WHO ARE RECEIVING HOME INTRAVENOUS ANTIBIOTICS FOR DIABETIC FOOT INFECTION OR OTHER INFECTIOUS DISEASE CONDITIONS. THESE PATIENTS SHOULD BE SEEN IN POST-DISCHARGE CLINIC DURING THE WEEK FOLLOWING DISCHARGE WITH ID CLINIC SCHEDULED FOR 2-4 WEEKS FOLLOWING HOSPITAL DISCHARGE**.**
3. **TROPICAL MEDICINE CONDITIONS:** SUSPECTED PARASITIC INFECTION OR INFECTIOUS DISEASE CONDITIONS ASSOCIATED WITH FOREIGN TRAVEL. THE ID CLINIC DOES NOT PROVIDE ROUTINE PRE-TRAVEL COUNSELING FOR PATIENTS PRIOR TO TRAVEL.
4. **TUBERCULOSIS:** PATIENTS WITH EXTRAPULMONARY TUBERCULOSIS CAN BE SEEN IN ID CLINIC PROVIDED THAT THEY ARE NON-INFECTIOUS (NEGATIVE SPUTUM AFB) OR UNDERGOING TB THERAPY. DUE TO PRESENCE OF IMMUNCOMPROMISED PATIENTS (e.g. HIV, NEUTROPENIA) DO NOT SEND PATIENTS WITH SUSPECTED ACTIVE PULMONARY TB TO ID CLINIC.
5. **ADDITIONAL INFECTIOUS DISEASE CONDITIONS:** ID SERVICE IS ALSO AVAILABLE FOR EVALUATING OTHER INFECTIOUS DISEASE CONDITIONS INCLUDING FUO, OSTEOMYELITIS, ENDOCARDITIS (POST HOSPITALIZATION), CHRONIC PNEUMONIA AND FUNGAL INFECTION (COCCIDIOIDMYCOSIS).

ID SUBSPECIALTY CLINICS:

THESE SPECIALTY CLINICS ARE HELD MONTHLY (SEE WEEKS) FOR VARIOUS INFECTIOUS DISEASE SUBSPECIALTY PROBLEMS:

1. **HIV WOMEN'S CLINIC:** (q THURSDAY AFTERNOON 1:00-5:00) CLINIC FOR WOMEN WITH HIV / AIDS INCLUDING PREGNANT WOMEN WHO ARE HIV +.

2. **ID ENDOCRINE:** (1ST THURSDAY AFTERNOON OF THE MONTH) CLINIC HIV INFECTED PATIENTS WITH METABOLIC PROBLEMS (DIABETES, LIPODYSTROPHY, HYPERLIPIDEMIA).

3. **ID GI/ HEPATITIS:** (MONTHLY) SPECIALTY CLINIC FOR CO-INFECTED HIV/HCV OR HIV/HBV PATIENTS. THE ID/GI CLINIC **DOES NOT** PROVIDE CONSULTATION FOR MONO-INFECTED (HBV OR HCV-ALONE) PATIENTS.

4. **ID DERMATOLOGY:** (q 3RD THURSDAY OF THE MONTH) SPECIALTY CLINIC FOR HIV INFECTED PATIENTS WITH DERMATOLOGICAL CONDITIONS.

5. **ID NEUROLOGY:** (THURSDAY PM 3X PER MONTH) SPECIALTY CLINIC FOR HIV PATIENTS WITH NEUROLOGICAL CONDITIONS (e.g. SEIZURE, STROKE, COGNITIVE DISORDER.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	MEDICAL FOLLOW – UP CLINIC
SERVICE DAYS/HOURS	MONDAY – FRIDAY 8:00 AM – 12:00 PM
LOCATION	CLINIC A (2A123)
CONDITIONS TREATED:	

REQUIRED DOCUMENTATION:

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

Other:_____

SPECIAL INSTRUCTION:

SEE BELOW

MFU REFERRAL CRITERIA

Patients should be referred for a one-time visit only (maximum capacity –9 patients / 4 hour session) for the following clinical indications. Primary care or subspecialty follow up should be done on a separate referral if appropriate at the initial patient encounter. Clinic space is limited **(6 scheduled patients per one daily AM session), so please utilize for high priority patients only.**

1. To follow-up diagnostic test results not available on the day of the initial visit in DEM or MWI. (Appointments will not be granted until test(s) ordered has been formally scheduled).

2. Treatment of complicated outpatient infections requiring documentation of cure by laboratory or x-ray.

3. One-time BP or lab check following initiation of medications after the patient has been referred to primary care.

4. To facilitate outpatient procedures in order to prevent unnecessary admissions and repeated ER/MWI visits.

5. Patients who need urgent follow-up.

6. Patients requiring one-time return visit.

Referrals must be placed in MFU slot in ER or MWI for review and Approval.

Patients should not be referred to MFU:

- For Chronic medical conditions requiring continuity of care
- For pain management
- For medication refill only
- For patients with Primary Care appointments in near future (check for appointments)

Contact Dr. Matt Waxman x 3205 or Scott Lundberg x3025 for questions regarding Medical follow-up clinic, or for assistance in ordering / scheduling outpatients procedures (e.g. CT guided biopsies, permacath placements, excisional biopsies, etc.)

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	MEDICINE PRE-OP CLINIC
SERVICE DAYS/HOURS	THURSDAY 1:00 PM – 4:30 PM
LOCATION	CLINIC A – 2A123

CONDITIONS TREATED: PRE-OPERATIVE EVALUATION AND PLANNING OF PERI-OPERATIVE MANAGEMENT FOR PATIENTS WITH:

- POORLY CONTROLLED INSULIN REQUIRING DIABETES MELLITUS
- CHF / CARDIAC VALVULAR DISEASE
- BLEEDING DISORDERS
- ANKYLOSING SPONDYLITIS / RHEUMATOID ARTHRITIS
- HYPERTHYROIDISM OR ADRENAL INSUFFICIENCY
- CHRONIC ANTICOAGULATION
- PATIENTS REQUIRING EVALUATION PRIOR TO DENTAL PROCEDURES.
- HTN / CAD/ PVD
- COPD/ PULMONARYFIBROSIS

Required Documentation:

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

Other:_____

Special Instruction:

- ALL REFERRALS ARE INITIALLY SCREENED BY THE DEPARTMENT OF ANESTHESIOLOGY.
- ADDRESS CONSULT REQUESTED TO " ANESTHESIOLOGY " AND SEND ALL REFERRALS TO ROOM 3A113
- FOR QUESTIONS, CALL MEDICINE PRE-OP CLINIC DIRECTOR DR. MICHAEL ROTBLATT (818) 364-3205

z

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Men's Preventive Health, Department of Primary Care
SERVICE DAYS/HOURS	2nd and 4th Tuesday's of the month, 4:30 p.m.-8:30 p.m.
LOCATION	Mid Valley Comprehensive Health Center, 2nd floor

Conditions Treated: Family Planning; Hepatitis B Vaccination; screening, evaluation and treatment of sexually transmitted infections

Required Documentation:

Focused History and Physical:	x Yes	□ No
Consult Form:	□ Yes	x No
Diagnostic Studies:	□ Yes	x No
Doctor's Notes	□ Yes	x No
Lab Results:	□ Yes	x No
Medical Records:	□ Yes	x No
Pathology Report:	□ Yes	x No
X-ray Reports	□ Yes	x No

Other:

Special Instruction: Patient should call for appointment; referral form not needed. Patient should have reproductive capacity (no history of vasectomy) and be below the age of 60.

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	Muscular Dystrophy Association Clinic
SERVICE DAYS/HOURS	
LOCATION	Clinic E

Conditions Treated:

- Diseases of the spinal cord: familial spastic paraplegia, stiff person syndrome
- Diseases of the anterior horn cell: amyotrophic lateral sclerosis; spinal muscular atrophy
- Diseases of the neuromuscular junction: myasthenia gravis; Lambert-Eaton syndrome
- Diseases of the peripheral nerve: Guillain-Barre syndrome, chronic inflammatory demyelinating polyneuropathy; inherited neuropathies; complicated peripheral neuropathies
- Diseases of the muscle: muscular dystrophies; metabolic myopathies; congenital myopathies; endocrine myopathies; mitochondrial myopathies; hyperkalemic/hypokelemic periodic paralysis
- Cerebellar ataxia: Friedreich's ataxia; inherited spinocerebellar ataxias
-

Required Documentation:**

Complete History and Physical:	☒ Yes ☐ No
Consult Form:	☒ Yes ☐ No
Diagnostic Studies:	☒ Yes ☐ No
Doctor's Notes	☒ Yes ☐ No
Lab Results:	☒ Yes ☐ No
Medical Records:	☒ Yes ☐ No
Pathology Report:	☒ Yes ☐ No
X-ray Reports:	☒ Yes ☐ No

Other:_____

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	NEUROLOGY
SERVICE DAYS/HOURS	Tuesday, 1:00 p.m. – 5:00 p.m. Friday, 8:00 a.m. – 12:00 p.m.
LOCATION	Clinic C – Tuesday Clinic A - Friday

Conditions Treated:

- Problems related to the neurological system including history of stroke, unstable epilepsy or new onset seizure, headache w/failed primary care management, peripheral neuropathy w/failed primary care management, neurodegenerative disorders, movement disorders, vertigo, multiple sclerosis, neuromuscular junction disorders, muscle disorders, spasticity. **

Required Documentation:**

Complete History and Physical:	☒ Yes ☐ No
Consult Form:	☒ Yes ☐ No
Diagnostic Studies:	☒ Yes ☐ No
Doctor's Notes	☒ Yes ☐ No
Lab Results:	☒ Yes ☐ No
Medical Records:	☒ Yes ☐ No
Pathology Report:	☒ Yes ☐ No
X-ray Reports:	☒ Yes ☐ No

Other:_____

Special Instruction:

If physician feels a patient needs a referral to Neurology Clinic, physician should submit a Consultation Request for and submit to the Neurology Office, 2C136.

