

Management in General Practice

RAPRIOP

e → Exploration

R → Reassurance

A → Advice

P → Prescription

R → Referral

I → Investigation

O → Observation

P → Prevention

REFRRAL

Referral is a process in which family health care physician who has lesser facilities to manage clinical condition seeks the assistance of better equipped and specialist with resources to guide (share) in managing clinical episode.

- Sharing responsibility in patient care that requires detailed report of the pt. and his clinical condition, providing maximum possible relevant information to consultant in a pre – designed referral letter .

- To provide reinforcement of advice given to poorly – compliant patient .

Level of Referral

A- First level :

From family physician P.H.C to hospital specialist

B- Second level:

From specialist to another specialist

C- Third level

From junior specialist to senior specialist

D- Fourth level :

From general hospital to specialized hosp.

Reasons for referral

To obtain specialist treatment
e.g., surgery or dialysis.

To obtain a specialist opinion
on diagnosis or management
of difficult problem .

To gain access to certain
diagnostic and therapeutic
facilities , e.g. endoscopy.

To accede to patients or
relatives anxiety or
pressure.

To provide reinforcement
of advice given to a poorly
compliant patient.

Disadvantage of Referral

1- inefficient care

Multiple admission or out –patient attendances can be confusing to patients especially if they see different doctors on each occasion .

2- lack of continuity and follow up.

3- wastage of resources at all levels.

Types of Referral

1- Routine referral .

2- Emergency referral .

3- Opportunistic referral .

Basic Principles Of Referral

1- There should be merit in the referral process

(need – objective)

2- Should be practical (not waste in time – money)

3- Should be individualized.

4- Should be timely (on appropriate time)

5- Should be limited to the individual (Not)

Steps Of Referral Process

- 1- Establish a working relationship with the client.
- 2- Establish the need for referral.
- 3- Set objectives for referral .
- 4- Explore resources availability.
- 5- Facilitate referral.
- 6- Evaluate and follow up.

**Referral is not the end of the road for
suffering pt. neither the end of P.H.C**

Follow up visit :- visit revisit opportunity for:-

Pt. education

Periodic medical check – up for chronic
at risk patient.

Recording

Investigation

Investigation can be performed for no. of reasons

- 1- To confirm or to make precise a diagnosis suspected from the history and exam.
- 2- To exclude an unlikely but important and treatable disease.

3- To monitor effect or side effect of medicine.

4- To screen asymptomatic pt.

5- To reassure an anxious pt. that nothing is seriously wrong.

6- To convince sceptical pt. that something is wrong and that should be amend his life style

The decision to investigate or not is based on :

- clinical findings on history and examination including social and psychological factors .
- Dr. temperament and attitude.
 - Dr. – patient relationship
- Organizational factors.

Clinician should ask himself many questions before requesting an investigation:-

Why am I ordering this test?

Why am I going to look for in the result ?

If I find it, will it affect my management of the case?

Will this ultimately benefit the pt. ?

If a doctor is still in considerable doubt about the diagnosis after taking history and examination ,it is unlikely that laboratory investigations will be very helpful .

The justification for any investigation should surely be to answer the specific clinical question relating to diagnosis and management only when there is doubt as either.

Conclusion

Investigations should be considered in term of their cost – benefit and risks.

Should only performed only when their results will directly assist in the diagnosis or have an effect on subsequent management

Thank you all

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