GP Liaison Officer Program



SATURDAY 4 June 2022

Introduction/ Housekeeping

Dr Meg Cairns GP Liaison Officer

Metro North Health and Brisbane North PHN

GP Liaison Officer Program



SATURDAY 4 June 2022

Welcome Address

Professor Rebecca Kimble

Professor of Obstetrics & Gynaecology, University of Queensland Director Statewide Paediatric and Adolescent Gynaecology Service Pre-eminent Staff Specialist Obstetrics & Gynaecology, Royal Brisbane and Women's Hospital & Queensland Children's Hospital

GP Liaison Officer Program



SATURDAY 4 June 2022

Workshop Orientation

Dr Meg Cairns GP Liaison Officer

Metro North Health and Brisbane North PHN

Session 1

Time	Task	Presenter
8:15 am	Housekeeping and Introductions	Dr Meg Cairns
	Welcome Address	Prof. Rebecca Kimble
8:20 am	Workshop Orientation	Dr Meg Cairns
8:30 am	Metro North Gynaecology Services	Dr Meg Cairns
	and Referral Processes	Gynaecology Nurse
		Unit Managers/ Care
		Coordinators
8:45 am	Paediatric & Adolescent	Prof. Rebecca Kimble
	Gynaecology	
9:30 am	Endometriosis	Dr David Baartz
10:15 am	Changes to National Cervical	Dr Ekta Bhutada
	Screening Program	
10:30 am	MORNING TEA	All

Session 2

Time	Task	Presenter
11:00 am	Fertility	Prof. Hayden Homer
11:30 am	Case Studies	All
12:45 pm	LUNCH	All

Session 3

Time	Task	Presenter
13:45 pm	Interactive Skill Sessions	All
15:30 pm	Menopause Hormone Therapy	Dr Christina Jang
16:00 pm	Summary/Evaluation/Close	Dr Meg Cairns

Acknowledgements

- Metro North Health
- Brisbane North PHN
- Caboolture Hospital, Redcliffe Hospital, Royal Brisbane & Women's Hospital and The Prince Charles Hospital
- Metro North Health Women's and Children's Stream
- Metro North Health Healthcare Excellence and Innovation - Outpatient and Primary Care Strategies

Thank you to our sponsors



Specialists in Private Pathology since the 1920s





MN HHS Gynaecology Referral Guidelines

https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/gynaecology

Brisbane North HealthPathways

Username: Brisbane

Password: North

https://brisbanenorth.communityhealthpathways.org/

GP Smart Referrals

https://brisbanenorthphn.org.au/practice-support/digital-health

Brisbane North PHN eReferral templates

https://www.brisbanenorthphn.org.au/practice-support/referral-and-patient-management

Brisbane North PHN – *Network Link*



NETWORKLINK

COVID-19 information | Event calendar | Browse local positions





Health Provider Portal

 Secure online access to patients' Queensland Health records:

https://hpp.health.qld.gov.au/

- Discharge summaries, SOPD appointments, medications, adverse reactions, pathology, medical imaging, procedures
- Patients can opt out call 13HEALTH

 Australian Journal of General Practice https://www1.racgp.org.au/ajgp/home

- RACGP gplearning and check
 https://www.racgp.org.au/education/professional
 -development/online-learning
- RACGP Clinical guidelines

https://www.racgp.org.au/clinical-resources/clinical-guidelines

- RANZCOG statements and guidelines
 https://ranzcog.edu.au/statements-guidelines
- RCOG Green-top Guidelines
 https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/
- NICE guidelines
 <u>https://www.nice.org.uk/guidance/conditions-</u>
 and-diseases/gynaecological-conditions

 Gynaecological Cancer <u>https://www.health.gov.au/initiatives-and-</u> <u>programs/national-cervical-screening-program</u>

https://wiki.cancer.org.au/australia/Guidelines: Cervical cancer/Screening

https://www.canceraustralia.gov.au/cancertypes/gynaecological-cancers/clinicians-hub