**(See attached for specific guidelines for admission or outpatient referral from the Emergency Room.)

GUIDELINES FOR ADMISSION OR OUTPATIENT REFERRAL FROM THE EMERGENCY ROOM

I. Stroke/TIA

a. TIA. In general, all patients who present with a history suggestive of transient ischemic attacks should be admitted for risk factor assessment. Due to the high immediate risk of ischemic stroke following a TIA and the inefficiencies of outpatient diagnostic testing, inpatient monitoring and assessment ensures comprehensive evaluation and the potential for timely intervention if indicated.

b. Hemorrhagic stroke. In the event of a parenchymal, subdural or subarachnoid hemorrhage, a transfer to LAC+USC should be arranged. The only exception is a parenchymal hemorrhage with symptoms already for more than 5 days, in which case admission to Olive View is permissible.

c. Ischemic Stroke. All ischemic stroke patients should be evaluated by the Neurology Service. The timing of consultation shall be determined by the duration of symptoms.

0-3 hours: Consultation should occur in the Emergency Department to determine eligibility for intravenous tPA.
3-6 hours: Consultation should occur in the Emergency Department to determine eligibility for possible transfer to UCLA for intra-arterial tPA.
6-48 hours: Consultation should occur in the Emergency Department to help determine the appropriate level of care for admission.
48-72 hours: Consultation may be sought after admission (unless symptoms have progressed in a stepwise pattern or if the patient has multiple increasing, stereotypic TIA symptoms, in which case consultation should occur in the Emergency Department). Patients should be admitted to the intermediate care unit or standard care telemetry ward for 24 hours of observation/monitoring.
>3 days: Consultation may be sought after admission. The level of care for admission is left to the discretion of the DEM attending.

Studies to be obtained prior to Neurology Clinic consultation:

1. If old, check for MRA of neck or Doppler, echocardiogram, MRI brain
2. Labs: RPR, ESR, HbA1c, PT/PTT or INR, homocysteine level

II. Seizures

Patients with established epilepsy do not need consultation following a solitary seizure, if an obvious reason (e.g., non-compliance with meds, concomitant illness) for the breakthrough exists. If the patient has had a 20% increase in seizure frequency in the recent past, then a request for an earlier appointment may be submitted if the patient's scheduled visit to Neurology Clinic is >1 month into the future. Patients who have run out of anticonvulsant medication(s) may be given a supply to cover them until the next scheduled Neurology Clinic visit. If an appointment does not exist, then a 5-month supply should be given and a Request for Outpatient Consultation form submitted. If a patient has a stable seizure disorder (no seizures on anticonvulsant medication with the past half-year or more) there is no requirement that the Neurology Service follow them. Medication may be refilled by Primary Care.

Deleted: o

Studies to be obtained prior to Neurology Clinic consultation:

- Anticonvulsant levels
- EEG
- Brain MRI

III. Headache

Patients with established migraine headache who have failed primary-care attempts at management may be referred to the Neurology Clinic. Patients given a new diagnosis of migraine by Primary Care, Medical Walk-In or the DEM, who have not yet had reasonable attempts at management (use of triptans and/or appropriate preventive medications) should be referred to Primary Care prior to seeking specialists care.

Studies to be obtained prior to Neurology Clinic consultation:

1. If DEM referral, the patient should be referred to Primary Care first. If referral from Primary Care, and headache of long duration (>1 year), documentation of prior management attempts.
2. Medication history
3. If patient > 50 years old, ESR
4. Documented neurology examination (to help determine the urgency of the referral).
5. If focal findings on neuro exam, neuroimaging results or at least a request submitted for MRI of brain.

IV. Dizziness

In all cases of “dizziness”, Neurology is best equipped to help patients who exhibit vertigo and/or disequilibrium accompanied by focal neurological signs. Light-headedness and chronic dizziness are generally better served by Primary Care, Cardiology, or Head and Neck Surgery.

V. Peripheral neuropathy

Studies to be obtained prior to Neurology Clinic consultation:

1. If painful, medication history
2. Labs: B12, RPR, TSH, HbA1c, ESR, and consider SPEP, ANA
3. EMG/nerve conduction velocities if available

VI. Dementia

Studies to be obtained prior to Neurology Clinic consultation:

1. Do not refer to General Neurology; refer to Dementia Clinic by calling Neurology Lab (x3104).
2. Labs: CBC, B12, TSH, RPR, MHA-TP, Ca, Na, LFT, BUN, creatinine, homocysteine, RPS, folate, lipids
3. Brain

VII. Muscle Disease

Studies to be obtained prior to Neurology Clinic consultation:

1. Labs: CPK, ESR, TSH, ANA
2. EMG

VIII. Multiple Sclerosis

Studies to be obtained prior to Neurology Clinic consultation:

1. MRI brain and/or spinal cord with contrast if available
2. Labs: ANA, B12

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	ONCOLOGY
SERVICE DAYS/HOURS	WEDNESDAY 8:00AM – 5:00PM
LOCATION	2A140 CLINIC C
Conditions Treated:	Active malignancies

Required Documentation:

Complete History and Physical:	□ Yes	□ No
Consult Form:	□ Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	□ Yes	□ No
Lab Results:	□ Yes	□ No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	□ No
X-ray Reports	□ Yes	□ No

Other:_____

Special Instruction:

See attached

Referral Guidelines

We only see adult patients (age 18 or older) or emancipated minors.

All consults will all be reviewed. Clearly state question to be answered. Contact MD's (both housestaff and attending) & primary care provider must be identified on the consult with a legible name, beeper # or email address. The contact MD may be contacted for more information or declining of the consult. All consult requests should include appropriate history, lab reports, scan results and pathology.

The outpt attending can be contacted for any questions. Call 818-364-3205 for current attending.

ONCOLOGY REFERRAL

For outpatient referrals only patients with active malignancies will be seen-if someone has a history of a malignancy (solid tumor) they should be followed by primary care or an appropriate service. Surveillance guidelines can be accessed at www.nccn.org.

If a pt has had documented leukemia, lymphoma or myeloma may refer for followup.

If a patient has a suspected leukemia or lymphoma contact the outpatient attending. Call 818-364-3205 to identify the current attending..

If an outpatient is being referred for malignancy-diagnostic tissue must be obtained prior to consult. If tissue diagnosis made and pt informed of diagnosis-order staging CT scans to assess extent of disease. Outpt records from outside facilities are the responsibility of the patient to obtain, including radiographs, pathology reports and slides& treatment records.

For inpatient evaluation- the heme/onc service wishes to see all patients being worked up for malignancy..

Patients with a potentially respectable solid tumor should be evaluated by the appropriate surgical service, i.e., colon, upper GI malignancies-general surgery, lung-thoracic surgery or pulmonary. For Head/neck tumors- ENT. , bladder/prostate-urology. Gynecologic tumors should be seen by GYN ONC.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	OPHTHALMOLOGY (General Clinic)
SERVICE DAYS/HOURS	Mon., Tues., Thurs., Fri. 7:15 AM – 11:20 AM Wed. 7:15 AM – 11:20 AM
LOCATION	EYE / ENT Clinic (2C101)

CONDITIONS TREATED

- Oculopastics
- Cornea
- Pediatrics
- Glaucoma
- Retina
- Special Procedures

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	□ Yes	X No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No If applicable
Medical Records:	X Yes	□ No If applicable
Pathology Report:	X Yes	□ No If applicable
X-ray Reports	X Yes	□ No If applicable

OTHER: Snellen Chart Reading

SPECIAL INSTRUCTIONS

See pages 35.1 through 35.4

VALLEYCARE OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	**OPHTHALMOLOGY**
CONDITIONS:	**BLEPHARITIS**
SYMPTOMS:	• ITCHING, BURNING, MILD PAIN AND FOREIGN BODY SENSATION, TEARING, CRUSTING AROUND THE EYES UPON AWAKENING.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• VISUAL ACUITY, SLIT LAMP EXAMINATION DEMONSTRATING CRUSTING OF LASHES, MILD CONJUNCTIVAL INFECTION, INSPISSATED MEIBOMIAN GLANDS ON LID MARGINS.
TREATMENT PRIOR TO REFERRAL:	• LID HYGIENE (WARM COMPRESSES QD FOR 10 TO 15 MINUTES FOLLWED BY A GENTLE BRUSHING OF LASH DEBRIS WITH MOIST COTTON-TIP APPLICATOR AWAY FROM OCULAR SURFACE. • IF ASSOCIATED WITH DRY EYE, SYMPTOMATIC RELIEF WITH ARTIFICAL TEAR SUPPLEMENT BID TO EVERY 2 HOURS AS NEEDED. • IF SEVERE OR REFACTORY, CONSIDER ADDING QHS ERTHROMYCIN OINTMENT.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIAL REFERRAL REQUIRED IF: • INTRACTABLE OR UNILATERAL.

