COVID Pandemic Planning
Specialty access for primary care
May 20, 2020

During the COVID pandemic, access to specialty groups will change. This list is being compiled to the best of our knowledge. If you notice inaccuracies, please email jana.lait@ahs.ca.

As a result of the changes in access, please consider not sending non-urgent referrals at this point. Instead consider flagging in your EMR for 6-8 weeks when the pandemic should be resolved for reassessment of the appropriateness at that time.

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Neurology Central Access and Triage (NCAT) and General Neurology Program

Routine conditions:
Providing advice on Specialist LINK and eReferral advice request.

Referrals will be reviewed and triaged, but ALL NON-URGENT REFERRAL bookings will be postponed until further notice.

See https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm for primary care pathways for diabetic peripheral neuropathy, enhanced vertigo, headache and migraine, suspected essential tremor, and suspected Parkinson’s disease.

Semi-urgent conditions:
Current triage urgency and appointment type for General Neurology Clinic through NCAT: fax referrals to 403-476-8771

Phone consultation within 4 weeks:
Any patients with evolving/progressive neurological (including pain) symptoms that if not seen within 2-4 weeks would likely need ER/hospital admission

If the patient’s clinical presentation worsens while awaiting their appointment, please send an updated referral to NCAT.

Urgent conditions:
For urgent assessment within 5 business days please refer to the Urgent Neurology Clinic directly (referral criteria listed on Alberta Referral Directory website) Fax referrals to: 403-270-1848.

NEW and/or progressive (over days or weeks; < 3 months)

- Weakness (objective finding, focal)
- BINOCULAR visual changes (neurological: diplopia, homonymous hemianopia etc.)
- Bulbar symptoms (dysarthria, dysphagia)
- Aphasia
- Worrisome headaches (with NEW neurological findings, thunderclap with normal investigations)
- Focal neurological deficits
- New neurological symptoms in a pregnant or immunocompromised person
- NEW episode(s) of altered awareness or unexplained loss of consciousness (non-cardiac)
- FIRST seizure
- Transient global amnesia
For urgent assessment of possible stroke or TIA, refer to Stroke Prevention Clinic directly.

For urgent or after hours advice from a neurologist: Call RAAPID (South: 1-800-661-1700) and ask for the neurologist on-call.

For same day advice (call returned within 1 hour), call Specialist Link at 403-910-2551 or 1-877-962-5456 during normal business hours (M-F: 8am-5pm; excluding statutory holidays).

**Emergent conditions:**

For all emergencies refer directly to the Emergency Department of each hospital or contact RAAPID South at 1-800-661-1700 or 403-944-4486 and ask for the neurologist on call.

Rapidly progressive or acute neurological symptoms requiring hospitalization. *Including but not limited to:*

- Acute focal neurological deficit (e.g. stroke, high risk TIA)
- Uncontrolled seizures
- Rapidly progressive neurological symptoms of unknown etiology (e.g. bulbar symptoms, weakness or sensory loss with functional impairment, neuromuscular respiratory symptoms)
- Persistent altered level of consciousness of unknown etiology
- Symptoms of meningitis or encephalitis (e.g. headache, neck stiffness, altered mental status, fever)
- New onset thunderclap headache
## Hematology **UPDATED**

Referrals that are triaged as urgent (<4 weeks) will be assigned to a hematologist and booked either as a phone consults or as an in-person visit at the discretion of the hematologist. Referrals triaged as >4 weeks will be put in queue with no timeline provided at this time. We will continue to try to complete these consults as phone consults with patients but the capacity to do this will be unpredictable.

### Routine conditions:

Providing advice on Specialist LINK.

For more complex cases, we would be happy to continue to provide scheduled phone consultations, with review of Netcare to referring doctors, and a dictation to follow. This approach requires a request through our central triage, and is better suited for more complex cases.

### Semi-urgent conditions:

Semi-urgent conditions are being booked to be seen >4 weeks and <12 weeks. We will try to continue to book these patients for assessment but cannot guarantee a timeline. If the patient’s clinical condition changes, please update central triage so that the patient can be re-triaged. Again, where appropriate, phone consultation with the referring physician can also be considered.

### Urgent conditions:

Urgent conditions (defined as needing to be seen <4 weeks) are being booked either as phone consultations with the patients, or in-person consultations, as the discretion of the assigned hematologist.

