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REFERRAL GUIDELINES: RESPIRATORY MEDICINE & SLEEP DISORDERS

Essential Referral Content

Demographic	Clinical
• Date of birth	• Reason for referral
• Contact details (including mobile phone)	• Duration of symptoms
• Referring GP details	• Relevant pathology & imaging reports
• Interpreter requirements	• Past medical history
• Medicare number	• Current medications

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938

Exclusion Criteria

Please ensure the patient brings their X-Rays to their appointment.

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 16 years of age are only seen at The Alfred by special arrangement

REFERRAL PROCESS: RESPIRATORY MEDICINE & SLEEP DISORDERS

STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked. You will be contacted if further information is required.

STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will wait for an appointment.

STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the GP and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Further information regarding the specialists attending the Respiratory clinic is available here
Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Respiratory Registrar on call on 9076 2000.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

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REFERRAL PRIORITY: RESPIRATORY MEDICINE & SLEEP DISORDERS

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which that the patient is offered an appointment.

Referral Priority	Appointment Timeframe
Urgent	Within 30 days
Routine	Greater than 30 days depending on clinical need

IMMEDIATE **Direct to the Emergency & Trauma Centre**	**URGENT**	**ROUTINE**
• Severe pneumonia • Acute exacerbation of COPD with respiratory failure • Acute severe asthma • Pneumothorax • Pulmonary embolism • Severe breathlessness	• Confirmed or suspected bronchial carcinoma • Haemoptysis • Confirmed or suspected tuberculosis • Pulmonary nodules	• Pleural effusion • Bronchiectasis • Sarcoidosis • Interstitial lung disease • Sleepiness interfering with capacity to drive without causing an accident • Snoring with cardiovascular or vascular disease • Persistent cough with normal CXR • Other sleep disorders • Restless legs • Chronic exertional dyspnoea • Chronic respiratory failure
Phone the Respiratory Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.	Urgent cases must be discussed with the Respiratory Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 3601.	Fax referral to 9076 6938

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Respiratory Registrar on call on 9076 2000.

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Referral Guideline Contents

Department of Allergy, Immunology and Respiratory Medicine clinic listing and contact details

Respiratory Medicine

- Asthma
- Breathlessness
- Bronchiectasis
- Chronic obstructive pulmonary disease
- Haemoptysis
- Interstitial lung disease
- Lung cancer
- Persistent cough with normal CXR
- Pleural effusion
- Pneumonia
- Pneumothorax
- Pulmonary embolism
- Pulmonary hypertension
- Pulmonary nodules
- Sarcoidosis / hilar lymphadenopathy
- Tuberculosis
- Lung function testing
- O_2 assessment
- High altitude simulation testing (HAS)

Sleep Disorders

- Snoring and obstructive sleep apnoea
- Excessive sleepiness
- Insomnia
- Movement disorders
- Narcolepsy
- Restless legs

New York Heart Association Scale

ECOG performance status

Antibiotic choice for empirical treatment of community acquired pneumonia

Epworth sleepiness score

Beyond Blue questionnaire (Depression checklist)

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Department of Allergy, Immunology and Respiratory Medicine

Clinic listing and Contact details

THE ALFRED REFERRAL GUIDELINES

RESPIRATORY MEDICINE AND SLEEP DISORDERS

Clinic listing and contact details

For medical conditions requiring **immediate attention**, phone the Respiratory Registrar on call through Switchboard on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.

For **urgent referrals**, contact the Respiratory Registrar on call through Switchboard on 9076 2000 and fax a comprehensive referral to 9076 3601.

For **all other appointments**, fax referrals to 9076 6938.

Sleep Clinic	5th Floor, Main ward block	Phone: 9076 3770 Fax: 9076 3601
Cystic fibrosis service		Phone: 9076 3443 Fax: 9076 3601
Lung Transplant assessment		Phone: 9076 2376 Fax: 9076 3601
Pulmonary hypertension		Phone: 9076 2376 Fax: 9076 3601
Pulmonary fibrosis		Phone: 9076 3600 Fax: 9076 3601
Oxygen assessment clinic		Phone: 9076 6959 Fax: 9076 3434
General respiratory (incl. lung cancer)	2nd Floor, Outpatient Department	Fax referrals to 9076 6938
Lung function testing	1st Floor	Phone 9076 3476 Fax 9076 3434 For referral form, click here: Lung Function request form
Asthma, Allergy and Clinical Immunology	Ground floor, Main ward block	Phone: 9076 2934 Fax: 9076 2245

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Respiratory Medicine:

ASTHMA

Evaluation	Management	Referral Guidelines
		Refer to Asthma, Allergy and Clinical Immunology Referral and Management Guidelines

BREATHLESSNESS

Evaluation	Management	Referral Guidelines
• New York Heart Association scale • FBE – exclude anaemia • CXR– patient to bring films to appointment The Alfred Radiology request form • Spirometry results if available • Echocardiogram if available • Ability to speak?	Lung function testing can be performed at The Alfred – Lung Function request form	If severe breathlessness, refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on 9076 2000 Refer for unexplained breathlessness – priority depends on severity.