TRUE

https://www.true.org.au/course-catalogue

Family Planning NSW

https://www.fpnsw.org.au/health- information/health-professionals

GP Liaison Officer Program



SATURDAY 4 June 2022

Gynaecology Services & Referral Processes

Royal Brisbane and Women's Hospital Caboolture Hospital Redcliffe Hospital

Gynaecology Services

- RBWH, Caboolture and Redcliffe all provide
 Gynaecology Services for patients > 15 yo
- QCH provides Gynaecology Services for patients
 15 yo
- No elective service at TPCH (emergency service provided in TPCH ED only)
- Is your patient "ready for care"?
- Refer patients to their closest hospital

Referral Processes

- Does your patient meet minimum referral criteria?
- Please provide essential referral information for the condition
- Please attach current relevant investigation results/reports
- Send referral to Central Patient Intake (CPI)

https://metronorth.health.qld.gov.au/specialist_ service/refer-your-patient

Research

Careers

Health professionals

Home / Refer your patient

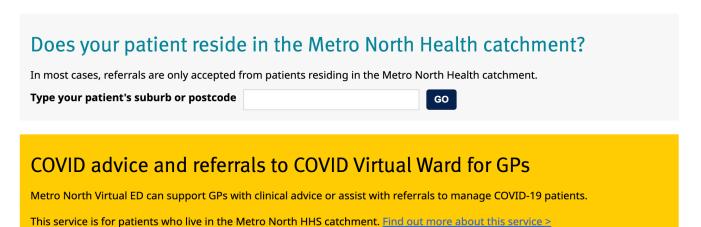
Home

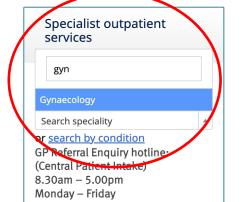
Refer your patient

Refer your patient

Referral guidelines are changing across Metro North. Make sure you're familiar with the latest criteria when referring patients.

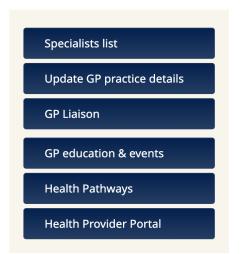
Hospitals & services











Resources for GPs

Central Patient Intake Fact Sheet (PDF)

GP education resources

<u>Brisbane North HealthPathways –</u> <u>Information for Clinicians (PDF)</u>

Health provider portal (PDF)

Contact us

About us No

ws Events

Get involved

🗷 Resize font

Search...

🖶 Print

Metro North Health

Hospitals & services

Health professionals

Research

Careers

Home / Refer your patient / Gynaecology

Refer your patient

Gynaecology

Conditions

Home

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the out of scope section.

- Abnormal cervical screening /cervical dysplasia/abnormal cervix
- Cervical polyp
- <u>Dyspareunia (deep or superficial)</u>
- Elective Tubal Ligation
- Fibroids
- Heavy menstrual bleeding (HMB)
- Implanon NXT® etonogestrel implant, for Contraception
- Infertility/RPL
- Intermenstrual bleeding
- Known or suspected endometriosis

- Mirena®/progesterone releasing IUD Insertion or removal, for Contraception
- Mirena®/progesterone releasing IUD
 Insertion or removal, for HMB or HRT
- Ovarian cyst/pelvic mass
- <u>Pelvic floor dysfunction (e.g. prolapse</u> and/or incontinence)
- <u>Pelvic Mesh (referral to Queensland</u> Pelvic Mesh Service (QPMS) Only)
- Pelvic pain/dysmenorrhea/PMS
- Polycystic Ovarian Syndrome (PCOS)

- Post-coital bleeding
- Post-menopausal bleeding (vaginal bleeding more than 12 months following last menstrual period)
- <u>Primary/secondary amenorrhoea</u>
 Removal of Implanon NXT ®
- T----i--ti----f-----
- <u>Termination of pregnancy</u>
- Vulva lesion / lump / genital warts / boil /swelling /abscess / ulcer / Bartholin's cyst

Send referral

Hotline: 1300 364 938

Fax: 1300 364 952

Electronic: <u>eReferral system templates</u>
Medical Objects ID: MQ40290004P

HealthLink EDI: gldmnhhs

Mail: Metro North Central Patient

Intake

Aspley Community Centre 776 Zillmere Road

ASPLEY QLD 4034

Paediatric services

Referrals for children and young people should follow the Children's Health Queensland referral guidelines.