### Emergent conditions:

For emergent conditions, please page the on-call hematologist at the FMC.

Indications include, but are not limited to, new and severe cytopenias, acute bleeding, acute clotting and new aggressive hematologic malignancy.
# Respirology

Urgent patients will be seen either virtually or in person if required. Temporarily semi-urgent and routine referrals will NO longer be seen and will be waitlisted.

## Routine conditions:

Non-urgent advice is available through Specialist LINK or eReferral advice request.

Referrals for routine conditions will be waitlisted at this time. Referrals may be made online through eReferral Consult Request.

See [https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm](https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm) for primary care pathways for pathways on COPD and Sleep Apnea.

## Semi-urgent conditions:

Referrals for semi-urgent conditions will be waitlisted at this time.

Consider obtaining non-urgent advice through Specialist LINK and/or eReferral advice request.

If clinical status of the patient changes requiring urgent appointment fax PCAT at 403-592-4201.

A plan is being developed to have these referrals reviewed by physicians as needed. Some patients may be assessed virtually as capacity allows according to our ability during the pandemic response.

## Urgent conditions:

We will continue to assess urgent patients as required. This may occur by either a virtual visit or in person when appropriate. The decision of urgency will be made by internal triage.

We have increased our availability for phone or electronic advice:

1. E-advice via Netcare [www.albertanetcare.ca/ereferral.htm](http://www.albertanetcare.ca/ereferral.htm)
2. Phone advice via Specialist Link @ [www.specialistlink.ca](http://www.specialistlink.ca) or phone: 403-910-2551.

If you choose to use one of the alternative methods of consultation, and the patient’s problem has been dealt with, please email/call PLCPCAT@AHS.CA or 403-943-4718 to ensure they are removed from our waiting list.

## Emergent conditions:

Emergent conditions typically require hospitalization (i.e. hemoptyisis, severe hypoxemia, large pleural effusion).
GI

**Routine conditions:**
Providing advice on Specialist LINK and eReferral advice request.

See [https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm](https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm) for primary care pathways on chronic abdominal pain, chronic constipation, chronic diarrhea, dyspepsia, gastroesophageal disease, helicobacter pylori, irritable bowel syndrome

**Semi-urgent conditions:**
Providing advice on Specialist LINK and eReferral advice request.

**Urgent conditions:**

**Urgent endoscopic procedures – adult outpatients**
- Acute upper or lower GI bleed – Includes significant drop in hemoglobin, suspected to be GI in origin
- Foreign body removal
- High suspicion of cancer based on abnormal imaging (NB: FIT+ patients are not to be scheduled at this time; further discussions are required to clarify when screening for FIT+ patients can resume)
- Progressive dysphagia
- IBD flare not responding to acute treatment – Includes (partial) small bowel obstruction, possible need for decision for surgical staging
- High suspicion of new diagnosis IBD with objective evidence (e.g. lab, imaging)
- Need for ERCP or endoscopic ultrasound such as common bile duct stones, gallstone pancreatitis, infected necrosis, pancreatic fluid collections
- Obstructive jaundice
- Significant new onset iron deficiency anemia
- Severe chronic diarrhea (unresponsive to medical management)
- High risk variceal screening (repeat EGD for repeat banding in patient known at high risk for repeat bleeding)
- Other special indications where the benefits of endoscopy outweigh the risks to inform diagnosis and treatment of potentially important diseases

**Urgent endoscopic procedures – pediatric outpatients**
- Progressive dysphagia
- Follow up on acute GI bleed
- Significant new onset iron deficiency anemia
- IBD flare not responding to acute treatment – Includes (partial) small bowel obstruction, possible need for decision for surgical staging
- High suspicion of new diagnosis IBD with objective evidence (e.g. lab, imaging)
- Severe failure to thrive (unresponsive to medical management)
• Severe chronic diarrhea (unresponsive to medical treatment)
• High risk variceal screening (repeat EGD for repeat banding in patient known at high risk for repeat bleeding)
• Other special indications where the benefits of endoscopy outweigh the risks to inform diagnosis and treatment of potentially important diseases

Emergent conditions:

Emergent endoscopic procedures – pediatric outpatients
• Acute GI Bleed - upper or lower
• Caustic ingestion
• Foreign body removal
  o Symptomatic non-esophageal foreign body
  o Esophageal foreign body
  o Multiple magnet ingestion
• Acute dysphagia/odynophagia
• Need for ERCP or endoscopic ultrasound such as common bile duct stones, gallstone pancreatitis, infected necrosis, pancreatic fluid collections
• Obstructive jaundice
• Confirmation of Graft Versus Host Disease or intestinal transplant rejection
## Nephrology

ALL NON-URGENT REFERRALS will be reviewed and triaged at a later date.