VALLEYCARE OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	**OPHTHALMOLOGY**
CONDITIONS:	**CORNEAL FOREIGN BODY**
SYMPTOMS:	• ACUTE FOREIGN BODY SENSATION (SHARP PAIN, USUALLY WORSE WITH BLINKING). REDNESS AND TEARING BLURRED VISION, PHOTOPHOBIA, USUALLY WITH HISTORY TRAUMA.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• VISUAL ACUITY, SLIT LAMP EXAMINATION WITH FLUORESCEIN STAINING, LID EVERSION TO RULE OUT PRESENCES OF FOREIGN BODY. • CORNEAL FOREIGN BODY AND/OR RUST RING. BE AWARE OF FOREIGN BODIES INCURRED IN SETTING OF POSSIBLE HIGH VELOCITY IMPACTS (HAMMER OR METAL).
TREATMENT PRIOR TO REFERRAL:	• REMOVE FOREIGN BODY (TOPICAL ANESTHETIC, USE BEVELED EDGE OF 26G NEEDLE DURING SKIT LAMP EXAMINATION, REMOVE RUST RING WITH BURR IF AVAILABLE. **IF RING IS IN VISUAL AXIS REFER TO OPHTHAMOLOGY**). CYCLOPLEGIA (CYCLOGYL 1%), ERTHROMYCIN OINTMENT, AND PRESSURE EYE PATCH FOR 24 HOURS. <u>FOLLOW UP</u> • IF SMALL DEFECT, REMOVE PATCH NEXT DAY AND CONTINUE WITH ANTIBIOTIC OINTMENT FOR 4 MORE DAYS. • IF LARGE OR CENTRAL DEFECT, OR DISCHARGE OCCURS, RETURN IN 24 HOURS.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIALITY REFERRAL REQUIRED IF: • SYMPTOMS OR FINDONGS PERSIST OR WORSEN • VISION DOES NOT IMPROVE • CORNEAL ULCERATION DEVELOPS • FOREIGN BODY IS LOCATED IN VISUAL AXIS

VALLEYCARE OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	**OPHTHALMOLOGY**
CONDITIONS:	**DIABETIC RETINOPATHY**
SYMPTOMS:	• LITTLE (IF ANY) TO MARK DECREASED VISUAL ACUITY. MAY HAVE INTERMITTENT FLUCTUATING VISION (GENERALLY RELATED TO FLUCTUATION IN THE BLOOD GLUCOSE LEVELS).
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• BACKGROUND DIABETIC RETINOPATHY (BDR): AND BLOT HEMORRHAGES, MICROANEURYSMS, AND EXUDATES. GENERALLY SYMMETRIC BETWEEN EYES. • NON-PROLIFERATIVE DIABETIC RETINOPATHY (NPDR): BACKGROUND CHANGES PLUS EVIDENCE OF RETINAL ISCHEMIA MANIFESTES AS COTTON-WOOL SPOTS, VENOUS BEADING, AND INTRA-RETINAL MICROVASCULAR ABNORMALITIES. • PROLIFERATIVE DIABETIC RETINOPATHY (PDR) PRSENCE OF RETINAL OR IRIS NEOVASCULARIZATION, WITH OR WITHOUT VITREOUS HEMORRHAGE.
TREATMENT PRIOR TO REFERRAL:	• TIGHT REGULATIONS OF BLOOD GLUCOSE LEVEL OFFERS BEST HOPE IN PRESERVING VISION LONG TERM (ACUTE CONTROL OF PREVIOUSLY POOR-CONTROLLED DIABETES MAY LEAD TRANSIENT DECREASE IN VISION WHICH GENERALLY NORMALIZES WITHIN THE FIRST YEAR). • INITIAL DIAGNOSTIC SCREENING DILATED EXAM AND FOLLOW-UP EXAMS FOR PATIENT WITH NO RETINOPATHY OR BACKGROUND RETINOPATHY SHOULD BE PERFORMED BY PRIMARY CARE PROVIDER. FOLLOW UP: • NO RETINOPATHY: ANNAUL DILATED RETINAL EXAMS BY PRIMARY CARE PROVIDERS (PCP) • BDR: DIALTED RETINAL EXAM EVERY 6 MONTHS BY PCP • NPDR: DILATED RETINAL EXAM EVERY 4 MONTHS BY OPHTHALMOLOGY • PDR: DILATED RETINAL EXAM EVERY 3-4 MONTHS BY OPHTHALMOLOGY.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • PRESENCE OF EXUDATES IN MACULA (TO RULE OUT TREATABLE MACULAR EDEMA WITH LASER THERAPY), EVIDENCE OF NON-PROLIFERATIVE DIEASE, OR UNEXPLAINED DECREASED VISION.

VALLEYCARE OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	OPHTHALMOLOGY
CONDITIONS:	CORNEAL ABRASION
SYMPTOMS:	• ACUTE FOREIGN BODY SENSATION (SHARP PAIN, USUALLY WORSE WITH BLINKING), REDNESS AND TEARING, USUALLY WITH HISTORY TRAUMA.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• VISUAL ACUITY, SLIT LAMP EXAMINATION WITH FLUORESCEIN STAINING, LID EVERSION TO RULE OUT PRESENCE OF FOREIGN BODY.
TREATMENT PRIOR TO REFERRAL:	• NON-CONTACT LENS WEARER: CYCLOPLEGIA (CYCLOGYL 1%), ERYTHROMCYIN OINTMENT, AND PRESSURE EYE PATCH IF ABRASION IS NOT DUE TO VEGETABLE MATTER OR CONTAMINATED SOURCE. AFTER 24 HOURS, REMOVE PATCH AND TREAT WITH ERYTHROMCYIN OINTMENT (BID TO TID) FOR 4 MORE DAYS WITHOUT PATCH. • CONTACT LENS WEARER: CYCLOPLEGIA (CYCLOGYL 1%), TOBRAMYCIN DROPS 4-6 TIMES DAILY, NO EYE PATCH. FOLLOW UP: • NON-CONTACT LENS WEARER: IF SYMPTOMS PERSIST • CONTACT LENS WEARER: RETURN THE NEXT DAY. IF HEALING OR HEALED, TREAT FOR 4 MORE DAYS. IF UNCHANGED, REPEAT YCLOPLEGIA, PATCH EYE, RETURN AGAIN THE FOLLOWING DAY.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • SYMPTOMS OR FINDINGS PERSIST OR WORSEN • VISION DOES NOYT IMPROVE • CORNEAL ULCERATION DEVELOPES

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Ophthalmology
SERVICE DAYS/HOURS	Monday 8:00 a.m. -8:30 p.m. Tuesday 8:00 a.m. – 4:30 p.m.
LOCATION	Mid-Valley Comprehensive Health Center

Conditions Treated: To provide initial evaluation and necessary follow-up care to any patient with ophthalmologic problems referred to the clinic and to ensure that patients are evaluated within a reasonable length of time and prioritized based on severity of symptoms and underlying conditions.

The Mid-Valley Ophthalmology clinic is devoted to screening patients for diabetic retinopathy and to the evaluation of new and existing patients with eye disease including but not limited to diabetic retinopathy, glaucoma, cataract, and ocular surface disease. Furthermore, certain minor procedures that can be done in the exam room setting will be performed such as simple corneal foreign body removals.

Visual field testing is performed at the Mid Valley Ophthalmology Clinic with a Humphrey Visual Field.

All major surgeries requiring the operating room, and subspecialty care (Retina, Oculoplastics, Pediatrics/Strabismus, Neurophthalmology etc.) will be referred to Olive View Medical Center.

Required Documentation:

Complete History and Physical:	■Yes	□No
Consult Form:	■Yes	□No
Diagnostic Studies:	■Yes	□No
Doctor's Notes	■Yes	□No
Lab Results:	■Yes	□No
Medical Records:	■Yes	□No
Pathology Report:	□Yes	■No
X-ray Reports:	□Yes	■No

Other: Referral

Special Instruction: Outside referrals are accepted

EYE SERVICE REFERRALS FLOWSHEET FOR MD

HEALTHCARE CENTERS

V4/1/08 (E Nguyen MD)

Patient Needing Eye Evaluation

Diabetic needing screen for Diabetic Retinopathy*

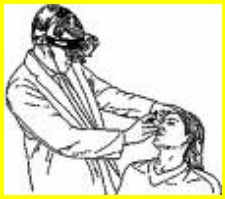
1) Check "Optometry screen" on flow sheet.
2) Nurses will check vision & triage according to criteria below.

Visual Acuity 20/20 – 20/30

RETINAL CAMERA SCREEN
MIDVALLEY

Visual Acuity 20/40 or worse

OPHTHALMOLOGY CLINIC
MIDVALLEY



1. All Non-Diabetic patient OR
2. Diabetic patient with eye issue not pertaining to Diabetic Retinopathy

1) Nurses to check vision
2) Use **RPS** to input Referral, please include patient's vision in RPS.

RPS referral to "Ophthalmology General - Midvalley"

***This includes both New and Return Diabetic patients. These patients also should NOT have any visual/ocular complaints. If a patient has complaints or ALREADY has a history of Diabetic Retinopathy, go ahead and schedule directly into the Ophthalmology Clinic.**
NOTE: Please advise patients that the Eye Screen and Ophthalmology Clinic at Midvalley will NOT be performing any refraction. Refer patients who need new glasses to the appropriate Optometry center.

EYE SERVICE REFERRALS FLOWSHEET FOR NURSES

HEALTHCARE CENTERS

V4/1/08 (E Nguyen MD)

Diabetic Needing Screen for Diabetic Retinopathy
(**MD checked "Optometry Screen**)

Check Visual Acuity with Glasses/PinHole*
& triage patients accordingly via routing slip.

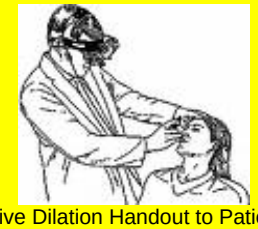
Visual Acuity 20/20 – 20/30

RETINAL CAMERA SCREEN
MIDVALLEY

Patient's Eyes will NOT be Dilated so Dilation Handout is NOT Necessary

Visual Acuity 20/40 or worse

OPHTHALMOLOGY CLINIC
MIDVALLEY



Give Dilation Handout to Patient

Retinal Camera Availability Schedule**			
	AM	**PM**	**EVE**
Monday	**X**	**X**	**X**
Tuesday	**X**	**X**	**Not Available**
Wednesday	**Not Available**	**X**	**X**
Thursday	**Not Available**	**Not Available**	**Not Available**
Friday	**X**	**X**	**Not Available**
Cut-off time for patient check-in:	11:15AM	4PM	7:15PM

****If the patient is currently at Midvalley and the camera is available, have the patient go directly to the 4th floor to get retina photos. If the camera is not available or when the patient is NOT at Midvalley, have your scheduler make an appointment for the Retinal Camera.

*When checking vision, it is only necessary to do the right (OD) and left (OS) eye separately, it is unnecessary to check both eyes at once. All vision checks should be done with distant glasses! Also, please attempt pinhole at all times to see if vision can be improved using pinhole.

