

## Pain Management Referral Criteria

### **Urgent:**

1. Cancer patients not falling into the exclusion criteria where they require urgent injection therapy
2. Patients with fractured spine (dorsal or lumbar )who may need vertebroplasty
3. Patients with radicular pain (radiologically plus clinically abnormal findings)
4. Complex regional pain syndrome or Reflex Sympathetic Dystrophy (RSD)
5. In-patients

### **These are the patients who may need referring to Pain Management Services:**

1. Central low back pain; central neck pain
2. Generalised joint pain, fibromyalgia, Chronic Fatigue Syndrome, rheumatologic disease
3. Heavy psychological aspects
4. Patients who request acupuncture.
5. Headache and oro-facial pain, poorly controlled with conservative therapy and intracranial pathology excluded
6. Whiplash injury poorly controlled with conservative therapy
7. Neck pain with significant pathology confirmed and poor response to conservative therapy
8. Radicular pain (upper or lower limbs)
9. Complex regional pain syndrome (CRPS) or
10. Fractures of spine (osteoporotic and cancer related)
11. Pain following spinal surgery (failed back surgery syndrome or post neck surgery)
12. Teitz syndrome (costochondral inflammation) poorly controlled with conservative therapy
13. Neuropathic pain which has not improved after 3 months with neuropathic medication  
(NICE guidelines 96) eg radicular pain, post amputation pain and scar pain
14. Pelvic and abdominal pain
15. Injections for active cancer
16. Complex cases (involvement of many specialties)

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**These are patients we would recommend you do not refer to Pain Management Services:**

1. Cancer patients who will not require injection therapy
2. Current substance misusers
3. Severe unstable psychiatric illness
4. Has already had full chronic pain treatment with no benefit, (unless there is a new complaint or new condition) and is not willing to engage with the treatment
5. Red Flags (clinical indicators of possible serious underlying conditions requiring further medical intervention ) identified from patient history which include:
  - Minor trauma in elderly or osteoporotic which could indicate possible fracture.
  - History of cancer
  - Constitutional symptoms (fever, chills, weight loss)
  - Recent bacterial infection
  - Intravenous drug use
  - Immunosuppression
  - Pain worsening at night or when supine which could indicate possible tumour or haematological , malignancy (dealt with through 2 week wait referral) or infection
  - Severe or progressive sensory alteration or weakness
  - Bladder or bowel dysfunction which could indicate possible significant neurological deficit
6. Paediatric patients under the age of 14
7. The patient is an excluded NHS patient.

**Please note patients will be rejected or redirected at triage if there is evidence that:**

1. The referral letter is incomplete
2. Patient not provided with the Decision Aid for Pain Management Services
3. Incomplete investigations