### Routine conditions:

Providing advice on Specialist LINK and eReferral advice request.

The **Chronic Kidney Disease (CKD) Clinical Pathway** is a resource for primary care providers to aid in the diagnosis, medical management, and referral of adults with CKD: www.ckdpathway.ca.

### Semi-urgent conditions:

Providing advice on Specialist LINK and eReferral advice request.

### Urgent conditions:

**Indications for urgent conditions:**
- GFR<15
- rapid AKI
- nephrotic proteinuria with low suspicion of diabetic nephropathy

### Emergent conditions:

**Indications for emergent conditions:**
- GFR<10
- life threatening uremic symptoms (K>6.5, pulmonary edema, uremic pericarditis)
- severe rapidly progressive glomerulonephritis (suspected ANCA vasculitis or Anti-GBM disease with positive serology)
### Rheumatology

Any semi-urgent and routine consults will be accepted by fax, but waitlisted until the pandemic has resolved.

#### Routine conditions:

Providing advice on Specialist LINK.

See [https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm](https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm) for primary care pathways on gout, and peripheral arthritis.

#### Semi-urgent conditions:

Providing advice on Specialist LINK.

Additional support:

Outpatient Rheumatologist on call - link [https://www.specialistlink.ca](https://www.specialistlink.ca), 403.910.2551, or 1.844.962.5465 or the Calgary regional paging system via ROCA [https://cad01.albertahealthservices.ca/roca/](https://cad01.albertahealthservices.ca/roca/) under Internal Medicine → Rheumatology – Phone Consults for all urgent and emergent outpatient issues.

#### Urgent conditions:

Early inflammatory arthritis, urgent inpatient follow-up to facilitate discharge, CTD active but not organ threatening, myositis. Please call the outpatient rheumatologist on call to discuss.

#### Emergent conditions:

GCA, Vasculitis, SLE Flaring with organ damage. Please call the outpatient rheumatologist on call to discuss.
**Specialized Seniors Health Clinics **UPDATED**

Any routine consults will be accepted by fax, but waitlisted until the pandemic has resolved. Semi-urgent and urgent referrals will be contacted initially with phone calls to the patient and then scheduled for tele-health assessment or in-person clinic.

**Routine conditions:**

Routine referrals may be deferred until pandemic precautions have been removed.
Please see TOP guidelines for Cognitive Impairment (under Other)  
https://actt.albertadoctors.org/CPGs/Pages/Cognitive-Impairment.aspx

Additional support or resources:
SHOP program will be expanded for care of elderly patients in LTC and SL
Seniors Health e-Referral advice in Calgary Zone through Netcare will launch May 29th.

**Semi-urgent conditions:**

<table>
<thead>
<tr>
<th>Medication Reviews</th>
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<tr>
<td>Advice on complex chronic medical management in frail older patients</td>
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<tr>
<td>Recurrent Falls (&gt; 3 in 3 months)</td>
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<tr>
<td>Second opinion on treatment/management plans for frail older patients</td>
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<tr>
<td>Assessment and advice post-hospital discharge for frail older patients at high risk of readmission</td>
</tr>
<tr>
<td>Assessment and advice for frail older patients who are high users of acute care</td>
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<tr>
<td>Assistance with management of dementia-related behaviours</td>
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</table>

**Support – Virtual Health Assessment**

**Urgent conditions:**

Conditions above that are triaged through eReferral as requiring in-person assessment (starting mid-May)

**Support – In Clinic assessment**

**Emergent conditions:**

Assistance with management of aggressive behaviours in persons with dementia

**Support – page Geriatrician on city-wide call (as found on ROCA)**
# Chronic Pain

Non urgent in-person appointments will no longer be seen (virtual follow-up ongoing); Due to our temporary relocation, we are processing new referrals but communicating to referring clinicians that there will be delays in seeing new patients. We will continue to virtually assess new patients already booked, but will not be booking new patients until future notice.