Please also advise patients that the Ophthalmology Clinic will NOT be performing any refractions. Refer patients who need new glasses to the appropriate Optometry center.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	OPHTHALMOLOGY (PEDIATRICS)
SERVICE DAYS/HOURS	Tuesday and Wednesday 7:50 AM – 11:20 AM
LOCATION	EYE / ENT Clinic (2C101)

CONDITION TREATED

- Oculoplastics
- Cornea
- Pediatrics
- Glaucoma
- Retina
- Special Procedures

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes X No
Consult Form:	X Yes □ No
Diagnostic Studies:	□ Yes X No
Doctor's Notes	X Yes □ No
Lab Results:	X Yes □ No If applicable
Medical Records:	X Yes □ No If applicable
Pathology Report:	X Yes □ No If applicable
X-ray Reports	X Yes □ No If applicable

OTHER: Snellen Chart Reading

SPECIAL INSTRUCTIONS

None

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	OPTOMETRY / Dr. Ling Yen
SERVICE DAYS/HOURS	Tuesday 12:00 PM - 8:00 PM Friday 8:00 AM - 4: 30 PM
LOCATION	MID VALLEY HEALTH CENTER
CONDITIONS TREATED	Refractive errors (Myopia, Presbyopia, Hyperopia, Astigmatism) with glasses.

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes X No
Consult Form:	X Yes □ No
Diagnostic Studies:	□ Yes X No
Doctor's Notes	X Yes □ No
Lab Results:	□ Yes X No
Medical Records:	□ Yes X□ No
Pathology Report:	□ Yes X No
X-ray Reports	□ Yes X No

OTHER: ______

SPECIAL INSTRUCTION

Routine glasses / readers can be purchased by the patients <u>outside</u> of the Valleycare system. This Optometry clinic if for medically necessary glasses.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	ORTHOPAEDIC CLINIC
SERVICE DAYS/HOURS	Monday, Tuesday and Thursday 1:00 pm – 3:30 PM
LOCATION	CLINIC E

CONDITIONS TREATED

GENERAL ORTHPAEDICS
EXCEPT: HAND / WRIST – HAND CLINIC
FOOT / ANKLE – PODIATRY CLINIC

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	□ Yes	X No
Lab Results:	□ Yes	X No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

OTHER: X RAY OF BODY PART TO BE EVALUATED AVAILABLE ON THE OLIVE VIEW HOSPITAL COMPUTER SYSTEM.

SPECIAL INSTRUCTIONS

SERVICE	ORTHOPAEDICS
CONDITIONS:	KNEE PAIN
SYMPTOMS:	• KNEE PAIN, LOCKING, CHATCHING OR INSTABILITY
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• ANY HISTORY OF TRAUMA
TREATMENT PRIOR TO REFERRAL:	• PHYSICAL THERAPY FOR NON-TRAUMATIC INJURIES.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• XRAY OF THE KNEE (AP/LAT/SUNRISE VIEWS) • IF LIGAMENTOUS INJURY SUSPECTED, MSI WITHOUT CONTRAST.
SPECIAL INSTRUCTIONS:	• MOST INJURIES THAT ARE NEGATIVE FOR FRACTURE ON XRAY CAN BE WBAT (WEIGHT BEARINH AT TOLERANCE) UNTIL EVALUATED IN CLINIC.

SERVICE	ORTHOPAEDICS
CONDITIONS:	LOW BACK PAIN
SYMPTOMS:	• LOW BACK PAIN WITH RADICULAR SIGNS AND SYMPTOMS
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• PATIENTS SHOULD HAVE POSITIVE RADICULAR SIGNS SUCH AS POSITIVE STRAIGHT LEG RAISE, MOTOR WEAKNESS SENSORY LOSS, HYPER REFLEXES.
TREATMENT PRIOR TO REFERRAL:	• PHYSICAL THERAPY
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• LUMBAR SACRAL SERIES
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • PATIENTS THAT REQUIRE SURGICAL INTERVENTION WILL BE REFERRAL TO LAC-USC OR HARBOR-UCLA.

SERVICE	ORTHOPAEDICS
CONDITIONS:	LEG PAIN
SYMPTOMS:	• LEG PAIN OR LOSS OF MOTION
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• LEG PAIN OR LOSS OF MOTION
TREATMENT PRIOR TO REFERRAL:	• PHYSICAL THERAPY FOR NON-HISTORY OF TRAUMATIC INJURIES.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• SERIES (AP/LAT VIEWS) OF INVOLVED HIP AND AP PELVIS.
SPECIAL INSTRUCTIONS:	• PAIN WITH NO HISTORY OF TRAUMA CAN BE WBAT (WEIGHT BEARING AT TOLERANCE) UNTIL EVALUATION IN CLINIC.

SERVICE	ORTHOPAEDICS
CONDITIONS:	SHOULDER PAIN
SYMPTOMS:	• PAIN AND LOSS OF MOTION.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• PAIN AND LOSS OF MOTION.
TREATMENT PRIOR TO REFERRAL:	• PHYSICAL THERAPY IF NO HISTORY OF TRAUMA.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• X-RAY SERIES OF SHOULDER AP, TRANSSCAPULAR AND AUXILLARY VEINS.
SPECIAL INSTRUCTIONS:	NONE

SERVICE	ORTHOPAEDICS
CONDITIONS:	ELBOW PAIN
SYMPTOMS:	• ELBOW PAIN
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• PAIN AT ELBOW, LOSS OF MOTION OR HISTORY OF TRAUMA.
TREATMENT PRIOR TO REFERRAL:	• PHYSICAL THERAPY IF NO HISTORY OF TRAUMA.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• X-RAY OF ELBOW AP + LATERAL SERIES.
SPECIAL INSTRUCTIONS:	NONE

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	OTOLARYNGOLOGY (ENT)
SERVICE DAYS/HOURS	Monday, Tuesday, Thursday and Friday 7:30 Am – 3:00 PM Wednesday 7:30 AM – 10:00 AM
LOCATION	2C 101

CONDITIONS TREATED

- Ear disease & complaints
- Nasal & Sinus disease
- Oral & Pharyngeal disease
- Masses head & neck

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

VALLEYCARE OLIVEVIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	OTOLARYNGOLOGY (ENT)
CONDITIONS:	EAR DIEASE AND OR COMPLAINTS
SYMPTOMS:	• EAR PAIN • DRAINAGE • PRURITIS • CHANGES IN HEARING AND OR FEELING OF STUFFINESS • VERTIGO • FACIAL NERVE PARALYSIS
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• EAR EXAMINATION LOOKING FOR SWELLING OF THE CANAL. • DEBRIS IN THE CANAL • PAIN ON MANIPULATION OF THE AURICLE • PRESENCE OF THE MASS • FACIAL WEAKNESS • INTERGRITY OF THE EAR DRUM
TREATMENT PRIOR TO REFERRAL:	• ANTIBIOTIC EARDROPS WHEN THERE IS EVIDENCE OF INFECTION • SUCTIONING OF THE EAR CANAL
STUDIES TO BE COMPLETED BEFORE REFERRAL:	HEARING TEST AND/OR CT SCAN IF INDICATED
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • STILL SYMPTOMATIC AFTER 2 WEEKS OF CONVERSATIVE MEDICAL MANAGEMENT • SUSPICION OF MIDDLE EAR DIEASE • ANY TUMOR AND/OR FOREIGN OBJECT • SUSPICION OF HEARING LOSS AND/OR OTHER PROCESS • ANY PATIENT WITH CHRONIC OTITIS MEDIA DOCUMENTS REQUIRED FOR REFERRAL: • AUDIOLOGY TEST REPORT

VALLEYCARE OLIVEVIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	OTOLARYNGOLOGY (ENT)
CONDITIONS:	NASAL/ SINUS DISEASE
SYMPTOMS:	• NASAL CONGESTION • POSTERIOR NASAL DRAINAGE • FACIAL PRESSURE • FACIAL PAIN
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• NASAL EXAMINATION TO LOOK FOR DEVIATED SEPTUM, TURBINATED HYPERTROPHY, AND PRESENCE OF NASAL POLYS.
TREATMENT PRIOR TO REFERRAL:	• NASAL STEROID SPRAY, ANTIHISTAMINES, DECONGESTANTS, AND/OR ANTIBIOTICS IF INDICATED. • SINUS CT SCANS IF SYMPTOMS PERSIST AFTER 6 TO 8 WEEKS OF MEDICAL TREATMENT. • ALLERGY WORK-UP IF SYMPTOMATIC.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • IF NO IMPROVEMENT AND/ OR FAILURE OF CONSERVATIVE MEDICAL THERAPY • PERSISTANCE OF POLYPS IN THE NOSE DESPITE OF TREATMENT. • SUSPICION OF MALIGNANCY • FINDINGS OF OBJECTIVE SYMPTOMS OF AIRWAY OBSTRUCTION SUCH AS SEPTAL DEVIATION, CHRONIC POLYPS, AND/OR CHRONIC TURBINATE HYPERTROPY. DOCUMENTS REQUIRED FOR REFERRAL: • DIAGNOSTIC STUDIES IF ANY PERFORMED.