Emergency referrals

All urgent cases must be discussed with the on call Registrar to obtain appropriate prioritisation and treatment. Contact through:

• Royal Brisbane and Women's Hospital (07) 3646 8111

Health pathways 😯

nity.org

Access to Health Pathways is free for clinicians in Metro North Brisbane.

For login details email:

healthpathways@brisbanenorthphn.or g.au

Login to Brisbane North Health Pathways:

brisbanenorth.healthpathwayscommu

Contact us

About us

Events

Get involved





Metro North Health

Search...

Home

Refer your patient

Hospitals & services

Health professionals

Research

Careers

Home / Refer your patient / Gynaecology / Polycystic Ovarian Syndrome (PCOS)

Polycystic Ovarian Syndrome (PCOS)

Emergency referrals

All urgent cases must be discussed with the on call Registrar to obtain appropriate prioritisation and treatment. Contact through:

- Royal Brisbane and Women's Hospital (07) 3646 8111
- The Prince Charles Hospital (07) 3139 4000
- Redcliffe Hospital (07) 3883 7777
- Caboolture Hospital (07) 5433 8888

Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

Does your patient wish to be referred?

Minimum referral criteria

Does your patient meet the minimum referral criteria?

Category 1

Appointment within 30 days is desirable

• Abnormal endometrium on ultrasound (ie irregular/focal lesion or thickened – over 12mm)



Other Gynaecology conditions

Send referral

Hotline: 1300 364 938

Fax: 1300 364 952

Electronic: <u>eReferral system templates</u>

Medical Objects ID: MQ40290004P

HealthLink EDI: qldmnhhs

Mail: Metro North Central Patient

Intake

Aspley Community Centre

776 Zillmere Road **ASPLEY QLD 4034**

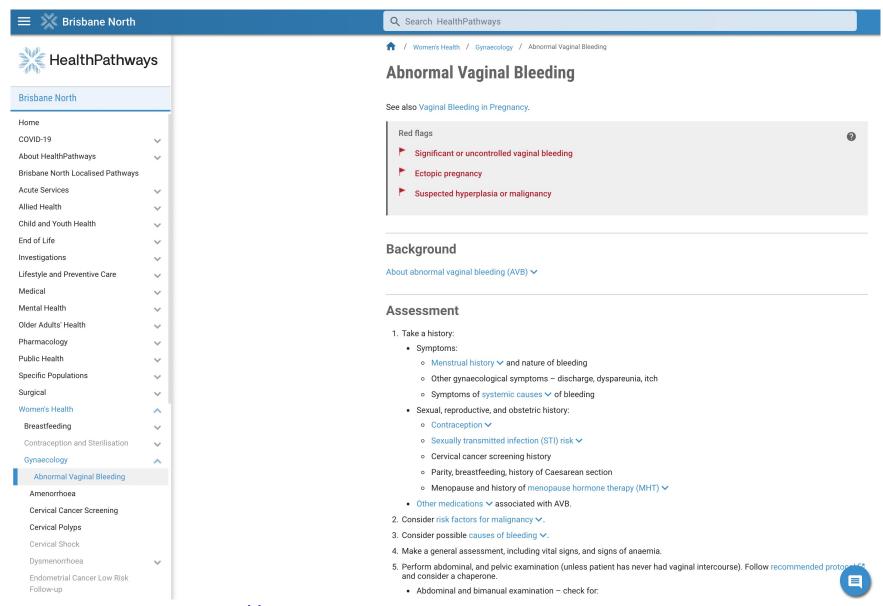
Health pathways ?

Access to Health Pathways is free for clinicians in Metro North Brisbane.

For login details email:

healthpathways@brisbanenorthphn.or q.au

HealthPathways



https://brisbanenorth.communityhealthpathways.org

HealthPathways





Brisbane North

Chronic Pelvic Pain in Females Perineal Tear Follow-up Polycystic Ovarian Syndrome (PCOS) Premenstrual Syndrome (PMS) Vaginal Pessaries Sub-fertility Termination of Pregnancy (TOP) Urinary Incontinence in Women Vulvodynia Pregnancy Women's Health Requests Our Health System Brisbane North Healthcare **Choosing Wisely** Digital Health Funding **GP to GP Referrals Health Assessments** Interpreter and Communication Assistance News Archive

National Disability Insurance Scheme >

(NDIS) Programs

Q Search HealthPathways

/ Our Health System / GP to GP Referrals

GP to GP Referrals

This page lists general practitioners offering services to other GPs' patients without obligation to continue care.