## Routine conditions

Providing advice on Specialist LINK and eReferral Advice request.

Additional support or resources: Booked telephone consults with Calgary Pain Center physicians

## Urgent indications and access

Referrals to be made through clinic fax 403-209-2954

Procedures as necessary to prevent patients from requiring acute care services for pain management; examples include Botox for migraine or pelvic pain, or peripheral nerve blocks in an effort to prevent ED presentations.

## Emergent indications and access

N/A
**Dermatology**

Only urgent/emergent consultations will be assessed in-person (if needed) during the COVID-19 pandemic. However, virtual consultations will be provided for routine skin conditions.

### Routine conditions

Providing advice on Specialist Link for diagnosis, management and therapeutics. Indications may include: acneiform disorders (i.e. acne, rosacea), eczematous dermatoses (i.e, atopic dermatitis, contact dermatitis), papulosquamous disorders (i.e., psoriasis, lichen planus), cutaneous infections (i.e., dermatophyte infections, viral exanthems, impetigo), infestations/arthropod reactions, vesiculobullous disease, urticarias, pigmentary disorders, low-risk skin cancers, and others.

### Urgent indications and access

Providing advice on Specialist Link for diagnosis, management and therapeutics. Urgent indications include: erythema multiforme major, severe blistering disorders (i.e., pemphigoid, pemphigus, acute contact dermatitis), drug reactions (if severe, contact Dermatology on call), severe skin infections, skin cancers (i.e., high-risk squamous cell carcinomas, melanomas, lymphomas), neutrophilic dermatosis (Sweet's syndrome, pyoderma gangrenosum) and cutaneous vasculitis.

Access through: Specialist Link or Dermatology On-Call (Hospital Locating)

### Emergent indications and access

Emergent indications include: erythroderma (> 90% body surface area involvement), severe drug reactions (i.e., DRESS - drug reaction with eosinophilia and systemic symptoms, Steven-Johnson's syndrome, toxic epidermal necrolysis), severe rash in an immunocompromised patient, toxic shock syndrome, staphylococcal scalded skin syndrome, Kawasaki's disease, select infections (i.e., eczema herpeticum, mycoplasma-induced rash and mucositis), systemic vasculitis

Access through: Dermatology On-Call (Hospital Locating)
# General Surgery

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<thead>
<tr>
<th>Only urgent consultations will be seen during COVID pandemic</th>
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## Routine conditions

Routine outpatient referrals continue to be accepted by each surgeon’s office; Referrals will be triaged and outpatient appointments will be scheduled as the COVID Pandemic resolves over the next few months

## Urgent indications and access

Only Urgent Consultations will be seen during the COVID 19 Pandemic

To access urgent appointment Referring Physicians Office may:

- Fax referrals as per usual to surgeons’ offices OR
- Contact a specific surgeon through Specialist Link for the following subspecialty services: Colorectal Surgery, UGI/Bariatrics, hepatobiliary, endocrine surgery, and surgical oncology
- Consults will be triaged daily with expected wait time < 10 business days
- For cases that may need immediate attention due to acute surgical issues (such as appendicitis, diverticulitis, cholecystitis, or an acute abdomen) the on-call surgeon is available through ROCA at each hospital site

Please note all General Surgery Outpatient appointments take place at either at each of the 4 adult hospitals, as well as at several private clinics in the city.

- The surgeon’s office will contact patients directly
- Please inform patients they will have a brief screening during the phone call
- Please inform patients that it is considered safe to attend the clinic and that staff will be suggesting simple precautions such as keeping an empty seat between patients in the waiting room
- The clinic will be seeing the absolute smallest number of patients per day for the safety of all
- Some patients with the most emergent problems will be admitted directly from the clinic so please ask that they come prepared for this possibility
- Some consultations may take place by telephone or other telehealth strategy – the individual surgeon will decide whether that is appropriate based on the nature of the patient’s problem.