VALLEYCARE OLIVEVIEW-UCLA MEDICAL CENTER/HEALTH CENTERS

PRE-CONSULTATION STRATEGIES

SERVICE	OTOLARYNGOLOGY (ENT)
CONDITIONS:	ORAL AND PHARYNGEAL DISEASE
SYMPTOMS:	• PERSISTANT SORE THROAT • ODYNOPHAGIA • DYSPHAGIA • PERSISTANT INFECTIOUS SYMPTOMS SUCH AS FEVER AND CHILLS IN PRESENCE OF ORAL/PHARYNGEAL DISEASE.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• EXAMINATION LOOKING FOR INFLAMMATORY CHANGES AND/OR PURULENCE IN THE ORAL CAVITY, SWELLING AND ERYTHEMA AT LEVEL OF THE POSTERIOR PHARYNX OR LARYNX.
TREATMENT PRIOR TO REFERRAL:	• AFTER APPROPRIATE CULTURES ARE TAKEN, ANTIBIOTIC AND PAIN MANAGEMENT SHOULD BE STARTED. • FOLLOW-UP EVERY 1 TO 2 WEEKS IF STILL SYMPTOMATIC.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • STILL SYMPTOMATIC AFTER 3 WEEKS OF CONSERVATIVE MEDICAL MANAGEMENT • SUSPICIOUS OF TUMOR OR CONGENITAL ABNORMALITY. • SUSPICIOUS OR FINDING OF AN ABCESS.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC ALLERGY
SERVICE DAYS/HOURS	1ST AND 3RD THURSDAY 12:30PM – 5:00 P.M
LOCATION	PEDIATRIC CLINIC 2A105
CONDITIONS TREATED	ALLERGIC OR IMMUNOLOGICAL DISORDERS. INCLUDES SKIN TEST DOES NOT INCLUDE ASTHMA.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC ASTHMA
SERVICE DAYS/HOURS	1ST AND 4TH THURSDAY 12:30PM -3:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

PATIENTS DIAGNOSED WITH ASTHMA OR CHRONIC WHEEZING. DOES NOT INCLUDE PATIENTS REQUIRING EVALUATION BY PULMONOLOGY OR PULMONARY FUNCTION TESTING.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC CARDIOLOGY
SERVICE DAYS/HOURS	THURSDAY 8:00AM – 1:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED:

PATIENTS WITH PROBLEMS RELATED TO CARDIOVASCULAR SYSTEM. DOES NOT INCLUDE HYPERTENSION.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

A PATIENT WHOSE COMPLAINT IS "MURMUR" WITHOUT OTHER SIGNS OR SYMPTOMS SHOULD BE REFFERED TO GENERAL PEDIATRICS.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	CLEFT PALATE
SERVICE DAYS/HOURS	1ST WEDNESDAY 8:00AM – 11:00AM
LOCATION	CLINIC B 2A185

Conditions Treated:

FACIAL CLEFTS
CONGENITAL FACIAL OR PALATAL DEFORMITIES

Required Documentation:

Complete History and Physical:	X Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	□ Yes	X No
Doctor's Notes	X Yes	X No
Lab Results:	□ Yes	X No
Medical Records:	X Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	□ Yes	X No

Other:_____

Special Instruction:

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Pediatric Clinic
SERVICE DAYS/HOURS	
Mid Valley Comprehensive Health Center	Monday -Thursday 8:00 a.m.-8:30 p.m. Friday 8:00 a.m. – 4:30 p.m.
San Fernando Health Center	Tuesday & Thursday 8:00 a.m. – 8:30 p.m. Monday & Friday 8:00 a.m. – 4:30 p.m. Wednesday 12:30 p.m. – 4:30 p.m.
Glendale Health Center	Tuesday 12:30 p.m. – 4:30 p.m.
LOCATION	
Mid-Valley Comprehensive Health Center	818-947-4023
San Fernando Health Center	818-837-6969
Glendale Health Center	818-500-5785

Conditions Treated Primary Care is provided to patients from birth to 18 years of age with non-emergent conditions. Services include health maintenance, patient and family education, preventative care and treatment of episodic conditions.

Continuity of care is provided by assignment to a primary care clinician.

Required Documentation:

Complete History and Physical:	□ Yes x No
Consult Form:	□ Yes x No
Diagnostic Studies:	□ Yes x No
Doctor's Notes	□ Yes x No
Lab Results:	□ Yes x No
Medical Records:	□ Yes x No
Pathology Report:	□ Yes x No
X-ray Reports	□ Yes x No

Other:

Special Instruction: * Patients can be self-referred or referred to a primary care site by the Walk-In Clinics, Emergency Room, and the Pediatric Urgent Care Clinic. We also receive referrals from physicians in the community who are CHDP providers but request a follow-up for clinical problems identified at the time of the screening exam.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC CONTINUITY
SERVICE DAYS/HOURS	2ND, 3RD, 4TH, AND 5TH WEDNESDAY 9:00AM – 11:30 AM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

ACCEPTS ALL REFERRALS TO CHILDREN WITH CHRONIC

- MEDICAL PROBLEMS
- HEALTH MAINTENANCE
- CONTINUITY OF CARE

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

PATIENTS MUST BE SEEN IN GENERAL PEDIATRIC CLINIC AND/OR APPROVED BY GENERAL PEDIATRIC ATTENDING PHYSICIAN PRIOR TO REFFERAL.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC DERMATOLOGY
SERVICE DAYS/HOURS	FRIDAY HOURS TO BE DETERMINE BY CLINIC
LOCATION	CLINIC B 2A185

CONDITIONS TREATED

SKIN DISORDERS INCLUDING THE FOLLOWING:
WARTS RESISTANT TO TREATMENT OR IN LOCATIONS THAT ARE DIFFICULT TO TREAT, VENERAL WARTS, ECZEMA THAT DOES NOT RESPOND TO ROUTINE TREATMENT, MOLES, NEVI, AND SKIN TAGS NEEDING EVALUATION OR REMOVAL, OTHER SKIN CONDITIONS NEEDING EXCISION OR BIOPSY.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC GASTROENTEROLOGY
SERVICE DAYS/HOURS	4TH WEDNESDAY 8:00 AM – 9:30 AM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

CHRONIC OR SEVERE PROBLEMS RELATED TO THE GI TRACT.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC GENERAL
SERVICE DAYS/HOURS	MONDAY – FRIDAY 8:00AM – 10:30AM / 12:30PM – 3:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

ANY PEDIATRIC MEDICAL PROBLEM.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

CLINIC DOES NOT HAVE FULL CAPACITY FOR EVALUATION OF PSYCHIATRIC DISORDERS, INCLUDING ADHD.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC GENETICS
SERVICE DAYS/HOURS	WEDNESDAY – EVERY OTHER MONTH 12:00PM – 5:00PM / APPT TO BE SCHEDULED BY GENETIC ATTENDING
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

SUSPECT OR CONFIRMED GENETIC DISORDERS

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

DR. GERMAINE DEFENDI MUST APPROVE REFERRAL.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC HEMATOLOGY
SERVICE DAYS/HOURS	3rd WEDNESDAY 1:00PM – 3:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

DISORDERS OF HEMATOLOGIC SYSTEMS

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC HUB CLINIC
SERVICE DAYS/HOURS	MONDAY - FRIDAY 8:00AM – 4:30PM
LOCATION	CHP CLINIC 2A121

CONDITIONS TREATED

PATIENTS IN FOSTER CARE GENERALLY REFERRED BY COURT ORDER.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

REFERRAL NOT AVAILABLE VIA RPS

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	PEDIATRIC NEONATAL DEVELOPMENTAL CLINIC
SERVICE DAYS/HOURS	1st Tuesday – 12:30 p.m. – 5:00 p.m.
LOCATION	Pediatric Clinic – 2A105

Conditions Treated:

- Severe prematurity or abnormal development due to prematurity up to 4 years of age

Required Documentation:

Complete History and Physical:	☒ Yes ☐ No
Consult Form:	☒ Yes ☐ No
Diagnostic Studies:	☒ Yes ☐ No
Doctor's Notes	☒ Yes ☐ No
Lab Results:	☒ Yes ☐ No
Medical Records:	☒ Yes ☐ No
Pathology Report:	☒ Yes ☐ No
X-ray Reports:	☒ Yes ☐ No

Other: _____

Special Instruction:

Patients must be seen in General Pediatric Clinic and/or approved by general pediatrics or NICU attending physician prior to referral.

prf06

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC NEONATAL FOLLOW-UP (MEDICAL)
SERVICE DAYS/HOURS	2ND AND 4TH WEDNESDAY 1:00PM – 3:30PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

SEVERE PREMATURITY, CHRONIC ILLNESSES DUE TO PREMATURITY.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

NOT AVAILABLE TO REFERRALS OUTSIDE OF OLIVE VIEW MEDICAL CENTER WITHOUT OVMC NICU APPROVAL.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC NEPHROLOGY
SERVICE DAYS/HOURS	TUESDAY 12:30PM – 3:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

CHRONIC RENAL CONDITIONS, INCLUDING CONGENITAL ANOMONIES, RENAL COMPROMISE AND RECURRENT URINARY TRACT INFECTIONS.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC NEUROLOGY
SERVICE DAYS/HOURS	1ST, 2ND, 3RD, AND 4TH TUESDAY 8:00AM – 12:00 PM THURSDAY 1:00PM – 5:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

PROBLEMS RELATED TO THE NEUROLOGICAL SYSTEM INCLUDING SEIZURES DISORDERS, MOVEMENT DISORDERS, HEADACHES RESISTANT TO STANDARD TREATMENT.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC RHEUMATOLOGY
SERVICE DAYS/HOURS	THURSDAY 12:30PM – 3:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

PATIENTS WITH RHEUMATOLOGIC (OR SUSPECTED) DISORDER.

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	□ No
Consult Form:	□ Yes	□ No
Diagnostic Studies:	□ Yes	□ No
Doctor's Notes	□ Yes	□ No
Lab Results:	□ Yes	□ No
Medical Records:	□ Yes	□ No
Pathology Report:	□ Yes	□ No
X-ray Reports	□ Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC SCAN CLINIC
SERVICE DAYS/HOURS	MONDAY - FRIDAY 8:00AM – 4:30PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

ALL PATIENTS WITH SUSPECTED OF CHILD ABUSE AND/ OR NEGLECT.

