

# REFERRAL GUIDELINES

## Early Pregnancy and Perinatal Assessment Service (EPPAS)

### Head of Clinic: Dr Nisha Khot

**Referrals:** Please address referrals to Head of Clinic

**Please ring us prior to referral** on 9784 2632 or  
Mobile 0417 340 585

**E-referral preferred or Fax to 9125 9846 on EPPAS Clinic Referral Form**

### Clinic Description

This clinic runs in business hours and aims to provide triage, assessment and management for women experiencing vaginal bleeding and/or pain in early pregnancy. The clinic is for women,

- Who are experiencing per-vaginal (PV) bleeding, abdominal pain or other symptoms in pregnancy  $\leq 15 + 6$
- Have suspected retained products of conception/ endometritis
- Need review of perineal or caesarean section wound  $> 10$  days delivery at Peninsula Health

### Categories for Appointments

	Clinical Description	Timeframe
<b>Emergency</b>	<ul style="list-style-type: none"> <li>• Severe abdominal pain needing strong analgesia</li> <li>• Bleeding <math>&gt; 2</math> soaked pads/hr</li> <li>• Diarrhoea and vomiting</li> <li>• Dizziness, fainting, shoulder tip pain</li> <li>• Fever, chills</li> <li>• Unstable vital signs</li> <li>• Pre-Eclampsia</li> <li>• Unusual Vaginal Discharge ie smell, colour or consistency</li> </ul>	<b>Refer to ED immediately</b>
<b>Antenatal</b>	$<16$ weeks pain and/or bleeding that doesn't require emergency referral	<b>Business Hours:</b> If pt $< 16$ weeks pregnant After Hours consider referral to emergency department
<b>Postnatal</b>	Suspected retained products of conception or endometritis $> 10$ days	

### Eligibility Criteria

## IMPORTANT:

The following referral information is mandatory:

### Referral:

- Date of referral
- Speciality
- Referring practitioner
- Provider Number
- Referrer's signature

### Patient

#### Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter required

#### Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines
- **X-ray results/reports must be within the last 6 months**

#### Preferred:

- Addressed to named practitioner
- Duration of referral
- Email address
- Next of kin

**HEAD OF CLINIC**  
**Dr Nisha Khot**

**PROGRAM DIRECTOR**  
**Colleen White**

**ENQUIRIES**  
**9784 2600**

Reviewed: February 2024

# REFERRAL GUIDELINES

## Early Pregnancy and Perinatal Assessment Service (EPPAS)

- Bleeding +/- pain in early pregnancy < 16 weeks
- Suspected retained products of conception/endometritis
- Review of perineal or caesarean section wound if concerned after 10 days since delivery at Frankston Hospital

### Exclusions and alternative referral options

- Emergency presentations
- <10 days post-delivery  
Please refer to Women's Health Unit on 9784 7959

### Minimum Clinical Information Required

(Please note, referral cannot be processed if minimum information is missing)

- Patient name, DOB, address
- Requested date of EPPAS appointment
- Information regarding reason for referral
- Dates of any: Dating Scans, BHCG Tests, Blood Group, Known Antibodies, and provider used for these tests. If tests available, please send in formal reports
- USS date requested/performed and service provider
- Anti-D administration information

### Clinic information

Mon – Fri 09:00-16:30  
Outpatient area 1  
Frankston Hospital

### Other information

See [Anti-D administration - Peninsula Health](#)

- Anti D pathway in the community
- Anti-RH-D Immunoglobulin – Antenatal and Postnatal Administration Guideline

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