About GP to GP Referrals ✓

Referrals

- · Maintain good communication between the referring GP and the GP providing services.
- · Discuss any costs and wait times with patients.
- If you would like to be included in the lists of general practitioners who take referrals:
 - Complete the listing request form <a>I.
 - . Inform the HealthPathways team of any changes in your details. Failure to do this may result in deletion of the record.
 - Provide services in a timely manner, and return the patient to the referring GP for follow-up.

Services

Brisbane North Health Pathways does not provide any assurance of quality and will not provide governance to any of the services. See Disclaimer for private providers \checkmark .

- Ear toilet or microsuction ➤
- Ferinject iron infusion therapy ➤
- Fractures

 (simple, undisplaced fractures requiring splints, casts, or other immobilisation)
- Vasectomy ✓
- Wedge resection and phenolisation ➤
- · Women's health:
 - Implanon removal and insertion >
 - Mirena removal and insertion >
 - Termination of pregnancy

© 2022 HealthPathways. All rights reserved. | Terms of Use | View on classic HealthPathways

GP Smart Referrals

GP Smart Referrals

GP Smart Referrals are digital referrals that integrate with *Best Practice* and *Medical Director* software to enable faster, more streamlined management of referrals to Queensland public hospitals. Key features include:

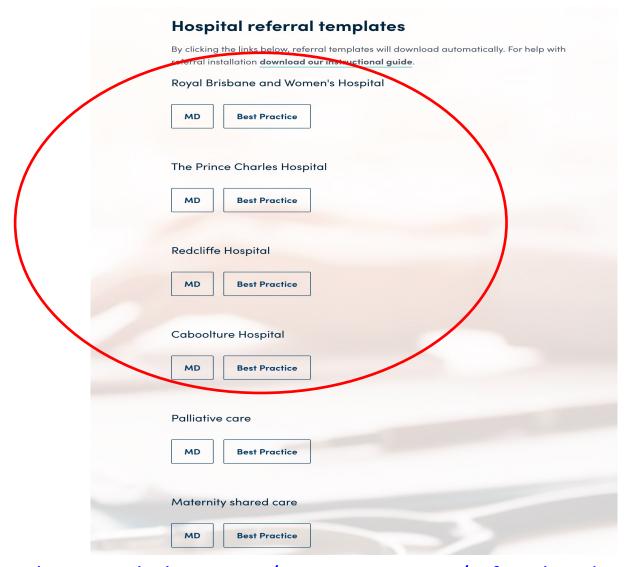
- fields requiring patient demographics will auto-populate from the clinical record,
 reducing time spent with manual data entry
- it allows for the attachment of test results, imaging and other clinical documents from the clinical record or your PC, in multiple formats
- aligns with state-wide essential referral criteria, reducing the number of referrals being returned
- has an in-built Service Directory to inform you of the closest service available to your patient's home.

Register

Download the fact sheet

Further information

Metro North eReferral Template

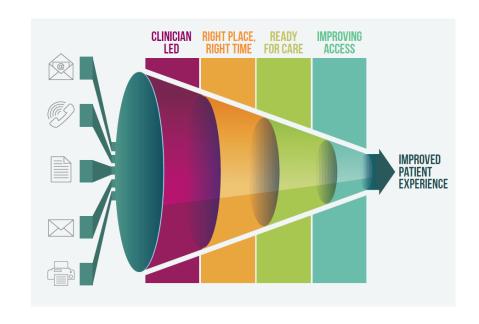


https://brisbanenorthphn.org.au/practice-support/referral-and-patient-management

SORT: Streaming Outpatient Referral Team

 Referrals are screened for required essential referral criteria

 Patients are streamed to the most appropriate service within Metro North Health including Surgical Treatment and Rehabilitation Service



Tertiary Clinics - RBWH

- Gynaecology Oncology confirmed histological cancers or high suspicion of cancer
- Vulval Clinic referral from within catchment or tertiary inter-hospital
- Urogynaecology referral from within catchment or tertiary inter-hospital
- Endometriosis Clinic

