



Common list of inappropriate and non BSOTS related referrals.

<p>Short term, self-resolving illnesses should be managed in primary care. Not to attend triage with suspected cold/flu/diarrhoea and vomiting. Unless diabetic or other obstetric concerns identified.</p>	<p>Pregnancy related nausea and vomiting in the 1st and 2nd trimester should be managed in primary care in the first instance. GP to provide oral anti-emetic and further IM if required. If not tolerating fluid for >24 hours to attend triage.</p>	<p>Vaginal bleeding <17 weeks should be referred to EPAS or <20 weeks if in Clyde. If suspected haemorrhage overnight then the woman should attend A&E unless >12 weeks. If >12 weeks attend triage out of hours.</p>	<p>Urinary symptoms (i.e. dysuria, frequency, mild and dull pain) in an otherwise well woman should be redirected to GP/pharmacy. If out of hours- contact NHS 24.</p>
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