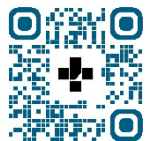


# Provincial Adult Neurosurgery Referral Pathway

## About this Pathway

Referral pathways help referring providers know where to send referrals and what information to include. These guidelines were created, updated, and co-designed with primary care, specialty care and patients.



We value all feedback to improve referral pathway. Please share your comments via [Online Survey](#) or scan the QR code.

## Request Urgent Advice

(when patient may need same day intervention and/or diagnostics without hospitalization; not life threatening)

**For example: evolving neurological deficit or altered level of consciousness**

Call **RAAPID**:

- **RAAPID North: 1-800-282-9911**
- **RAAPID South: 1-800-661-1700**

## Request Emergency Consultation

(when patient needs to be seen immediately)

**For example: evolving neurological deficit or altered level of consciousness**

Call **RAAPID** or send to **Emergency Department via 911** as appropriate. If stroke symptoms are evolving, call local stroke service via RAAPID.

## Request Non-Urgent Advice

(when uncertain whether to submit a referral)

Access non-urgent specialist advice by electronic advice (Response within 5 calendar days): Use Alberta Netcare eReferral and submit [eConsult request](#).

For more information, go to: [albertanetcare.ca/eReferral.htm](http://albertanetcare.ca/eReferral.htm).

## Request Non-Urgent Referral

(when patient requires non-urgent referral)

**Submit a referral** as per the process below:

- Complete a referral letter stating the reason for referral. Tip: review the [QuRE Referral/Consult Checklist](#) for high-quality referral guidelines. A [referral form](#) is also available.
- Attach all mandatory information to the referral.
- Fax the completed referral to the FAST (Facilitated Access to Specialized Treatment) central access and intake program as listed in the [Program Contacts section](#).
- If you have questions about a previously submitted but unassigned referral, call the FAST office at 1-833-553-3278. If you have questions about an assigned referral, please contact the specialist office directly.

## Review Clinical Pathway

(for guidance on referral process, if available)

A [clinical pathway](#) may be available to guide care options for your patient’s condition:

### Provincial

- [Carpal Tunnel Syndrome Clinical Pathway](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, please request non-urgent advice.

# Provincial Adult Neurosurgery Referral Pathway

## Program Contacts

	North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone
<b>Urgent Advice or Emergency Consultation</b>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID North Tel 1-800-282-9911  RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>	RAAPID South Tel 1-800-661-1700 <a href="http://www.ahs.ca/RAAPID">www.ahs.ca/RAAPID</a>
<b>Non-Urgent Advice</b>					
<b>Zone FAST* Team</b>	North Zone  Refer to <a href="#">Alberta Referral Directory</a> for clinic and specialist contact numbers.	Edmonton Zone  Refer to <a href="#">Alberta Referral Directory</a> for clinic and specialist contact numbers.	Central Zone FAST Team  Tel 1-833-553-3278 ext. 3 Fax 1-833-627-7022  For Edmonton Neurosurgery:  Refer to <a href="#">Alberta Referral Directory</a> for clinic and specialist contact numbers.	Calgary Zone FAST Team  Tel 1-833-553-3278 ext. 4 Fax 1-833-627-7023	South Zone FAST Team  Tel 1-833-553-3278 ext. 5 Fax 1-833-627-7024

\*FAST (Facilitated Access to Specialized Treatment) central access and intake program.

NEUROSURGERY			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
CARPAL TUNNEL SYNDROME	<ul style="list-style-type: none"><li>Refer to <a href="#">Clinical Pathway: Carpal Tunnel Syndrome</a>.</li><li><b>South and Calgary Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li><li><b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <a href="#">Zone FAST Team</a>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li><b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<ul style="list-style-type: none"><li>Include within the referral letter (Refer to clinical pathway for additional support):<ul style="list-style-type: none"><li>Description of symptom onset and duration</li><li>Specify if atrophy or weakness present, as this impacts triage.</li><li>Functional status limitations</li><li>Treatments initiated and responses.</li></ul></li></ul>	<ul style="list-style-type: none"><li>Electrodiagnostic studies should be ordered concurrently if atrophy/weakness present (i.e. severe carpal tunnel syndrome)</li></ul>
MEDIAN NERVE ENTRAPMENT <ul style="list-style-type: none"><li>Other than carpal tunnel syndrome</li><li>Includes: pronator syndrome, lacertus syndrome</li></ul>	<ul style="list-style-type: none"><li><b>South and Calgary Zones:</b> Send referral to <a href="#">Zone FAST Team</a>.</li><li><b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <a href="#">Zone FAST Team</a>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li><b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>Electrodiagnostic study results required as results impact triage decisions.</li><li>Please specify if wasting and weakness are present.</li></ul>	