Tertiary Clinics - RBWH

- Early Pregnancy Assessment Unit (EPAU) service provided within Maternal Fetal Medicine
- Combined Gynaecology/Endocrinology
 Women's Health Clinic menopause,
 premature ovarian insufficiency, polycystic
 ovarian syndrome, breast cancer + aromatase
 inhibitors, Turner Syndrome
- Continence Nurse Advisory Service internal referrals only

Tertiary Clinics - RBWH

Queensland Trophoblast
Centre – Gestational
Trophoblastic Disease
(GTD) service

	Queensland	(Affix patient identification label here or write details below)			
	Government	RBWH URN (if applicable):			
	Royal Brisbane & Women's Hospital	Family name:			
	QUEENSLAND TROPHOBLAST	Given names:			
	CENTRE REFERRAL	Date of birth: Sex: M F I			
	TO: DR DAVID BAARTZ / DR ANDREA GARRETT WOMEN'S & NEWBORN SERVICES, RBWH	Address:			
	Referring Consultant Details				
	Provider No:	Phone - Home: Work:			
	Name:	Mobile:			
	Address:	Email address:			
		Medicare No: Ref No:			
	Phone: Fax:	Next of kin details: Surname:			
	GP Details				
60	Name:	Given names:			
Services	Address:	Phone No: Relationship:			
e Se		Please confirm that the need for follow up has been discussed with the patient, the procedure has been explained to her and that she is aware			
matic	Phone: Fax:	the QTC will contact her: Yes			
Infor	Ethnic Origin: Caucasian Aboriginal or TSI As	sian South American Other (specify):			
ealth	Is an Interpreter required: Yes No If Yes, speci-	fy language:			
ή i	Obstetric History				
hrou	Number of pregnancies (including this one):	Number of live births:			
ted 1	Number of miscarriages / terminations / ectopic pregnance				
nduc	Was there a pregnancy associated with this registration? Yes No				
	If Yes, what was the outcome? Live birth Abortion Miscarriage Ectopic Still birth Mole				
8					
st pe cc	If Yes, what was the outcome? ☐ Live birth ☐ Abortion	on ☐ Miscarriage ☐ Ectopic ☐ Still birth ☐ Mole			
s must be co	If Yes, what was the outcome? ☐ Live birth ☐ Abortion What was the date of delivery or termination of the association.	on Miscarriage Ectopic Still birth Mole ciated pregnancy?/			
nents must be conducted through Health Information	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration?	on ☐ Miscarriage ☐ Ectopic ☐ Still birth ☐ Mole ciated pregnancy?// es ☐ No			
indments must be oc	If Yes, what was the outcome? ☐ Live birth ☐ Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? ☐ Ye If Yes, what was the outcome? ☐ Live birth ☐ Abortic	on Miscarriage			
amendments must be oc	If Yes, what was the outcome? □ Live birth □ Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □ Ye If Yes, what was the outcome? □ Live birth □ Abortic Date of delivery or termination of pregnancy prior to regis	on Miscarriage Ectopic Still birth Mole lated pregnancy?/			
and amendments must be oc	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regist Has the patient had a previous hydatidform mole?	on			
on and amendme	If Yes, what was the outcome? ☐ Live birth ☐ Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? ☐ Ye If Yes, what was the outcome? ☐ Live birth ☐ Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? ☐ Ye Is there a family history of hydatidiform mole? ☐ Ye	on			
creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Ye If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Clinical Information	on			
form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Y If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □ Is there a family history of hydatidiform mole? □ Clinical Information Events leading to diagnosis (Please tick all that apply):	on Miscarriage Ectopic Still birth Mole iated pregnancy?			
form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Y If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □ Is there a family history of hydatidiform mole? □ Clinical Information Events leading to diagnosis (Please tick all that apply):	on Miscarriage Ectopic Still birth Mole iated pregnancy?			
clinical form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Y If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □ Is there a family history of hydatidiform mole? □ Clinical Information Events leading to diagnosis (Please tick all that apply): □ Vaginal bleeding □ Hyperemesis □ Passage of molar tissue □ Preeclampsia	on Miscarriage Ectopic Still birth Mole			
form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regist Has the patient had a previous hydatidiform mole? Is there a family history of hydatidiform mole? Selection of the properties of the properti	on Miscarriage Ectopic Still birth Mole cliated pregnancy?			
clinical form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Ye If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Clinical Information Events leading to diagnosis (Please tick all that apply): □Yaginal bleeding □ Hyperemesis □Passage of molar tissue □ Preeclampsia □Pain □Findings on Imaging Bhog at time of diag Cestational age: /40 weeks Uterines*	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
clinical form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Y¢ If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regist Has the patient had a previous hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is there a family history of hydatidiform mole? □Y Is the a family history of hydatidiform	on Miscarriage Ectopic Still birth Mole			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? Yet there a family history of hydatidiform mole? Sevents leading to diagnosis (Please tick all that apply): Yaginal bleeding Hyperemesis Precclampsial Pain Pindings on Imaging Brag at time of diagnosis (Glease tick all that apply): Yet with the second of t	on Miscarriage Ectopic Still birth Mole			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc was there a pregnancy prior to this registration? Yel If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regist Has the patient had a previous hydatidiform mole? It stere a family history of hydatidiform mole? Sevents leading to diagnosis (Please tick all that apply): Yaginal bleeding Hyperemesis Preclampsial Pain Pain Prindings on Imaging Brag at time of diagnosid (See the Company of t	on Miscarriage Ectopic Still birth Mole clasted pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? Yet Is there a family history of hydatidiform mole? Yet Is there a family history of hydatidiform mole? Yet Is there a family history of hydatidiform mole? Yet Is there a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole of the a family history of hydatidiform mole diagnosed? Yet Is the a family history of hydatidiform mole diagnosed? Yet Is the a family history of hydatidiform mole diagnosed? Yet Is the a family history of hydatidiform mole of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family history of hydatidiform mole? Yet Is the a family hydrogen hydro	on Miscarriage Ectopic Still birth Mole			
