

## REFERRAL GUIDELINES: RESPIRATORY & SLEEP MEDICINE



### Essential Referral Content

Demographic	Clinical
<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Contact details (including mobile phone)</li> <li>• Referring GP details</li> <li>• Interpreter requirements</li> <li>• Medicare number</li> </ul>	<ul style="list-style-type: none"> <li>• Reason for referral</li> <li>• Duration of symptoms</li> <li>• Relevant pathology &amp; imaging reports</li> <li>• Past medical history</li> <li>• Current medications</li> </ul>

**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 hard copies of X-Rays, CT scan and ventilation perfusion scan (if performed) to their appointment. This will help avoid unnecessary duplication of tests, additional appointments and delay.**

**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 18 years of age are only seen at The Alfred by special arrangement

## REFERRAL PROCESS: RESPIRATORY & SLEEP MEDICINE



### STEP 1

You will be notified when your referral is received by outpatients. Essential referral content will be checked and you may be contacted for further information if 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 referrer 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.** 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.**

## REFERRAL PRIORITY: RESPIRATORY & SLEEP MEDICINE

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

<p><b>IMMEDIATE</b></p> <p><b>Direct to the Emergency &amp; Trauma Centre</b></p>	<p><b>URGENT</b></p> <p><b>Appointment timeframe within 30 days</b></p>	<p><b>ROUTINE</b></p> <p><b>Appointment timeframe greater than 30 days depending on clinical need</b></p>
<ul style="list-style-type: none"> <li>• Severe pneumonia</li> <li>• Acute exacerbation of COPD with respiratory failure</li> <li>• Acute severe asthma</li> <li>• Pneumothorax</li> <li>• Pulmonary embolism</li> <li>• Severe breathlessness</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmed or suspected bronchial carcinoma</li> <li>• Haemoptysis</li> <li>• Confirmed or suspected tuberculosis</li> <li>• Pulmonary nodules</li> </ul>	<ul style="list-style-type: none"> <li>• Pleural effusion</li> <li>• Bronchiectasis</li> <li>• Sarcoidosis</li> <li>• Interstitial lung disease</li> <li>• Sleepiness interfering with capacity to drive without causing an accident</li> <li>• Snoring with cardiovascular or vascular disease</li> <li>• Persistent cough with normal CXR</li> <li>• Other sleep disorders</li> <li>• Restless legs</li> <li>• Chronic exertional dyspnoea</li> <li>• Chronic respiratory failure</li> </ul>
<p>Phone the Respiratory Registrar on call on 9076 2000 and/or send to The Alfred Emergency &amp; Trauma Centre.</p>	<p>Urgent cases must be discussed with the Respiratory Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 3601.</p>	<p>Fax referral to 9076 6938</p>

**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.**

## 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](#)

### [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 \(Depression checklist\)](#)

[Lung function laboratory](#)

## Department of Allergy, Immunology and Respiratory Medicine

## Clinic listing and Contact details

## THE ALFRED REFERRAL GUIDELINES

## RESPIRATORY &amp; SLEEP MEDICINE

## 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.

<b>Sleep Clinic</b>	5 <sup>th</sup> Floor, Main ward block	Phone: 9076 3770 Fax: 9076 3601
<b>Cystic fibrosis service</b>		Phone: 9076 3443 Fax: 9076 3601
<b>Lung Transplant assessment</b>		Phone: 9076 2376 Fax: 9076 3601
<b>Pulmonary hypertension</b>		Phone: 9076 2376 Fax: 9076 3601
<b>Pulmonary fibrosis</b>		Phone: 9076 3600 Fax: 9076 3601
<b>Oxygen assessment clinic</b>		Phone: 9076 6959 Fax: 9076 3434
<b>General respiratory (incl. lung cancer)</b>	2 <sup>nd</sup> Floor, Outpatient Department	Fax referrals to 9076 6938
<b><u>Asthma, Allergy and Clinical Immunology</u></b>	Ground floor, Main ward block	Phone: 9076 2934 Fax: 9076 2245

## Respiratory Medicine: **ASTHMA**

Evaluation	Management	Referral Guidelines
		Refer to <a href="#">Asthma, Allergy and Clinical Immunology Referral and Management Guidelines</a>

## **BREATHLESSNESS**

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• <a href="#">New York Heart Association scale</a></li> <li>• FBE – exclude anaemia</li> <li>• CXR– patient to bring films to appointment</li> <li>• Spirometry results if available</li> <li>• Echocardiogram if available</li> <li>• Ability to speak?</li> </ul>	Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a>	<p>If severe breathlessness, refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on 9076 2000</p> <p>Refer for unexplained breathlessness – priority depends on severity.</p>

## **BRONCHIECTASIS**

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• History of childhood infections, recurrent respiratory infections, haemoptysis</li> <li>• CXR - patient to bring films to appointment</li> <li>• Sputum MC&amp;S</li> </ul>		Refer - urgent or routine depending on severity

## **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• Severity</li> <li>• Signs and symptoms of right heart failure</li> <li>• Co-existing medical illnesses</li> <li>• <a href="#">New York Heart Association scale</a></li> <li>• Lung function testing</li> <li>• CXR - patient to bring films to appointment</li> <li>• Nutritional status</li> <li>• Medications</li> </ul>	<p>Refer to <a href="#">The Thoracic Society of Australia and New Zealand COPD-X guidelines</a></p> <p>Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a></p>	<p>If acute exacerbation with respiratory failure refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on 9076 2000</p> <p>OR</p> <p>If urgent – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.</p> <p>For outpatient assessment, refer - depending on severity for:</p> <ul style="list-style-type: none"> <li>• Optimising management</li> <li>• Lung function testing</li> <li>• Oxygen therapy</li> </ul>

