

Appendix 1 Referral Criteria for Ultrasound Guided Injections

PLEASE NOTE – these are simply to show examples from various services using ultrasound guided injections and opinion will vary between services

Example of guidance for Primary Care referrers to Radiology for US + USGI

Ultrasound Injection Referrals

For many patients, physiotherapy and landmark injection will resolve their symptoms and there will be no need for the patient to be referred into secondary care.

Those patients who do not get symptomatic relief from physiotherapy and/or the initial unguided injection can be referred to the Trust Radiology Ultrasound team for ultrasound assessment and injection under guidance if appropriate.

Referral Steps

1. Assess patient
 - a. If presenting with shoulder pain – see alternative pathway.
2. Presenting with non-shoulder joint pain:
 - Refer for physiotherapy
 - If limited or no relief and appropriate, patient to have landmark CSI injection in primary care
 - Reassess patients a minimum of 6 weeks post landmark injection. If limited or no relief, consider referral to Trust Radiology Ultrasound team for ultrasound assessment and an injection under guidance if appropriate.
 - Pre-referral questionnaire and consent to be completed.
 - High risk category patients should be referred directly to orthopaedics in secondary care
 - Low & Medium risks patient:
 - Complete and send referral form –physiotherapy, landmark injection and covid consent must have been done and indicated in the tick boxes on the ultrasound referral form.

Advice and Guidance are available regarding appropriate imaging for your patients. Please contact Radiology.

Example of a GP request for USGI

REFERRERS: PLEASE COMPLETE ALL CLEAR BOXES BELOW

Complete and upload on to Radiology / Ultrasound

ULTRASOUND REQUEST FORM		
<i>Date Received:</i>	<i>Breach Date:</i>	<i>Appoint Date, Time Room & Site:</i>
Referring Practice:	Name of referrer: Direct telephone number of referrer:	
Practice Tel No:	Patient NHS / Hospital Number:	
Patient Surname:	First Name:	D.O.B:
Patient Address:		
Preferred Contact Number (patient):		Alternative Contact Number:
Relevant Previous Medical History:		
Current Clinical Details and Clinical Question Posed: (Ref made to locally agreed BMUS Justification of referrals. Referrals not meeting criteria will be returned with appropriate advice):		
Any relevant issues we need to know: i.e. mobility issues, transport issues, excessive BMI, communication barriers (i.e. sign language or interpreter services required?) Give details		
MSK Injection Referrals Only. You are required to indicate the following have been performed: Please note, referrals for steroid injection will be returned if not completed		
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Landmark Guided Injection	<input type="checkbox"/> Covid Consent
Additional Comment:		
<i>Vetted Code:</i>	<i>Priority</i>	<i>Sonographer initials</i>

Example of a list of criteria for USGI

Criteria for ultrasound guided injection or aspiration – Physio/triage clinicians.

Area		Criteria for US guidance
Shoulder	ACJ Subacromial bursa Glenohumeral joint Glenohumeral joint – high volume	If confident of diagnosis and previous failed 'blind' injection If confident of diagnosis and previous failed 'blind' injection If confident of diagnosis and previous failed 'blind' injection US guided
Elbow	Tennis/golfers elbow Elbow joint	If confident of diagnosis and previous failed 'blind' injection If confident of diagnosis and previous failed 'blind' injection
Wrist	Carpal tunnel Wrist joint	If confident of diagnosis and previous failed 'blind' injection If confident of diagnosis and previous failed 'blind' injection
Fingers	Flexor tendons Difficult small joints	If confident of diagnosis and previous failed 'blind' injection US guided
Hip	Trochanteric bursae Adductor tendinopathy Hip joint	If confident of diagnosis and previous failed 'blind' injection US guided US guided
Knee	Diagnostic aspiration	If failed 'blind' aspiration or if thought to be a difficult joint
Ankle	Tibiotalar joint Subtalar joint Tendons/sheaths Retrocalcaneal bursa	If confident of diagnosis and previous failed 'blind' injection Refer to Radiology for CT guidance Consultant referrals only US guided
Foot	Plantar fascia Morton's neuroma Difficult small joints	If confident of diagnosis and previous failed 'blind' injection If confident of diagnosis and previous failed 'blind' injection US guided

All patients referred for