Patient			Referral				Outcome		
ID	Age	Sex	Reason	Referred to	R/U/2wkC/I	Looking for	What was found	Guideline on TAM	Notes
1	66	F	Persistent cough Ex-smoker	Radiology CXR	R	Acute/chronic lung pathology	Atypical pneumonia Emphysema Unexplained inflammatory changes	Resp>Chronic cough	Urgent referral recommended due to 'red-flags' - Dysnoea/smoker>50/recurrent chest infection Referred on to chest physicians for CT Treated for Haemophilus in sputum sample CXR was done 6/7 post referral
2	65	M	? # humerus	A+E	I	X-ray / ortho opinion	Confirmed # and f/u by ortho	N/A	
3	80	F	Recurrent UTI (4 in last year)	Radiology US Abdo	R	Bladder pathology	Horse-shoe kidney Bladder residual < 10ml	Urology> recurrent UTI in females Radiology > US guidlines	Recommended U/S after 3 confirmed UTI's (Culture or response to Rx) in 6/12 (one year period in 'Radiology guidelines') Patient should also have had: examination of genitalia Bloods were done, but not BS Conservative management advised ? Prophylactic AB's
4	55	M	Frank haematuria (on two occasions)	Urology	2wkC	Malignancy of GU	Hyperaemia of bladder wall	Urology>> Frank haematuria	MRI and cystoscopy - no definite cause identified In <45 -ve MSU and then urgent US
5	60	M	Multiple decayed teeth Immune compromised Dental phobic	Max/facial	R	Dental clearance		No guidelines found	No action yet (as of 20 Oct), 17 Nov
6	75	F	mobility problems/falls Chronic back problems Not coping at home	Community rehab	R	OT home assessment		No rehab guidelines found	Acute admission 4 days later with confusion - CT showed 'small vessel ischaemia' 5/7 post admission became unresponsive - review CT showed multiple territory infarcts. Still in hospital (20 Oct) ? Prodromal symptoms/signs not identified at initial GP consultation.
7	76	F	Unexplained loin pain 4/12 Local tenderness All blood / urine Ix. Neg	Radiology Abdo US	R	Intrabdominal pathology ? Hydronephrosis	No action yet (as of 17 Nov)	Radiology>USS referral guidelines> Abdominal pain.	"Localised pain is not a justification for USS" Requests require a specific clinical question Contain enough findings from Hx/Ex/Ix to suggest/support suspected diagnosis Radiology guidelines fairly robust (if sometimes frustrating!)
8	56	M	Cough > 8/52 Smoker 40 pack yrs	Radiology (CXR)	R	Chronic lung pathology	Localised area of chronic inflammation	Resp > Chronic cough	Guidelines suggest 'consider CXR / Spirometry Treatment trial for 'most likely pathology In view of localised 'inflammation' on CXR, hope that he was given further extended course of A/B
9	85	F	SOB/Collapse/HTN A+E advised physician review	Physicians Caithness		Review of HTN medication Does she need further Ix	Advised to stop Doxazosin	Cardiovascular > Hypertension	Referral 'picked up' from resident GP following request from A+E. Physician reckoned it was a waste of time - didn't see patient. Guidelines 5 years out of date. No advice about elderly or medication side effects. No referral guidelines
10	58	M	Dizziness Headache	ENT / Raigmore	R		No action yet (as of 17 Nov)	ENT > Dizziness	Refer to ENT if any: Suppurative middle ear disease/deafness. Auditory or vestibular symptoms triggered by valsalva. Significant auditory associations. Vertigo or hallucinations of movement. Alternative pathologies may need referral to Medicine for elderly / Cardiology or Neurology
11	37	M	Neck/back pain X-ray cervical and lumbar spine	Radiology	R	? Previous fracture / deformity. ? Degeneration	No action (17 Nov)	Orthopaedics > neck pain > back pain	Significant back injury 18 yrs ago (RTA), taking DHC every day since then - requesting further supply. New patient, works off-shore. Chronic pain, physical signs of localised muscle wasting, but no obvious deformity or degeneration. Guidelines do not give any advice regarding x-rays. Suggest referral to 'Chronic pain service'.
12	46	F	Fatty liver on US	Liver team / Gastroenterology	R	Fib4 raised, for Fibroscan	No action (17 Nov)	GI / Liver > Nafld	Uses Fib-4 score to determine risk of fibrosis, with value intervals determining referral to 'Liver team'.
13	55	M	Re-referral following x-ray OA hip - referred for replacement	Orthopaedics	R	Requested by Ortho	No action (17 Nov)	Orthopaedics > MSK hip pathway	If chronic symptoms of restriction and pain causing functional impairment / disturbed sleep (and analgesia ineffective): order hip x-ray and ref to orthopaedics Previous GP hadn't ordered hip x-ray, therefore referral returned
14	46	F	BMI>50 Autism	Dieticians	R	Looking for assessment Weight reduction plan	No action (17 Nov)	Food fluid and nutrition > Healthy weight	Currently meets Tier 2 criteria. If/when developes DM2 will meet level 3 criteria and be eligible for bariatric surgery.
15	67	F	Recurrent confirmed UTI (4 in yr)	Radiology US bladder	R	? Large bladder residual Other bladder pathology	No action (17 Nov)	See patient 3. above	
16	39	M	Anger / stress	Practice MH Nurs	R	Assessment / Triage		In-practice referral - no guidelines	Extensive guidelines on on Mental Health page detailing referrals to CMHT These include guidlines for specific conditions e.g. ADHD / Anxiety spectrum dissorders etc, as well as for mental heal services e.g. CMHT, New Craigs, Highland eating Dissorder Service. There are separate headings for referral to CMHT and admission to New Craigs