



Referral Pathway

Step 1

Call referral line 086 8279202 and discuss patient with HAU clinical nurse manager.

Step 2

For suitable patients a referral letter can then be sent by Healthlink or email to:
bslhau@bonsecours.ie

Please note

Patients for admission must have a low likelihood of deterioration or requiring critical care.

The Unit does not accept walk-in or ambulance-borne patients.



**Bon Secours Hospital Limerick,
Ballysimon, Limerick,
V94 9D36**

Public Telephone Number:
(061) 426107 - Ext 3307

Phone line Open 8:00am to 3:00pm,
Monday to Friday

E-Mail: bslhau@bonsecour.ie
Website: www.bonsecours.ie



Scan QR Code for additional
information on the HAU (Hospital
Access Unit).



Hospital Access Unit

GP Information Pack

Outline of service

The Unit provides Consultant-delivered, same or next day assessment, investigation and treatment of patients referred from primary care.

Referral is made by telephone call to a HAU clinical nurse manager, with subsequent submission of a referral letter by Healthlink or email. The Unit does not accept walk-in or ambulance-borne patients.

Hours of operation

First patient at 8:00am last patient at 3:00pm, Monday to Friday.

Diagnostic support

- Laboratory – haematology, biochemistry, microbiology
- Radiology – x-ray, CT, MRI, ultrasound (incl. vascular); hot reporting

Casemix Patient Safety

Casemix Patient safety dictates that the Unit only accept patients that the hospital can care for. General exclusions include:

- A) Airway compromise.
- B) Significant respiratory distress; RR > 24/min; O2 sat < 90%
- C) HR < 40 or > 120; Systolic BP < 90 or > 200.
- D) Reduced level of consciousness, acute neurological deficit.
- E) Patient groups excluded: paediatrics, psychiatry, gynaecology, obstetrics, Oncology.

	INCLUSION	EXCLUSION
Cardiovascular	<ul style="list-style-type: none"> • Chest pain • CCF • Syncope • Arrhythmia • Palpitations • Hypertension 	<ul style="list-style-type: none"> • STEMI • Ongoing cardiac-sounding chest pain • Cardiovascular instability • Hypertensive emergency
Respiratory	<ul style="list-style-type: none"> • Unresolving cough • Unresolving RTI • Suspected PE 	<ul style="list-style-type: none"> • New oxygen requirement • Significant respiratory distress • Sepsis
Gastrointestinal	<ul style="list-style-type: none"> • Acute gastroenteritis • Stable upper GI bleed • Inflammatory bowel disease • Abnormal LFTs • Painless jaundice 	<ul style="list-style-type: none"> • Significant abdominal pain or tenderness
Neurology	<ul style="list-style-type: none"> • Headache • First seizure • Suspected TIA • Vertigo 	<ul style="list-style-type: none"> • Overt neurological deficit • Features suggestive of acute stroke • Suspected SAH • Suspected CNS infection • Headache on anticoagulants
Metabolic	<ul style="list-style-type: none"> • Electrolyte disturbance • Poorly controlled diabetes 	<ul style="list-style-type: none"> • Critical hyperkalaemia/hypercalcaemia • Significant renal impairment • Diabetic emergencies
Rheumatology	<ul style="list-style-type: none"> • Non traumatic lower back pain • Non traumatic neck pain • Limb pain – suspected radicular cause • Shoulder pain • Joint pain/swelling 	<ul style="list-style-type: none"> • Suspected cauda equina syndrome • Intractable pain requiring admission • Inability to walk • Suspected septic arthritis
Haematology	<ul style="list-style-type: none"> • Suspected DVT • Anaemia ? cause 	<ul style="list-style-type: none"> • Suspected acute haemorrhage
General medicine	<ul style="list-style-type: none"> • Recent weight loss ? cause • Generally unwell 	<ul style="list-style-type: none"> • Patients who have undergone inpatient work-up elsewhere
Infectious disease	<ul style="list-style-type: none"> • Limb cellulitis (unilateral) 	<ul style="list-style-type: none"> • Sepsis
Genitourinary	<ul style="list-style-type: none"> • Urinary tract infection 	<ul style="list-style-type: none"> • Sepsis
Geriatrics	<ul style="list-style-type: none"> • Clinical categories listed above • Falls, reduced mobility • Frailty 	<ul style="list-style-type: none"> • Injury with possible fracture • Inability to weight bear after fall • Head injury on anticoagulants • Suspected spinal cord compression