BRONCHIECTASIS

Evaluation	Management	Referral Guidelines
• History of childhood infections, recurrent respiratory infections, haemoptysis • CXR - patient to bring films to appointment The Alfred Radiology request form • Sputum MC&S		Refer - urgent or routine depending on severity

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Evaluation	Management	Referral Guidelines
• Severity • Signs and symptoms of right heart failure • Co-existing medical illnesses • New York Heart Association scale • Lung function testing • CXR - patient to bring films to appointment The Alfred Radiology request form • Nutritional status • Medications	Refer to The Thoracic Society of Australia and New Zealand COPD-X guidelines Lung function testing can be performed at The Alfred – Lung Function request form	If acute exacerbation with respiratory failure refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on 9076 2000 *OR* If urgent – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. For outpatient assessment, refer - depending on severity for: • Optimising management • Lung function testing • Oxygen therapy

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HAEMOPTYSIS

Evaluation	Management	Referral Guidelines
• Associated symptoms breathlessness, pleuritic chest pain, unwell) • CXR - patient to bring films to appointment The Alfred Radiology request form Volume: Major haemoptysis: >200ml blood loss Minor haemoptysis:<200ml blood loss		If major haemoptysis (>200ml blood loss) – refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre. If minor haemoptysis (<200ml blood loss), Refer urgently – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. Refer IMMEDIATELY if >150ml blood loss with coexisting impairment of lung function.

INTERSTITIAL LUNG DISEASE

Evaluation	Management	Referral Guidelines
• Severity of Symptoms • CXR The Alfred Radiology request form • Lung function testing	Do not commence corticosteroids prior to consulting a Respiratory Physician. Lung function testing can be performed at The Alfred – Lung Function request form	Refer depending on severity.

LUNG CANCER

Evaluation	Management	Referral Guidelines
• Smoking history • Asbestos exposure • Co-existing COPD, IHD • CXR - patient to bring films to appointment The Alfred Radiology request form • New York Heart Association scale • ECOG assessment • CT scanning can be performed at The Alfred	NH&MRC endorsed lung cancer guidelines see Lung Cancer Assessment and Management Guidelines for GPs	Refer urgently - contact Respiratory Registrar on call on 9076 2000 and fax comprehensive referral to 9076 3601.

PERSISTANT COUGH WITH NORMAL CXR

Evaluation	Management	Referral Guidelines
• Trigger factors • Smoking history • Medications • Reflux oesophagitis • Lung function tests • CXR – patient to bring films to appointment • The Alfred Radiology request form • Sinusitis • Aspiration	Careful review of medications is essential. ACE Inhibitors and AT2 receptor agonists may cause cough. Lung function testing can be performed at The Alfred – Lung Function request form	Refer - routine

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PLEURAL EFFUSION

Evaluation	Management	Referral Guidelines
• Smoking history • Cardiac history • CXR – patient to bring films to appointment The Alfred Radiology request form		Refer—urgency depending on severity of symptoms. If urgent, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.

PNEUMONIA

Hospital acquired, Community acquired & Aspiration pneumonia

Evaluation	Management	Referral Guidelines
• CXR The Alfred Radiology request form • Smoking history • Co-morbidities • Social circumstances	See Appendix 3 – antibiotic choice for treatment of community acquired pneumonia	If severe, refer IMMEDIATELY to The Alfred Emergency & Trauma Centre and contact Respiratory Registrar on call on 9076 2000. Refer - urgent if : • Poor response to treatment • Persistent CXR changes (>10 days) despite treatment Contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.

PNEUMOTHORAX

Evaluation	Management	Referral Guidelines
• Underlying pulmonary disease • Smoking history • CXR The Alfred Radiology request form		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000.

PULMONARY EMBOLISM

Evaluation	Management	Referral Guidelines
• Travel • General Health • Coagulation Disorders • Medications		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000. See also Vascular Surgery Referral and Management Guidelines

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PULMONARY HYPERTENSION

Evaluation	Management	Referral Guidelines
• FBE – exclude anaemia • Systemic disease • Left heart failure • Functional impairment • Echocardiography can be performed at The Alfred The Alfred Radiology request form		Refer - urgent or routine depending on circumstances.

PULMONARY NODULES

Evaluation	Management	Referral Guidelines
• Smoking History • Past history of malignancy • CXR The Alfred Radiology request form		Refer - urgent: contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601

SARCOIDOSIS / HILAR LYMPHADENOPATHY

Evaluation	Management	Referral Guidelines
• CXR The Alfred Radiology request form • Se Ca^{++} • Mantoux testing • Skin rash		Refer - urgency depends on severity and duration of symptoms.

