

GP REFERRAL GUIDELINES FOR BRAIN IMAGING

Clinical assessment and examination should take place for all patients in whom a neurological origin for symptoms is suspected and imaging contemplated.

Patients fulfilling criteria for 2 week wait referral should be excluded and referred on the appropriate pathway.

Patients fulfilling criteria for referral to stroke services (including SAH) should be appropriately referred.

Inclusion criteria for direct GP access brain imaging

- Unexplained headaches over 1 month in duration and with no additional features, such as symptoms of raised intracranial pressure.
- Headaches in those over 50 with no additional features.
- New headaches in the immunocompromised.
- Headaches waking from sleep with no additional features.
- Change in headache symptoms with no additional features.
- Symptoms of a recent CVA more than 7 days in duration and not progressing.
- Headaches / other neurological symptoms in whom origin is unlikely to be due to a brain tumour and the patient is in a stable condition. (For instance a recent minor head injury in an elderly patient where chronic subdural collections are considered and the patient is neurologically and clinically stable, not requiring hospital referral for any other reason)

Excluded patients

- TIA/Acute stroke patients including SAH. Recommend urgent stroke services / hospital referral as appropriate.
- Patients fulfilling referral under 2WW criteria
 - Progressive neurological deficit(s).
 - New onset of suspected seizures / blackout.
 - Non-migranous headache of recent onset with suspicion of raised intracranial pressure (vomiting/drowsy/postural symptoms/other neurological symptoms).
 - New cognitive / personality changes.
 - Cranial nerve palsy.

- Any patient where there is no clinical reason to suspect organic disease

If the primary care physician has concerns about the interpretation of patients' symptoms or signs a discussion with a local specialist is advised. An alternative or adjunct to 2WW referral maybe urgent access to CT scanning if appropriate / available (this decision must be documented on referral request).

Patients who fulfil criteria for GP access for brain imaging:

- Complete the appropriate electronic request.
- Please include details of the patients' symptoms and signs at examination.
- Document what the suspected diagnosis is thought to be clinically / differential diagnosis.
- This information will be used by the radiologist to decide on the most appropriate modality, either CT or MRI and to consider the use of IV contrast.
- If the patient has no up-to-date renal function (within the last 3 months) consider sending a U&E sample, as a recent creatinine result may be required to avoid delays in imaging.
- Incomplete / inappropriate requests or those with insufficient information (including contraindications to MRI) will be returned to the GP within 24-48 hrs.

Please note a normal investigation does not preclude the need for on going follow up, monitoring or other investigation / specialist input or referral.