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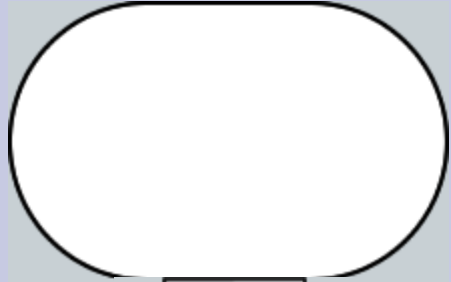
Metric
1.6 Triage thresholds & decision aids
1.7 Red Flags
 Rapidly worsening symptoms. > than single site requires medical assess.

2.0 Primary Assessment (e.g. Primary Care)
 History: Age, Pregnancy, Occupation, Past Medical History, Medication, Triggering factors, Referred pattern of pain or paraesthesia, Presence of neck pain.
 Examination: Thenar muscle wasting. Sensory loss index compared to little finger abnormalities at wrist, examine neck

Metric
2.6 Referral thresholds, QOL meas., decision aids, remote advice
 Use of BHS Questionnaire
2.7 Red Flags
 Thenar muscle wasting
 Failed treatment

3.0 Specialist Assessment
 e.g. Primary Care led interface services (e.g. ICATS) with consultant involvement or Consultant led outpatient services in Secondary Care)
 History: Clarification and expansion of primary assessment history where needed, straight to diagnostic test or face to face assessment
 Examination: Clarification and expansion

Metric
NO FURTHER PATHWAY REQUIRED



1.1 Symptom Description
 Patients can present with:
 - Hand pain
 - Paraesthesia in hand or fingers
 - Dryness of Hand
 - Dropping objects

1.2 Metric Incidence & Prevalence

1.3 Self Assessment & Self Care (Supported/Unsupported)
 e.g. NHS Direct (Internet or Phone); Pharmacy History

1.4 Primary Prevention
 Disease Prevention
 Health Protection
 Health Promotion

2.1 Dx thresholds & decision aids

3.1 Dx thresholds & decision aids
 Questionnaire

2.2 Diagnostics (Dx)

3.2 Diagnostics (Dx)

2.2.1 No diagnostic required	2.2.2 Bloods TFTs and random glucose if clinically indicated	2.2.3 Radiology X-Ray cervical spine X-Ray hand MRI neck	2.2.4 EMG If referral criteria met
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2.3 QoL, Treatment thresholds & Decision Aids
 Questionnaire

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 Questionnaire

2.4 Definitive Treatments (Tx)

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2.4.1 Information reassurance self help Mild self limiting symptoms	2.4.2 Active Monitoring Pregnancy - with self referral back if symptoms persist after delivery	2.4.3 Physical, psychological Tx Splinting - should be used in most cases and part of BHS questionnaire	2.4.4 Medication Analgesics NSAID	2.4.5 Ini. Preop. Assess. (POA)	2.4.6 Invasive Tx (Enhanced GMS) Steroid Injection (max. 1 injection in primary care)
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3.4.1 Information reassurance self help Mild self limiting symptoms	3.4.2 Active Monitoring Pregnancy - with self referral back if symptoms persist after delivery	3.4.3 Physical & psychological Tx Splinting - should be used in most cases and part of BHS questionnaire	3.4.4 Medication Analgesics NSAID Entry to chronic pain pathway in intractable symptoms	3.4.5 POA Direct listing to CT release (with agreed MDS)	3.4.6 Invasive Tx 1. Steroid injection 2. Open release (LA, Day Case)
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4. Definitive Treatments (Tx)

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2.5 Rehabilitation & Review Quality of Life (QOL) Outcome Measurement

3.5 Rehabilitation, Review & QOL measurement

4. Rehabilitation, Review & QOL measurement