TUBERCULOSIS

Evaluation	Management	Referral Guidelines
• Travel history/immigrant status • Immunosuppression • Alcohol and drug abuse • Diabetes • CXR The Alfred Radiology request form • Mantoux testing	**Immediate referral is essential for containment purposes.**	If suspected, contact Respiratory Registrar on call IMMEDIATELY on 9076 2000 for containment purposes prior to sending patient to The Alfred Emergency and Trauma Centre.

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LUNG FUNCTION TESTING
O2 ASSESSMENT
HIGH ALTITUDE SIMULATION TESTING (HAS)

Evaluation	Management	Referral Guidelines
Tests available: • Spirometry • TLCO • Lung volumes • Airway resistance • MIPs &MEPs • Bronchial provocation tests • Cardiopulmonary exercise testing • Domiciliary Oxygen • Sleep assessments	For lung function testing - refer to NAC spirometry handbook	Lung Function Laboratory Referral form – click here: Lung Function request form Most lung function tests require the patient to sit unaided and to follow specific instructions in the performance of breathing manoeuvres requiring maximal effort. Patients representing an infection control risk to other patients/staff must be identified at time of booking and on the front of the request slip by ticking the 'Patient Isolation Required' box. For further information contact the Laboratory on 9076 3476.

Sleep Disorders:
SNORING & SLEEP APNOEA

Evaluation	Management	Referral Guidelines
• Weight history • Alcohol history • Medical history • Epworth Sleepiness Score • Beyond Blue Questionnaire		Refer, urgency dependent on chronicity and associated medical conditions. All referrals for Sleep Disorders should be faxed to 9076 3601.

EXCESSIVE SLEEPINESS
INSOMNIA
MOVEMENT DISORDERS
NARCOLEPSY
RESTLESS LEGS

Evaluation	Management	Referral Guidelines
• Careful history • FBE, ferritin • TFTs • LFTs • U&E, Creatinine • History of psychiatric illness or psychological issues		Refer - Routine All referrals for Sleep Disorders should be faxed to 9076 3601.

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New York Heart Association Score

I No limitation of any physical activity.

II Ordinary physical activity results in fatigue, palpitations, breathlessness or chest pain.

III Less than ordinary physical activity causes fatigue, palpitations, breathlessness or chest pain.

IV Unable to carry out physical activity without discomfort.

ECOG Performance Status

Eastern Cooperative Oncology Group, Robert Comis M.D., Group Chair.

As published in Am. J. Clin. Oncol.:
Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.

These scales and criteria are used by doctors and researchers to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient, and determine appropriate treatment and prognosis. They are included here for health care professionals to access.

ECOG PERFORMANCE STATUS

0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
2	Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	Capable of only limited self care, confined to bed or chair more than 50% of waking hours.
4	Completely disabled. Cannot carry on any self care. Totally confined to bed or chair.

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Antibiotic choice for empirical treatment of community acquired pneumonia

	Low Risk	High Risk
	Age <65 and no co-morbidities	Age >65 and/or co-morbidities
SEVERE Require admission Criteria for severity: Clinical: Temperature <35 or >40 Respiratory rate >30/min BP<90 mmHg Confusion or decreased conscious state Laboratory: PaO2 <60mmHg on air O2 saturation <94% on air PaCO2 >50 mmHg WCC <4 or >30 Neutrophils <1 Elevated urea Anaemia Metabolic acidosis Radiological: Multi-lobe involvement	Penicillin IV plus Roxithromycin or Clarithromycin orally	IV Ceftriaxone plus IV Erythromycin or when able to take oral medication then Roxithromycin or Clarithromycin orally OR IV Penicillin plus oral Ciprofloxacin plus Roxithromycin or Clarithromycin orally
MILD If **none** of criteria above present – home or outpatient	Roxithromycin or Clarithromycin orally	Penicillin IV and/or Roxithromycin or Clarithromycin orally (Admit for 48 hours of observation)

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RESPIRATORY MEDICINE AND SLEEP DISORDERS

Epworth Sleepiness Score

How likely are you to doze off in the following situations?

		would never doze	slight chance of dozing	moderate chance of dozing	high chance of dozing	Your Score
a	Sitting and reading	**0**	**1**	**2**	**3**	
b	Watching television	**0**	**1**	**2**	**3**	
c	Sitting inactive in a public place (eg	**0**	**1**	**2**	**3**	
d	As a passenger in a car for an hour without a break	**0**	**1**	**2**	**3**	
e	Lying down in the afternoon if you have the opportunity	**0**	**1**	**2**	**3**	
f	Sitting and talking to someone	**0**	**1**	**2**	**3**	
g	Sitting quietly after lunch without alcohol	**0**	**1**	**2**	**3**	
h	Driving a car, while stopped for a few minutes in traffic	**0**	**1**	**2**	**3**	
		Total Sleepiness Score:				