## Emergent indications and access

N/A
### Surgical oncology (melanoma)

Only urgent consultations will be seen during COVID pandemic

<table>
<thead>
<tr>
<th><strong>Urgent conditions:</strong></th>
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<tbody>
<tr>
<td>To access urgent cutaneous surgical oncology consultations, referring physicians may</td>
</tr>
<tr>
<td>A. Fax referrals to: 403-521-3245</td>
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<tr>
<td>B. Contact:</td>
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<tr>
<td>• TBCC Appointments Main phone number: 403-521-3722</td>
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<tr>
<td>• Triage nurse – Diana – 403-521-3231</td>
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</table>

Consults will be triaged daily during business days and patients will be contacted directly. Appointments are scheduled within 2 weeks.

Consults will be triaged daily during business days and patients will be contacted directly. Depending on the referral, a phone or clinic consultation will be done.

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<tr>
<th><strong>Emergent conditions:</strong></th>
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<td>N/A</td>
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</table>
Oral & maxillofacial surgery

Only urgent consultations will be seen during COVID pandemic

**Urgent conditions:**

Currently, the division of Oral & Maxillofacial Surgery does not use any of the ambulatory clinics within the Peter Lougheed Centre. We utilize our own clinics to see patients in an ambulatory setting. The individual offices remain open to receive URGENT consults only.

Urgent cases would include:
- Suspected Cancer
- Minor infection not responsive to antibiotics
- Pain not responsive to pharmacotherapy
- Minor bleeding not responsive to conservative measures

Urgent Consults can be received by phone or fax through each individual office. These consults will be triaged daily and patients will be contacted directly by each office according to the urgency of each case (max of 7 business days)

Emergent consults – Contact the Oral and Maxillofacial Surgeon on call through ROCA or RAAPID for immediate response.

Patients will be contacted directly by the office administration staff and will undergo a brief screening during the phone call. The offices will be scheduling patients in a way to ensure adequate space and time between each patient during this time. Patients will be asked to come alone to their appointment if possible.

If it is decided that patients have more emergent problems requiring intervention, they will be admitted directly from the clinic to the appropriate hospital unit.

**Emergent conditions:**

Covid positive or suspected positive patients will not be seen in the Oral and Maxillofacial Surgery Clinics. These patients should only be seen on an emergent basis, and as such will be direct admitted to the Peter Lougheed Centre for surgical intervention.
# Ophthalmology

## Routine conditions

Non-urgent advice is available on eReferral advice request.

Chronic ophthalmological concerns with no acute changes in vision or pain (such as cataract, dry macular degeneration, dry eye, non-proliferative diabetic retinopathy) should be referred to an outpatient ophthalmologist for triage and assessment via fax to any community ophthalmologist affecting new referrals.

## Urgent/Semi-urgent indications and access

Urgent ophthalmological concerns (such as retinal detachments, uveitis) can be referred to ophthalmology depending on whether the patient is already in the care of an ophthalmologist:

1. For patients who are presently in the care of an ophthalmologist, they can be referred to that ophthalmologist for triage and assessment.

2. For patients who are not in the care of an ophthalmologist, or in the case such ophthalmologist is not available for assessment, the patient should be referred to the on-call ophthalmological team that is identified for that time on ROCA for triage and assessment.

Unfortunately, many ophthalmological conditions that are not addressed urgently can result in permanent visual sequelae. Differentiating benign conditions from those that may be vision or life threatening can be challenging without a complete ophthalmological assessment.

As a general rule, any patient experiencing an abrupt or dramatic change in their vision (such as diplopia or loss of part of a visual field) or with substantial pain warrants urgent or emergency assessment and, at the very least, discussion with the on-call team for triaging purposes.

Most visual complaints that are longstanding (more than a month) and have not resulted in a material loss of visual acuity or field, and which are not painful (such as dry eye, cataract) can be seen in due course in an outpatient clinic. In the event a physician is concerned that a patient’s symptoms may represent a serious etiology, consultation with the on-call team via ROCA should be made.

Special note should be made regarding cases of red eye with clear discharge, and pruritis (conjunctivitis), but without changes to visual acuity. We are actively attempting to delay the assessment of these patients as these symptoms typically represent a viral conjunctivitis that is self-limited in nature and may represent symptoms of COVID-19. Any patients with a material decrement in visual acuity will still be seen by the on-call team.
Emergent indications and access

Emergent ophthalmological concerns (such as severe trauma or angle closure) should be referred to the on-call ophthalmological team that is identified for that time on ROCA.