NEUROSURGERY			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
<b>RADIAL NERVE ENTRAPMENT</b> <ul style="list-style-type: none"><li>Includes: radial tunnel, PIN compression, Wartenberg's syndrome</li></ul>	<ul style="list-style-type: none"><li><b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li><b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>Electrodiagnostic study results required as results impact triage decisions.</li><li>Please specify if wasting and weakness are present.</li></ul>	
<b>ULNAR NERVE ENTRAPMENT</b> <ul style="list-style-type: none"><li>Includes: Cubital Tunnel, Guyon's Syndrome</li></ul>	<ul style="list-style-type: none"><li><b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li><b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<p>&lt; 12 months of referral:</p> <ul style="list-style-type: none"><li>Electrodiagnostic study results required as results impact triage decisions.</li><li>Please specify if wasting and weakness are present.</li><li>If loss of motion at the elbow, please provide x-ray of the affected elbow completed within 12 months</li></ul>	
<b>INTRACRANIAL NEOPLASM</b> <ul style="list-style-type: none"><li>Includes: Benign and Malignant Metastatic Tumors.</li></ul>	<ul style="list-style-type: none"><li><b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li><b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li><b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<ul style="list-style-type: none"><li>Any available imaging.</li></ul>	<ul style="list-style-type: none"><li>Further imaging may be ordered by specialist if necessary</li></ul>

NEUROSURGERY			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
CRANIAL BONE NEOPLASM	<ul style="list-style-type: none"><li>• <b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li>• <b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li>• <b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<ul style="list-style-type: none"><li>• Any available imaging.</li></ul>	<ul style="list-style-type: none"><li>• Further imaging may be ordered by specialist if necessary.</li></ul>
HYDROCEPHALUS	<ul style="list-style-type: none"><li>• <b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li>• <b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li>• <b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<ul style="list-style-type: none"><li>• Any available imaging.</li></ul>	
CEREBROVASCULAR <ul style="list-style-type: none"><li>• Includes: Aneurysms, AVM, Carotid Stenosis, Cavernoma.</li></ul>	<ul style="list-style-type: none"><li>• <b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li>• <b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li>• <b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<ul style="list-style-type: none"><li>• Any available imaging.</li></ul>	

NEUROSURGERY			
Reason for Referral	Process	Mandatory Info (Essential investigations & timeframes)	Extra Info (If available)
CONSULT FOR NEUROSURGERY (OTHER)	<ul style="list-style-type: none"><li>• <b>South and Calgary Zones:</b> Send referral to <u>Zone FAST Team</u>.</li><li>• <b>Central Zone:</b> For Calgary zone neurosurgery, send Referral to <u>Zone FAST Team</u>. For Edmonton zone neurosurgery, follow Edmonton Zone process.</li><li>• <b>Edmonton and North Zones:</b> At this time referring providers are advised to send referrals directly to the neurosurgery clinic/surgeon of their choice as they did prior to FAST.</li></ul>	<ul style="list-style-type: none"><li>• Any available imaging.</li></ul>	<ul style="list-style-type: none"><li>• Further imaging may be ordered by specialist if necessary.</li></ul>
SPINE REASONS FOR REFERRAL	<ul style="list-style-type: none"><li>• <b>North zone:</b> Refer to the <a href="#">Provincial Orthopedics &amp; Spine Referral Pathway</a> for reasons for referral and send referral to <u>Zone FAST Team</u>.</li><li>• <b>South, Calgary, Central and Edmonton Zones:</b> At this time referring providers are advised to send referrals directly to the spine clinic/surgeon of their choice as they did prior to FAST.</li></ul>		