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS
PATIENTS CAN BE REFERED BY PHYSICIANS, REGISTERED NURSE, AND SOCIAL WORKER OR LAW ENFORCEMENT AGENCIES. PLEASE CALL EXTENSION 4680 TO SCHEDULE AN APPOINTMENT. REFERRALS NOT AVAILABLE VIA RPS.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC SURGERY
SERVICE DAYS/HOURS	MONDAY 8:00AM – 12:00PM
LOCATION	PEDIATRIC CLINIC 2A105

CONDITIONS TREATED

SURGICAL CONDITIONS IN INFANTS, CHILDREN AND ADOLESCENTS

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

PATIENT MUST BE SEEN IN GENERAL PEDIATRIC CLINIC AND/ OR APPROVED BY GENERAL PEDIATRIC ATTENDING PRIOR TO REFERRAL.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PEDIATRIC UROLOGY
SERVICE DAYS/HOURS	FRIDAY 12:30PM – 2:30PM
LOCATION	CLINIC B 2A185

CONDITIONS TREATED

PEDIATRIC UROLOGY CONDITIONS

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

PATIENT MUST BE SEEN IN GENERAL PEDIATRIC CLINIC AND/ OR APPROVED BY GENERAL PEDIATRIC ATTENDING PRIOR TO REFERRAL.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	HAND (PLASTIC) SURGERY
SERVICE DAYS/HOURS	Tuesday 1st, 3rd and 5th of the month
LOCATION	Clinic B 2A 185

CONDITIONS TREATED

- Plastic Surgery: Hand only
- Congenital malformation
- Trauma
- Rheumatoid

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	□ Yes	X No
Doctor's Notes	X Yes	□ No
Lab Results:	□ Yes	X No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

Post – op patients in AM clinic on Tuesday & Thursday

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PLASTIC SURGERY
SERVICE DAYS/HOURS	Tuesday 2nd and 4th of the month 8:00 AM – 12:00 PM and 12:30 PM - 3:30 PM
LOCATION	Clinic B 2A 185

CONDITIONS TREATED

- All re-constructive surgery (face, breast, trunk and extremities)
- Congenital malformation (cleft lip and palate, ears, etc.)
- Facial trauma
- Cosmetic Surgery (face, neck, breast, trunk)
- Skin cancers and abnormal scarring

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	□ Yes	X No
Doctor's Notes	□ Yes	X No
Lab Results:	□ Yes	X No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

Post – op patients in AM Clinic on Tuesday & Thursday

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PODIATRIC MEDICINE AND SURGERY
SERVICE DAYS/HOURS	MONDAY AM, TUESDAY PM, THURSDAY PM, AND FRIDAY AM
LOCATION	2D154 (CLINIC E)

CONDITIONS TREATED

DISEASE
INJURIES AND SURGERY OF FOOT AND ANKLE

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes □ No
Consult Form:	X Yes □ No
Diagnostic Studies:	X Yes □ No
Doctor's Notes	X Yes □ No
Lab Results:	X Yes □ No
Medical Records:	X Yes □ No
Pathology Report:	X Yes □ No
X-ray Reports	X Yes □ No

OTHER: _____

SPECIAL INSTRUCTIONS

SERVICE	PODIATRY
CONDITIONS:	ONYCHOMYCOSIS (FUNGAL INFECTION OF TOENAIL)
SYMPTOMS:	• ACUTE AND/OR CHRONIC PAIN WITH AMBULATION IN REGULAR SHOES: MAY OFTEN BE SYMPTOMATIC.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• CONCURRENT TINEA • SOME HISTORY OF PAST DISRUPTION TO THE INTERGRITY OF THE NAIL AND/OR NAIL BED. • PRESENCE OF DISCOLORATION (YELLOWISH, WHITISH OR BROWNISH). • MAY HAVE PRESENCE OR ABSENCE OF THICKENING WITH SUBUNGUAL DEBRIS. • MAY HAVE PRESENCE OR ABSENCE OF OTHER NAIL PATHOLOGY, SUCH AS DYSTROPHY. • NEED TO RULE OUT SECONDARY BACTERIAL INFECTION IN THE PRESENCE OF PURULENT EXUDATE. • IMMUNO COMPRISED PATIENT INCLUDING DM.
TREATMENT PRIOR TO REFERRAL:	• MANUAL DEBRIDEMENT OT TRIMMING. • OVER THE COUNTER (OTC) ANTIFUNGAL MEDICATION (LAMISIL) CREAM FOR TINEA. • ORAL ANTIFUNIGAL MEDICATIONS (LAMISIL 250MG) • TREAT FOR 6 MONTHS FOR CLINICAL AND MYCOLOGIC CURE. • IMPROVE FOOT HYGIENE BY CHANGING SHOES AND SOCKS DAILY.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• NAIL KOH PREP LOOKING FOR HYPHEA • NAIL CULTURE IN D.T.M FOR ORGANISM IDENTIFICATION (USUALLY T. RUBRUM)
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • CONDITION PERSISTS DESPITE ABOVE THERAPY • NAIL BED PATHOLOGY SUCH AS PARONYCHIA EXISTS • IF PATIENT DESIRES SURGICAL CORRECTIONS AFTER FAILURE OF CONSERVATION CARE.

SERVICE	PODIATRY
CONDITIONS:	HEAL PAIN (HEEL SPUR SYNDROME/ PLANTAR FASCIITITIS)
SYMPTOMS:	• ACUTE AND/OR CHRONIC PAIN OF PLANTAR (INFERIOR) ASPECT OF THE HELLS; USUALLY MOST SEVERE ON INITIAL STEP; AND AFTER PROLONG REST, MAY OFTEN DECREASE WITH AMBULATION.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• PAIN WITH MEDIAL/ LATERAL SQUEEZE OF CALCANEAS AND R/O STRESS FRACTURE. • NEED TO ASCERTAIN DURATION OF SYMPTOMS. • QUALITY OF PAIN (I.E, SHARP, ACHING, NUMBING, RADIATION, ETC. • PAIN WITH /WITHOUT DIRECT PRESSURE • VASCULAR STATUS SHOULD BE STABLE. • EVALUATE FOR IRITIS AND URITHITIS.
TREATMENT PRIOR TO REFERRAL:	• OVER THE COUNTER (OTC) HEEL CUSHION. • (OTC) HEEL CUSHION WITH INTERIOR SPUR CUT -OUT • (OTC) ARCH SUPPORT • FOOT AND ANKLE NIGHT SPLINT • NSAIDS
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• FOOD RADIOGRAPHS (ESP. LATERAL VIEW) • REPEAT IN 14 DAYS IF THERE IS A SIGNIFICIANT SUSPICION OF STRESS FRACTURE.
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • SYMPTOMS OR FINDINGS PERSIST OR WORSEN BEYOND 90 DAYS. • LACK OF ABILITY TO AMBULATE OR BEAR WEIGHT DURING CONSERVATIVE TREATMENT. • RADIOGRAPHIC CHANGES CONSISTENT WITH STRESS FRACTURE.

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	POSTPARTUM (COMPLICATED)
SERVICE DAYS/HOURS	**Tuesday, Wednesday and Thursday – 2:10 p.m.-3:45 p.m.**
LOCATION	Clinic D, 2A167

Conditions Treated:

- Wound checks after C-Section
- Wound infections
- Any postpartum patient with medical or obstetrical complications requiring follow-up: patients or anticoagulants, antihypertensives
- Postpartum patients who have had repairs or perineal lacerations which involved rectal sphincter and/or mucosa (3rd and 4th degree) or had an proctoepisiotomy

Required Documentation:

Complete History and Physical:	☐ Yes	☒ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☐ Yes	☒ No
Doctor's Notes	☐ Yes	☒ No
Lab Results:	☐ Yes	☒ No
Medical Records:	☒ Yes	☐ No
Pathology Report:	☐ Yes	☒ No
X-ray Reports:	☐ Yes	☒ No

Other: _____

Special Instruction:

- Only in-house referrals accepted

orfl01

ValleyCare Olive View-UCLA Medical Center/Health Centers

REFERRAL GUIDELINES

SERVICE	POSTPARTUM (Family Planning)
SERVICE DAYS/HOURS	Friday – 8:00 a.m.-12:00 p.m.
LOCATION	Clinic D, 2A167

Conditions Treated:

- Any non-complicated postpartum patient seeking Family Planning method

Required Documentation:

Complete History and Physical:	☐ Yes	☒ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☐ Yes	☒ No
Doctor's Notes	☐ Yes	☒ No
Lab Results:	☐ Yes	☒ No
Medical Records:	☐ Yes	☒ No
Pathology Report:	☐ Yes	☒ No
X-ray Reports:	☐ Yes	☒ No

Other: _____

Special Instruction:

Only in-house referrals accepted. This is a Nurse Practitioner Clinic.

orf02

ValleyCare Olive View–UCLA Medical Center

GENETIC SERVICES REFERRAL GUIDELINES

SERVICE	**Preconceptional / Prenatal Genetic Services**
SERVICE DAYS/HOURS	**Tuesday, 8am-4.30 pm** **Thursday, 8 am-4.30 pm**
LOCATION	**3A 101**

Conditions Treated: See attached list also
Advanced maternal age, abnormal expanded AFP results, fetal abnormalities
personal or family history of known genetic disorder, birth defects or chromosome abnormality, exposure to known or suspected teratogen, mother with medical condition that may affect fetal development, parental consanguinity, parent with known carrier of genetic abnormality, unexplained infertility, multiple pregnancy losses, stillbirths,
family history of mental retardation of unknown etiology

Required Documentation:

Complete History and Physical:	xYes □ No
Consult Form:	x Yes □ No
Diagnostic Studies:	x Yes □ No
Doctor's Notes	x Yes □ No
Lab Results:	xYes □ No
Medical Records:	x Yes □ No
Pathology Report:	x Yes □ No
X-ray Reports	x Yes □ No

Other:_Ultrasound report

Special Instruction: Tel number for referral is 818-364-4349
See page 2

Olive View UCLA Medical Center
Fetal Assessment Unit

Indications for Referral for Genetic Services:
<u>Preconception/Prenatal</u>

- Advanced maternal age *(35 years or older at delivery; 32 years or older for a twin gestation)*
- Abnormal serum multiple marker screening results *(e.g. triple screen, quad screen, and first trimester screen)*
- Fetal abnormalities on prenatal ultrasound *(e.g. structural malformations, hydrops, oligohydramnios, growth retardation with no known etiology)*
- Personal or family history of a known or suspected genetic disorder, birth defect, or chromosomal abnormality
- Family history of mental retardation of unknown etiology
- Exposure to a known or suspected teratogen *(e.g. alcohol, parvovirus, rubella, anticonvulsants, Accutane, lithium, recreational drugs)*
- Mother with a medical condition known or suspected to affect fetal development *(e.g. diabetes, alcoholism, PKU, etc)*
- Parental consanguinity
- Either parent or other family member with a chromosome rearrangement
- Parent is a known carrier or has a family history of a genetic disorder for which prenatal testing is available *(e.g. Tay-Sachs disease, cystic fibrosis, sickle cell disease, alpha and beta thalassemia)*
- Unexplained infertility or multiple pregnancy losses (three or more miscarriages) or previous stillbirths
- Absence of the vas deferens
- Premature ovarian failure

January 2006

ZT/2006

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PRENATAL	
SERVICE DAYS/HOURS	MON AM TUES AM/PM	WED AM/PM THUR AM/PM
LOCATION	CLINIC D 2A-167	

Conditions Treated:

LOW RISK PRENATAL PATIENTS WHO HAVE ALREADY HAD AN INTAKE VISIT EITHER HERE OR AT AN OUTSIDE CLINIC.