Cardiology **UPDATED**

Specific information related to Cardiology access can be found here: 
https://www.specialistlink.ca/files/Cardiac_OutpatientClinicReferral_May14.pdf
<table>
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<th>Orthopaedic Surgery</th>
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<td>Providing advice on Specialist Link and eReferral Advice Request.</td>
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</table>

- Elective Outpatient Referral – Fax to appropriate Central Intake or individual surgeon as per Specialist Link referral documentation [https://www.specialistlink.ca/files/Ortho_Resources_April112020.pdf](https://www.specialistlink.ca/files/Ortho_Resources_April112020.pdf)

<table>
<thead>
<tr>
<th>Urgent indications and access</th>
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<tbody>
<tr>
<td>Urgent indications include: Acute fractures, sprains and strains; torn ligaments; primary bone and metastatic bone tumors</td>
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</table>

- Urgent Consultation (to be seen for assessment within 1-2 weeks)
  - For potential surgical cases – call RAAPID (Phone: 403.944.4486)
  - For patients to be seen in follow up at cast clinic – Call Orthopaedic Surgeon on call via ROCA at acute care sites

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<tbody>
<tr>
<td>Emergent indications include: Fractures potentially requiring acute operative treatment (bimalleolar ankle #, markedly displaced wrist #, hip #, long bone #s, comminuted proximal humerus fractures, etc.); Open fractures; Suspected septic joints and orthopaedic infections</td>
</tr>
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- Emergent Consultation (to be seen same day)
  - Call RAAPID or send to nearest ER
<table>
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<tr>
<th><strong>Otolaryngology</strong></th>
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<tbody>
<tr>
<td>No changes to referral process; routine referrals will not be seen during pandemic</td>
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<td>Advice available on Specialist LINK and eReferral Advice Request</td>
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</table>

Individual physicians will do telephone consults if asked. We will not be seeing routine referrals in the ambulatory clinics during the pandemic.

<table>
<thead>
<tr>
<th><strong>Urgent/Semi-urgent indications and access</strong></th>
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<tbody>
<tr>
<td><strong>Urgents and Emergents</strong> will be covered by our usual call schedule see ROCA/Rapid to access the ENT Resident/Staff on call. The most common cases include: Airway obstruction, Severe epistaxis/Upper aerodigestive tract bleeding/Abscess/Foreign bodies, Severe sinusitis with intraorbital or intracranial extension. This list is cannot list all possibilities. Referring physicians must use their judgement.</td>
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</tr>
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<td>Podiatric surgery/ZIVOT limb preservation clinic</td>
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<td>------------------------------------------------</td>
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<td>Only urgent referrals will be seen during the pandemic</td>
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<td>Advice available on Specialist LINK</td>
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<tr>
<td><strong>Urgent/Semi-urgent indications and access</strong></td>
</tr>
<tr>
<td>To access urgent appointment Referring Physicians Office may:</td>
</tr>
<tr>
<td>• Fax 403-943-6428 attention Limb Preservation Clinic Appointment</td>
</tr>
<tr>
<td>• Contact Podiatric Surgery through Specialist Link (for call back with-in one hour)</td>
</tr>
<tr>
<td>• Call ROCA and ask them to page Podiatric Surgeon on call</td>
</tr>
<tr>
<td>Urgent indications include: infected diabetic foot ulcer, Acute ulceration, Infection in a Diabetic foot, Gangrene, Worsening ulcer, Diabetic patient with a wound not improving with 5-7 days of antibiotics.</td>
</tr>
<tr>
<td>If you are still unsure you can access the Podiatrist via Specialist Link web-site or the on-call Podiatric Surgeon through ROCA at AHS home page or PLC switchboard</td>
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<tr>
<td><strong>Emergent indications and access</strong></td>
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<td>N/A</td>
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### Plastic Surgery