All clinical form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Y If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □ Is there a family history of hydatidiform mole? □ Clinical Information Events leading to diagnosis (Please tick all that apply): □Vaginal bleeding □ Hyperemesis □Passage of molar tissue □ Precclampsia □Pain □Findings on Imaging Bhog at time of diagnostational age: □40 weeks Uterines Date of last menstrual period prior to evac: □/ How was the Hydatidiform Mole diagnosed? □Ectop Diagnostic Information Method of evacuation: □Spontaneous □Sharp Date of evacuation: □Spontaneous □Sharp	on Miscarriage Ectopic Still birth Mole clasted pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? It stere a family history of hydatidiform mole? Sevents leading to diagnosis (Please tick all that apply): Yaginal bleeding Hyperemesis Precclampsia Pain Findings on Imaging Hyperemesis Precclampsia Gestational age: Ald weeks Uterine s Date of last menstrual period prior to evac: How was the Hydatidiform Mole diagnosed? Ectop Diagnostic Information Method of evacuation: Spontaneous Sharp Date of evacuation: Date of evacuation: Spontaneous Sharp Date of evacuation: Method of evacuation: Method of evacuation: Method of evacuation: Mas Syntocinon used? Mes Seyntocinon used? Messervaneous Messervaneo	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Ye If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Clinical Information Events leading to diagnosis (Please tick all that apply): □Ye Uvaginal bleeding □ Hyperemesis □ Passage of molar tissue □ Preeclampsia □ Pani □ Findings on Imaging Bhog at time of diag Gestational age:	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc was there a pregnancy prior to this registration? Yes there a pregnancy prior to this registration? Yes fire yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regist Has the patient had a previous hydatidiform mole? Yes there a family history of hydatidiform mole? Sevents leading to diagnosis (Please tick all that apply): Yes dealing to diagnosis (Please tick all that apply): Yes passage of molar tissue Pasin Pain Pain Pindings on Imaging Hyperemesis Precelampsia Gestational age: Yes was the Hydatidiform Mole diagnosed? Ectop Diagnostic Information Method of evacuation: Spontaneous Spart Spart News Syntocinon used? Yes No Was Misoprostol used for cervix ripening? Yes Were there any complications of the evacuation?	on Miscarriage Ectopic Still birth Mole clasted pregnancy? / /			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the state a family history of hydatidiform mole? State a family history of hydatidiform mole? Clinical Information Events leading to diagnosis (Please tick all that apply): Yaginal bleeding Hyperemesis Precelampsia Pain Findings on Imaging Brag at time of diag Gestational age: Jet of last menstrual period prior to evac: Jet ow was the Hydatidiform Mole diagnosed? Ectop Diagnostic Information Method of evacuation: Jet of evacuation: Jet of vacuation: Jet	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? □Live birth □Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? □Ye If Yes, what was the outcome? □Live birth □Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is there a family history of hydatidiform mole? □Ye Is eading to diagnosis (Please tick all that apply): □Ye Is eading to diagnosis (Please tick all that apply): □Yee Is eading to diagnosis (Please tick all that apply): □Yee Is eading to diagnosis (Please tick all that apply): □Yee Is eading to diagnosis (Please tick all that apply): □Yee Is eading to diagnosis (Please tick all that apply): □Yee Is eading to deliver existing the of the evacuation: □Yee Is eading to regulate the apply of the evacuation: □Yee Is eading to regulate the apply to regulate the evacuation: □Yee Is eading the association of	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Ye If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In there a family history of hydatidiform mole? In there a family history of hydatidiform mole? In the a family history of hydatidiform mole of hydrox of the a family history of hydrox of the a family history of hydrox of hydrox of hydrox of history of hydrox of hydr	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
42 Locally Printed All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Ye If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regist Has the patient had a previous hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole? Ye Is there a family history of hydatidiform mole diagnosed? Ye Is the a family history of hydatidiform history of	on Miscarriage Ectopic Still birth Mole clated pregnancy?			
All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Ye If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In there a family history of hydatidiform mole? In there a family history of hydatidiform mole? In the a family history of hydatidiform mole of hydrox of the a family history of hydrox of the a family history of hydrox of hydrox of hydrox of history of hydrox of hydr	on Miscarriage Ectopic Still birth Mole cliated pregnancy?			
201:06142 Locally Printed All clinical form creation and amendme	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of the termination of prediction of the termination of the terminati	on Miscarriage Ectopic Still birth Mole cliated pregnancy?			
00201:06142 Locally Printed All clinical form creation and amendine	If Yes, what was the outcome? Live birth Abortic What was the date of delivery or termination of the assoc Was there a pregnancy prior to this registration? Yet If Yes, what was the outcome? Live birth Abortic Date of delivery or termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of pregnancy prior to regis Has the patient had a previous hydatidiform mole? In the termination of the termination of prediction of the termination of the terminati	on Miscarriage Ectopic Still birth Mole clated pregnancy? /			