Required Documentation:

Complete History and Physical:	□ Yes	☒No
Consult Form:	☒Yes	□ No
Diagnostic Studies:	☒Yes	□ No
Doctor's Notes	□ Yes	☒No
Lab Results:	☒Yes	□ No
Medical Records:	☒Yes	□ No
Pathology Report:	□ Yes	☒No
X-ray Reports	□ Yes	☒No

Other:_____

Special Instruction:

IF PATIENT TRANSFERRING CARE, SHE SHOULD BRING OUTSIDE PRENATAL RECORDS TO HER CLINIC VISIT.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PROCTOLOGY
SERVICE DAYS/HOURS	1ST, 3RD and 5th Thursday of the month 8:00 AM – 11:30 AM
LOCATION	Clinic B (2A 185)

CONDITIONS TREATED

- Hemorrhoids refractory to treatment despite treatment for 4 months
- Rectal and anal masses
- Fissures, Fistulas
- Rectal Warts
- Rectal Prolapse
- Pilonidal Disease

REQUIRED DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	□ Yes	X No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

OTHER: Barium enema, if mass
Or suspicious for cancer

SPECIAL INSTRUCTIONS

This Clinic does not do screening for colon. Patients need to take Fleets enema before coming.

SERVICE	PROCTOLOGY
CONDITIONS:	HEMORRHOIDS
SYMPTOMS:	• INTERMITTENT BRIGHT RED BLOOD PER RECTUM. MAY BE ACCOMPANIED BY DISCOMFORT AND ITCHING. • FREQUENTLY CONSTIPATED.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• INSPECTION, DIGITAL EXAMINATION, AND ANOSCOPY REQUIRED. • MANIFESTS AS DILATED VASCULAR CHANNELS IN THE ANO-RECTUM • NEED TO RULE OUT ANAL FISSURES, FISTULA-IN ANO, TUMORS, OR GENETIAL WARTS.
TREATMENT PRIOR TO REFERRAL:	• BULK FORMING AGENTS (I.E., METAMUCIL) BID. • ANOCRECTAL CREAM (ANUSOL_HC) AS NEEDED IF UNCOMFORTABLE (UP TO QID). • SITZ BATH PRN FOR PERINEAL HYGIENE.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• BARIUM ENEMA, IF OVER 40 YEARS OF AGE TO RULE OUT COLORECTAL CANCER. • FOLLOW UP 6 TO 8 WEEKS, IF STILL SYMPTOMATIC.
SPECIAL INSTRUCTIONS:	SPECIALITY REFERRAL REQUIRED IF: • STILL SYMPTOMATIC AFTER 12-16 WEEKS OF RIGOROUS TREATMENT. • ANAL FISTULA OR FISSURE • TUMOR OR CANCER AS FOUND ON P.E OR B.E

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	PULMONARY (CHEST)
SERVICE DAYS/HOURS	MONDAY, 2ND, 4TH AND 5TH – 8:00 AM – 1:30 PM
LOCATION	CLINIC C – 2A140

CONDITIONS TREATED

- DIAGNOSIS AND MANAGEMENT OF ADULT PULMONARY DISORDERS, e.g., BRITTLE ASTHMA, SEVERE COPD, PULMONARY FIBROSIS, SARCOIDOSIS, DYSPNEA, (NON-CARDIAC)
- ABNORMAL CHEST X-RAY, e.g., R/O TB, NEOPLASM, FUNGAL DISEASE

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

PATIENTS WITH SLEEP BREATHING DISORDERS SHOULD BE REFERRED TO THE SLEEP CLINIC.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	RENAL
SERVICE DAYS/HOURS	WEDNESDAY 7:30 AM-11:00 AM
LOCATION	CLINIC A (2A123)

CONDITIONS TREATED

- ADULT AND ADOLESCENT IF NEEDED, KIDNEY DISORDERS, e.g., KIDNEY STONES, GLOMERULONEPHRITIDES, RENAL AND LIVER.
- TRANSPLANT PATIENTS, HEREDITY NEPHRITIS, CYSTIC KIDNEY DISEASE, DIABETIC NEHROPATHY, PERSISTENT AND OR SECONDARY HYPERTENSION.
- ABNORMAL RENAL FUNCTION, HEMATURIA, PROTEINURIA, ELEVATED CREATININE, ELECTROLYTE ABNORMALITIES, eGFR < 60ml/ml.

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	□ Yes	X No
Medical Records:	□ Yes	X No
Pathology Report:	X Yes	□ No
X-ray Reports	X Yes	□ No

OTHER:_____

SPECIAL INSTRUCTIONS

Referral Recommendations for Reproductive Endocrinology & Infertility (REI) Clinic

-ALL PATIENTS WITH INFERTILITY/ATTEMPTING PREGNANCY NEED TO BE 37 YEARS OLD OR YOUNGER

-NO PATIENTS DIRECTLY REFERRED FROM THE EMERGENCY ROOM PRIOR TO BEING EVALUATED IN GYNECOLOGY CLINIC.

-A PATIENT OK TO BE REFERRED FROM OUTSIDE CLINIC IF DR. NAVAB HAS REVIEWED THE PATIENT'S CHART AND CONCURS THAT THEY SHOULD COME DIRECTLY TO US.

-Patients with the following conditions should be referred to 19 E on Thursday afternoons:

- -Infertility patients
- -Polycystic Ovarian Syndrome (PCOS)- (including oligo-ovulatory or anovulatory patients after they have been first evaluated in gynecology clinic)
- -Primary amenorrhea
- -Patients with hyperprolactinemia and attempting pregnancy or with a history of recurrent pregnancy loss
- -Patients with thyroid disease and attempting pregnancy or with a history of recurrent pregnancy loss
- -Mullerian anomalies
- -Congenital adrenal hyperplasia (CAH) classical or non-classical
- -Hirsutism
- -Recurrent pregnancy loss (RPL) - (2 consecutive losses or 3 losses all together with the same partner or if the patients are greater than 35 with 2 or more losses with the same partner -these patients should be first seen in gynecology clinic) (≤ 37 y/o)
- -Premature ovarian failure (POF) patients

-Patients for referral to USC (after being seen in our REI clinic, these should not be direct referrals from GYN unless they are run by one of the REI fellows or attendings):

- -Patients needing tubal reversals post bilateral tubal ligation (BTL), (these are the only patients that should be directly referred to USC from GYN until we can do tubal reversals at Olive View)
- -Patients with mild male factor infertility requiring an insemination (total motile sperm >=10 million)
- -Patients who have failed 6 cycles of clomiphene citrate (CC) with timed intercourse (TIC) and are ovulating and have proven patent tubes with or without male factor; post 3 cycles if the patients are 35 or older
- -These are just general guideline but these decisions will be made on an individual basis.

-Patients for referral to any in vitro fertilization (IVF) center:

- -Those with blocked tubes bilaterally, with distal blockage or hydrosalpinges (we can take hydros out here first though!)
- -Those with severe male factor that would need IVF+ICSI (total motile sperm < 10 million)
- -Those that are willing and can pay out of pocket for treatment
- -These patients should also be run by a REI fellow or attending if we are to refer them, in the interest of time and age, directly to an outside facility without being first seen in our REI clinic.

REFERRAL GUIDELINES

SERVICE	RHEUMATOLOGY
SERVICE DAYS/HOURS	Thursday – 8:00 a.m. – 12:00 p.m. Friday – 8:00 a.m. – 12:00 p.m.
LOCATION	Clinic E – 2D154 (Thursday) Clinic C – 2A140 (Friday)

Conditions Treated:

- Chronic inflammatory arthritis, i.e., RA, Psoriatic Arthritis, Ankylosing Spondylitis, etc.
- Chronic autoimmune diseases, i.e., SLE, Polymyositis, Systemic Sclerosis, etc.
- Vasculitis, i.e. Giant Cell Arteritis, Pulmonary-Renal syndromes/Wegener's, PAN, etc.
- Other forms of chronic arthritis and rheumatic diseases when severe (i.e. severe Gout, Pseudo-gout, Behcet's, Relapsing Polychrondritis, Cryoglobulinemia, adult Still's, etc.)
- Rheumatology consultation for initial diagnosis of rheumatological condition
- Methotrexate (or Gold) intramuscular injection therapy for rheumatological condition
- TNF-a inhibitor or Biologic intravenous therapy for rheumatological condition

Required Documentation:

Complete History and Physical:	☒ Yes	☐ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☒ Yes	☐ No
Doctor's Notes	☐ Yes	☒ No
Lab Results:	☒ Yes	☐ No
Medical Records:	☐ Yes	☒ No
Pathology Report:	☐ Yes	☒ No
X-ray Reports:	☒ Yes	☐ No

Other: _____

Special Instruction:

Have actual x-ray films available with patient on day of consultation for review if they are not accessible on OVMC's computer (Synapse) system.

rhe01

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	SPECIAL TREATMENT CENTER
SERVICE DAYS/HOURS	MONDAY – FRIDAY 7:30 AM – 6:00 PM
LOCATION	SPECIAL TREATMENT CENTER – 2A157

Conditions Treated:

- CYTOTOXIC TRANSFUSION OR INFUSIONAL THERAPY FOR PATIENTS REFERRED FROM OTHER CLINICS.
- PATIENTS REFFERED FROM HEMATOLOGY AND ONCOLOGY CLINICS

Required Documentation:

Complete History and Physical:	X Yes □ No
Consult Form:	X Yes □ No
Diagnostic Studies:	X Yes □ No
Doctor's Notes	X Yes □ No
Lab Results:	X Yes □ No
Medical Records:	X Yes □ No
Pathology Report:	X Yes □ No
X-ray Reports	X Yes □ No