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<th>Routine conditions</th>
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<tbody>
<tr>
<td>Advice available on Specialist LINK or individual surgeons’ offices – this is unchanged from current routine practice</td>
</tr>
<tr>
<td>Routine Outpatient Referrals continue to be accepted by individual plastic surgeons’ offices and triaged by the surgeon.</td>
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<tr>
<td>Questions about existing patients will be accepted through the respective plastic surgeon’s office</td>
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<tr>
<th>Urgent/Semi-urgent indications and access</th>
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<tbody>
<tr>
<td>For emergencies and urgent issues: may contact Plastic Surgeon on call (for closest acute care site) through ROCA or RAAPID – this is unchanged from current practice</td>
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<tbody>
<tr>
<td>For emergencies and urgent issues: may contact Plastic Surgeon on call (for closest acute care site) through ROCA or RAAPID – this is unchanged from current practice</td>
</tr>
<tr>
<td><strong>Vascular surgery</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Only urgent conditions will be seen during COVID 19 pandemic</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Routine conditions</strong></th>
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<tbody>
<tr>
<td>Advice available on Specialist LINK</td>
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</tbody>
</table>

Routine Outpatient Referrals continue to be accepted by Fax only 403-291-2734

These referrals will be triaged and outpatient appointments will be scheduled as the COVID Pandemic resolves over the next few months

<table>
<thead>
<tr>
<th><strong>Urgent/Semi-urgent indications and access</strong></th>
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</thead>
<tbody>
<tr>
<td>To access urgent appointment Referring Physicians Office may</td>
</tr>
<tr>
<td>1. Fax 403-291-2734 attention Vasc Urgent Appointment</td>
</tr>
<tr>
<td>2. Contact Vasc Surgery through Specialist Link (for call back within one hour)</td>
</tr>
<tr>
<td>3. Consults will be triaged daily with expected wait time &lt; 10 business days</td>
</tr>
</tbody>
</table>

If you are unsure if a referral is urgent, consider: if there is perceived risk to life or limb, a large aneurysm, or tender to palpation aneurysm, TIA or CVA, gangrenous digits or open ulceration of the lower extremities then this is likely urgent

If you are still unsure access Vascular Surgery via Specialist Link web-site or if afterhours access the on-call Vascular Surgeon through ROCA at AHS home page or PLC switchboard

<table>
<thead>
<tr>
<th><strong>Emergent indications and access</strong></th>
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<tbody>
<tr>
<td>N/A</td>
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</table>


# Surgical oncology: Breast health/cancer

Only urgent consultations will be seen during COVID pandemic

## Routine conditions:
Non-urgent advice is available through eReferral Advice Request.

## Urgent conditions:
To access urgent breast surgical oncology consultations, referring physicians may

A. Fax referrals to: 403-944-2250
B. Contact:
   - Main phone number: 403-944-2240
   - Triage nurse – Erin – 403-944-8235

Consults will be triaged daily during business days and patients will be contacted directly.
Appointments are scheduled within 2 weeks.

## Emergent conditions:
N/A
**Spinal surgery**

Only urgent conditions will be seen during COVID 19 pandemic

**Routine conditions**

Non-urgent advice is available on Specialist LINK and eReferral advice request.

Routine Outpatient Referrals will continue to be accepted by Fax at individual spinal surgeon offices. These referrals will be triaged and outpatient appointments will be scheduled according to routine practices once pandemic restrictions are lifted.

**Urgent/Semi-urgent indications and access**

Only Urgent Consultations will be seen during the COVID 19 Pandemic. All spinal surgeon offices will continue to accept urgent referrals through normal channels during this time. Surgeons will review all referrals to identify those that meet urgent criteria. To access an urgent appointment, the Referring Physicians Office may:

a.) Fax Urgent Consults to individual surgeon offices (Fax numbers available via CPSA Physician Search). Referrals will be triaged by the spinal surgeon and seen in a time line appropriate to the referral.

b.) Contact Spinal Surgery through Specialist Link.

c.) For urgent referrals that meet the criteria below, page the on call Calgary Zone Spinal Surgeon.

**URGENT REFERRAL CRITERIA:**

i) Spinal column fracture

ii) Spinal column or cord neoplasm or infection at risk of progressive neurological dysfunction or with mechanical instability

iii) Degenerative spinal disease with new or progressive objective neurological dysfunction

iv) Post-operative wound infection/dehiscence

Individual spinal surgeon offices will contact the patient directly to arrange the urgent outpatient appointment. All patients will undergo a brief COVID-19 screening questionnaire during the phone call.

**Emergent indications and access**

N/A