https://metronorth.health.qld.gov.au/rbwh/healthcareservices/queensland-trophoblast-centre-qtc



Culturally Safe Women's Health Service

- Shared service model between Metro North Health and the Institute for Urban Indigenous Health
- Culturally appropriate patient-centred care for Aboriginal and Torres Strait Islander women
 - Nundah Community Health Centre -Maternity and Gynaecology
 - Morayfield ATSICH Clinic Gynaecology
 - Ngarrama Royal Maternity Service
 - RBWH/STARS Gynaecology Surgery Services









How to refer

Eligibility

- - Women requiring speciality gynaecology oncology or urogynaecology will be seen by existing services
- Maternity: Women and/or baby who identify as Aboriginal and/or Torres Strait Islander
 - Physiotherapy: antenatal and up until 12 months postnatal
 - Dietitian: antenatal and up until 3 months postnatal
 - Social work: antenatal only

How to refer

- Maternity or Gynaecology referral to CPIU
- Please indicate on referral if woman/baby identifies as Aboriginal and/or Torres Strait Islander
- Can address to "Women's Business Aboriginal and Torres Strait Islander Gynaecology/Maternity Service"

Termination of Pregnancy

- The Termination of Pregnancy Act 2018 ensures termination of pregnancy is treated as a health issue rather than a criminal issue in Queensland
- Registered medical practitioners may perform a lawful termination of pregnancy on request up to 22 weeks gestation
- After 22 weeks gestation, a termination may be performed by a medical practitioner if they consider that, in all the circumstances, the termination should be performed and they have consulted with another medical practitioner who also considers that, in all the circumstances, the termination should be performed