Other:_____

Special Instruction:

FOR ALL PATIENTS, A PHYSICIAN RESPONSIBLE SHOULD BE INDENTIFIED; AND THE REFERRING SERVICES SHOULD IDENTIFY THE PHYSICIAN WHO WILL BE ON CALL AND IN THE HOSPITAL FOR ANY PATIENT-RELATED EMERGENCIES, WHICH OCCUR WHILE THE PATIENT IS IN THE INFUSION CENTER.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Urogynecology 19G
SERVICE DAYS/HOURS	Tuesday – 1:00 p.m. – 5:00 p.m. Wednesday - 1:00 p.m. – 5:00 p.m.
LOCATION	Clinic D – 2A167

Conditions Treated:

- Urinary and fecal incontinence
- Pelvic organ prolapse

Required Documentation:

Complete History and Physical:	☐ Yes	☒ No
Consult Form:	☒ Yes	☐ No
Diagnostic Studies:	☐ Yes	☒ No
Doctor's Notes	☐ Yes	☒ No
Lab Results:	☐ Yes	☒ No
Medical Records:	☐ Yes	☒ No
Pathology Report:	☐ Yes	☒ No
X-ray Reports	☐ Yes	☒ No

Other:

Special Instruction:

- Pap smear should be done and screening mammogram should be ordered prior to referral and results sent as soon as available.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Urogynecology Pelvic Floor Therapy Clinic 19G
SERVICE DAYS/HOURS	Friday - 1:00 p.m. – 5:00 p.m.
LOCATION	CLINIC D – 2A167

Conditions Treated:

- Stress, urge and mixed urinary incontinence*
- Pessary fitting/management
- Pelvic pain due to pelvic floor spasm or painful bladder syndrome
- Recurrent urinary tract infections
- Voiding dysfunction
- Defecatory dysfunction and anal incontinence
- Post-op Urogynecology patients/voiding trials
- Past Urogynecology patients

* Patients who desire behavioral management/supervised pelvic floor therapy

Required Documentation:

Complete Urogynecology H&P:	☒ Yes	☐ No
Consult Form:	☐ Yes	☒ No
Diagnostic Studies:	☐ Yes	☒ No
Doctor's Notes	☒ Yes	☐ No
Lab Results:	☐ Yes	☒ No
Medical Records:	☐ Yes	☒ No
Pathology Report:	☐ Yes	☒ No
X-ray Reports	☐ Yes	☒ No

Other:

Special Instruction: Restricted to Urogynecology service.

New referrals will be seen in the Tuesday or Wednesday Urogynecology clinic.

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	UROLOGY
SERVICE DAYS/HOURS	Wednesday and Friday 7:30 AM – 11:20 PM and 12:30 PM – 3:20 PM
LOCATION	Clinic B 2A 185

CONDITIONS TREATED

Referral for Cystoscopies and Cystograms, Hermaturia, Chronic urinary tract infections, Testicular lesions, Benign Prostatitic Hypertrophy, Renal Stones, Post –op GU patients and Past GU patients.

NOTE: <u>ONE</u> circumcision per session

REQUIREMENTS DOCUMENTATION

Complete History and Physical:	□ Yes	X No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	□ Yes	X No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

See attached

SERVICE	UROLOGY
CONDITIONS:	PROSTATITIS
SYMPTOMS:	• DYSURIA • PAIN WITH EJACULATION • GENITAL. PERINEAL OR SUPRAPUBIC SUGGESTIVE OF PROSTATITIS
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• TENDER PROSTATE ON RECTAL EXAM • AFTER PREPPING THE HEAD OF THE PENIS WITH ALCOHOL, MESSAGE PROSTATE AND OBTAIN CULTURETTE SWAB OF PROSTATIC FLUID. • OBTAIN RUA, URINE C&S, CULTURE OF PROSTATE FLUID.
TREATMENT PRIOR TO REFERRAL:	• IF PROSTATITIS OR PROSTATODYNIA, TREAT WITH EMPIRIC ANTIBIOTICS FOR 1 MONTH. • IF > 35 YEARS OLD, DOXYCYCLINE 100MG BID • IF < 35 YEARS OLD, BACTRIUM-DS BID • IF INITIAL THERAPY FAILS, USE CIPROFLOXICIN 500MG BID FOR ANOTHER MONTH. • PATIENT MAY ALSO BENEFIT FROM NSAIDS AND SITZ BATHES.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	• STUDIES NOTED ABOVE IN PE SECTION MUST BE DONE ON ALL PATIENTS PRIOR TO STARTING ANITBIOTICS, LET ALONE REFERRAL.
SPECIAL INSTRUCTIONS:	SPECIALTY REFERRAL REQUIRED IF: • FAILURE OF CIPROFLOXICIN THERAPY

ValleyCare
Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	VASCULAR SURGERY
SERVICE DAYS/HOURS	2ND and 4th TUESDAY 7:30 AM – 11:00 AM
LOCATION	CLINIC B (2A185)

CONDITION TREATED

- CAROID ARTERY DISEASE
- AORTIC ANEURYSM
- PERIPHERAL VASCULAR DISEASE
- DIABETIC FOOT INFECTION
- VENOUS STASIS ULCERS

REQUIRED DOCUMENTATION

Complete History and Physical:	X Yes	□ No
Consult Form:	X Yes	□ No
Diagnostic Studies:	X Yes	□ No
Doctor's Notes	X Yes	□ No
Lab Results:	X Yes	□ No
Medical Records:	X Yes	□ No
Pathology Report:	□ Yes	X No
X-ray Reports	X Yes	□ No

OTHER: _____

SPECIAL INSTRUCTIONS

NO ROUTINE VEIN PROBLEMS

SERVICE	**VASCULAR SURGERY**
CONDITIONS:	**VENOUS STATIS ULCERS**
SYMPTOMS:	• CHRONIC ULCERATION OF ONE OR BOTH LOWER EXTREMITIES IN PATIENTS WITH POSTPHLEBITIC SYNDROME (EDEMA, HYPERPIGMENTATION, DERMATITIS, TROPHIC CHANGES, AND SUBCUTANEOUS TISSUE THICKENING). USUALLY NOT TOO PAINFUL.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	• ULCER IS USUALLY IN AREA OF MEDICAL MALLEOUS, THOUGH IT CAN BE ANYWHERE IN LEG BELOW THE KNEE. • NEED TO RULE OUT ARTERIAL ULCERATION (LEG PALE AND PAINFUL WHEN ELEVATED, MAY BE ULCERATED AND OR GANGEROUS IN MOST DISTAL AREAS).
TREATMENT PRIOR TO REFERRAL:	• ULCER IS CLEANED AND UNNA BOOT APPLIED. • PATIENT SHOULD BE TAUGHT AND INSTRUCTED TO CHANGE THE UNNA BOOT WEEKLY. • EACH TIME THE UNNA BOOT IS CHANGED, THE WOUND SHOULD BE CLEANED OUT THOROUGHLY. • UNNA BOOT SHOULD EXTEND FROM JUST PROXIMAL TO TOES TO ABOUT 10CM BELOW THE KNEE. • FOLLOW UP 6 TO 8 WEEKS.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIAL REFERRAL REQUIRED IF: • DIAGNOSIS IS IN QUESTION. • ULCER CONTINUES TO EXPAND DESPITE RIGOROUS ADHERENCE TO ABOVE PROTOCOL.

SERVICE	**VASCULAR SURGERY**
CONDITIONS:	**VARICOSE VEINS**
SYMPTOMS:	• DILATED, TORTUOUS VEINS ON ONE OR BOTH EXTREMETIES THAT ARE FREQUENTLY PAINFUL. • SMALL SPIDERY RED SPOTS THAT BLANCHE WHEN PRESSED.
ESSENTIAL HISTORY/PHYISCAL EXAM ELEMENTS:	AS ABOVE
TREATMENT PRIOR TO REFERRAL:	• PRESCRIBED AND FITTED ELASTIC SUPPORT STOCKINGS THAT PATIENT USES EVERYDAY FROM EARLY MORNING TO BEDTIME. • SKIN CREAM TO KEEP SKIN OF LEGS FROM CRACKING/BREAKING DOWN.
STUDIES TO BE COMPLETED BEFORE REFERRAL:	NONE
SPECIAL INSTRUCTIONS:	SPECIAL REFERRAL REQUIRED IF: • DEVELOPS VENOUS STASIS ULCERS • WITHOUT STASIS ULCERS, PATIENTS <u>WILL NOT</u> BE SEEN.

ValleyCare

Olive View–UCLA Medical Center

REFERRAL GUIDELINES

SERVICE	Women's Clinic
SERVICE DAYS/HOURS	
Mid-Valley Comprehensive Health Center:	Monday, Wednesday 8:00 a.m. – 8:30 p.m. Tuesday, Thursday, Friday 8:00 a.m. – 4:30 p.m.
San Fernando Health Center:	Monday - 8:00 a.m. – 4:30 p.m. Tuesday - 8:00 a.m. – 12:00 p.m. Wednesday, Thursday, Friday - 12:30 p.m. – 4:30 p.m.
Glendale Health Center:	Tuesday, Thursday - 8:00 a.m. – 12:00 p.m. 2nd, 3rd, 4th Wednesday - 8:00 a.m. – 12:00 p.m.
LOCATION	Mid Valley Comprehensive Health Center, 2nd floor San Fernando Health Center Glendale Health Center

Conditions Treated: Screening, evaluation and treatment of sexually transmitted infections, urinary tract infections, incontinence, pelvic pain, menstrual irregularity, and postmenopausal bleeding. Screening for cervical and breast cancer.

Required Documentation:

Complete History and Physical:	x Yes □ No
Consult Form:	x Yes □ No
Diagnostic Studies:	□ Yes x No
Doctor's Notes	□ Yes x No
Lab Results:	□ Yes x No
Medical Records:	□ Yes x No
Pathology Report:	□ Yes x No
X-ray Reports	□ Yes x No

Other:

Special Instruction: Outside referrals are not accepted due to limited capacity.