

HPH Guidelines for Neurology Referral

Effective December 21, 2017

These guidelines are designed to help primary care physicians expedite patient care by beginning the work up before referring to a neurologist. They are not a prerequisite to obtain a neurology consult. We would be happy to receive calls regarding urgent consultations and EPIC messages to assist with triage of these referrals.

1. **Recent stroke** - Patient in need of chronic management of their stroke risk factors or further workup for the etiology of stroke
 - a. Fasting lipid panel within the past 3 months
 - b. Hemoglobin A1C within the past 3 months
 - c. Routine CBC, CMP within the past 3 months
 - d. Neuroimaging (CT/CTA, MRI/MRA, carotid US) done at the initial treating facility (please upload films into Synapse or ask patient to bring the disk)
 - e. TTE or TEE report uploaded into media

2. **Dementia**- Most of these referrals seem to be for either: differential diagnosis, counseling of the patient and family on prognosis and treatment options, and for management of dementia patients with behavior problems.
 - a. Vitamin B12 (Homocysteine and Methylmalonic acid if B12 < 250 pg/mL)
 - b. TSH and FT4
 - c. RPR
 - d. CBC, CMP
 - e. MRI of the brain without contrast (dementia protocol)
 - f. Depression screen (GDS or PHQ-2)

3. **Peripheral neuropathy**-
 - a. CBC, CMP, HgbA1C, vitamin B12 within the past 3 months
 - b. We recommend that more specialized tests for specific causes of neuropathy should be ordered by the consulting neurologist to avoid overutilization of esoteric testing.
 - c. EMG /NCS may be ordered by the PCP (EMG/NCV Procedure Code 500105), but if the PCP is unsure, the need may also be determined by the neurologist.
 - a. If the patient has had cancer chemotherapy, please inform us of the agents used, especially if the oncologist is not within HHP.

4. **Seizure/Epilepsy**- Neurology consultation is recommended if the seizures are not caused by a reversible cause such as hyponatremia or alcohol withdrawal.
 - a. CBC, CMP within the past 3 months
 - b. Consider urine toxicology if there is concern over methamphetamine use
 - c. MRI brain with and without contrast (seizure protocol)
 - d. Reports from prior EEGs uploaded into media
 - e. Please ask patient and family to prepare a list of previously used antiepileptic medications (dosage, side effects, effectiveness, etc.)

Disclaimer: These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.