HealthPathways





Brisbane North

Chronic Pelvic Pain in Females Perineal Tear Follow-up Polycystic Ovarian Syndrome (PCOS) Premenstrual Syndrome (PMS) Vaginal Pessaries Sub-fertility Termination of Pregnancy (TOP) Urinary Incontinence in Women Vulvodynia Pregnancy Women's Health Requests Our Health System Brisbane North Healthcare **Choosing Wisely** Digital Health Funding **GP to GP Referrals Health Assessments** Interpreter and Communication Assistance News Archive

National Disability Insurance Scheme >

(NDIS) Programs

Q Search HealthPathways

/ Our Health System / GP to GP Referrals

GP to GP Referrals

This page lists general practitioners offering services to other GPs' patients without obligation to continue care.

About GP to GP Referrals ✓

Referrals

- · Maintain good communication between the referring GP and the GP providing services.
- · Discuss any costs and wait times with patients.
- If you would like to be included in the lists of general practitioners who take referrals:
 - Complete the listing request form <a>I.
 - . Inform the HealthPathways team of any changes in your details. Failure to do this may result in deletion of the record.
 - Provide services in a timely manner, and return the patient to the referring GP for follow-up.

Services

Brisbane North Health Pathways does not provide any assurance of quality and will not provide governance to any of the services. See Disclaimer for private providers \checkmark .

- Ear toilet or microsuction ➤
- Ferinject iron infusion therapy
- Fractures

 (simple, undisplaced fractures requiring splints, casts, or other immobilisation)
- Vasectomy ✓
- Wedge resection and phenolisation ➤
- · Women's health:
 - Implanon removal and insertion >
 - Mirena removal and insertion >
 - Termination of pregnancy ➤

© 2022 HealthPathways. All rights reserved. | Terms of Use | View on classic HealthPathways



Confidential & Non-Judgemental Support for all Pregnancy Options



Information & Support





About this website

This website and its content are intended for viewing and use only by healthcare professionals in Australia.

If you are not a healthcare professional and would like information on termination of pregnancy, please contact your medical practitioner.

The following website may also provide you with information on family planning, including termination of pregnancy.

Marie Stopes Australia

Login

Email

Password

☐ Remember Me

Log In

Forgot Password?

Join

If you are an Australian healthcare professional and would like to become a certified prescriber or dispenser of MS-2 Step (mifepristone, misoprostol) you must first register online here. Registration is free. Once registered you will then need to complete the necessary steps online to become certified.

- Register -

https://www.ms2step.com.au/

Termination of Pregnancy

Essential referral information

- Quantitative B-HCG
- Confirmed viable intrauterine pregnancy on ultrasound (7/40; evidence of fetal heartbeat)
 Blood Group and Rh status
- oFBC
- Current cervical screening test result

Additional useful referral information

- STI screen
- \circ BMI
- ONIPT results (if attended)
- other relevant investigations providing evidence of fetal anomaly

Termination of Pregnancy

- Metro North HHS Nurse Navigator Termination of Pregnancy
 - Service supporting GPs and women from the point of referral, pre and post termination of pregnancy

GP Advice available
 Monday – Friday 7:00am– 3:30pm

Ph: <u>0408 940 183</u>

Email: <u>nursenavigator-top-mnhhs@health.qld.gov.au</u>

Pelvic Health Physiotherapy Screening Clinic RBWH

- Referrals directed through a Physio led clinic prior to assessment by a Medical Officer
- Women assessed by Women's Health Physiotherapist
- Women treated by Physiotherapist and Continence Nurse → discharged or redirected back to see Medical Officer



Pelvic Health Clinic Caboolture Hospital

- Referrals directed through a Physio led clinic prior to assessment by a Medical Officer
- Women assessed by Women's Health Physiotherapist
- Women treated by Physiotherapist and Continence Nurse → discharged or redirected back to see Medical Officer



Pelvic Health Pathway Redcliffe Hospital

- Pelvic Health pathway as per Caboolture Hospital
- Relevant referrals redirected to Gynaecology Physiotherapy Screening Clinic for Continence Nurse and Physiotherapy consult