## HAEMOPTYSIS

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Associated symptoms breathlessness, pleuritic chest pain, unwell)</li> <li>CXR - patient to bring films to appointment</li> </ul> <p>Volume:</p> <p>Major haemoptysis: &gt;200ml blood loss</p> <p>Minor haemoptysis:&lt;200ml blood loss</p>		<p>If major haemoptysis (&gt;200ml blood loss) – refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre.</p> <p>If minor haemoptysis (&lt;200ml blood loss), Refer urgently – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.</p> <p>Refer IMMEDIATELY if &gt;150ml blood loss with coexisting impairment of lung function.</p>

## INTERSTITIAL LUNG DISEASE

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Severity of Symptoms</li> <li>CXR</li> <li>Lung function testing</li> </ul>	<p>Do not commence corticosteroids prior to consulting a Respiratory Physician.</p> <p>Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a></p>	<p>Refer depending on severity.</p>

## LUNG CANCER

Evaluation	Management	Referral Guidelines
<p><a href="#">Presentation, initial investigation and referral</a></p> <p>Please include in the referral:</p> <ul style="list-style-type: none"> <li>results of current clinical investigation (radiology and pathology)</li> <li>any prior radiology, particularly a hard copy or CD of previous chest x-rays and CT scans where online access is not available (lack of a hard copy should not delay referral)</li> <li>notification if an interpreter service is required.</li> </ul>	<p>Please refer to the <a href="#">NHMRC</a> for further information.</p>	<p>To refer your patient, complete and fax a referral to us on 9076 7631.</p> <p>For urgent referrals, also contact the service on call Registrar to discuss the case on 0407 524 911 or via switch on 9076 2000.</p> <p>Patients with suspected lung cancer will be offered an appointment within 2 weeks of referral receipt.</p> <p>Further information about the Lung Cancer Assessment Service can be found <a href="#">here</a>.</p>

## PERSISTENT COUGH WITH NORMAL CXR

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Trigger factors</li> <li>Smoking history</li> <li>Medications</li> <li>Reflux oesophagitis</li> <li>Lung function tests</li> <li>CXR – patient to bring films to appointment</li> <li>Sinusitis</li> <li>Aspiration</li> </ul>	<p>Careful review of medications is essential.</p> <p>ACE Inhibitors and AT2 receptor agonists may cause cough.</p> <p>Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a></p>	<p>Refer - routine</p>

## PLEURAL EFFUSION

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Smoking history</li> <li>Cardiac history</li> <li>CXR – patient to bring films to appointment</li> </ul>		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
<ul style="list-style-type: none"> <li>CXR</li> <li>Smoking history</li> <li>Co-morbidities</li> <li>Social circumstances</li> </ul>	See Appendix 3 – antibiotic choice for treatment of community acquired pneumonia	<p>If severe, refer IMMEDIATELY to The Alfred Emergency &amp; Trauma Centre and contact Respiratory Registrar on call on 9076 2000.</p> <p>Refer - urgent if :</p> <ul style="list-style-type: none"> <li>Poor response to treatment</li> <li>Persistent CXR changes (&gt;10 days) despite treatment</li> </ul> <p>Contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.</p>

## PNEUMOTHORAX

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Underlying pulmonary disease</li> <li>Smoking history</li> <li>CXR</li> </ul>		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000.

## PULMONARY EMBOLISM

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Travel</li> <li>General Health</li> <li>Coagulation Disorders</li> <li>Medications</li> </ul>		<p>Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000.</p> <p>See also <a href="#">Vascular Surgery Referral and Management Guidelines</a></p>

## PULMONARY HYPERTENSION

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>FBE – exclude anaemia</li> <li>Systemic disease</li> <li>Left heart failure</li> <li>Functional impairment</li> <li>Echocardiography can be performed at The Alfred</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>		Refer - urgent or routine depending on circumstances.

## PULMONARY NODULES

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Smoking History</li> <li>Past history of malignancy</li> <li>CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p>		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
<ul style="list-style-type: none"> <li>CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p> <ul style="list-style-type: none"> <li>Se Ca<sup>++</sup></li> <li>Mantoux testing</li> <li>Skin rash</li> </ul>		Refer - urgency depends on severity and duration of symptoms.

## TUBERCULOSIS

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>Travel history/immigrant status</li> <li>Immunosuppression</li> <li>Alcohol and drug abuse</li> <li>Diabetes</li> <li>CXR</li> </ul> <p><a href="#">The Alfred Radiology request form</a></p> <ul style="list-style-type: none"> <li>Mantoux testing</li> </ul>	<b>Immediate referral is essential for containment purposes.</b>	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.



**Sleep Disorders:**  
**SNORING & SLEEP APNOEA**

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• Weight history</li> <li>• Alcohol history</li> <li>• Medical history</li> <li>• <a href="#">Epworth Sleepiness Score</a></li> <li>• <a href="#">Beyond Blue Questionnaire</a></li> </ul>		<p>Refer, urgency dependent on chronicity and associated medical conditions.</p> <p>All referrals for Sleep Disorders should be faxed to 9076 3601.</p>

**EXCESSIVE SLEEPINESS**  
**INSOMNIA**  
**MOVEMENT DISORDERS**  
**NARCOLEPSY**  
**RESTLESS LEGS**

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>• Careful history</li> <li>• FBE, ferritin</li> <li>• TFTs</li> <li>• LFTs</li> <li>• U&amp;E, Creatinine</li> <li>• History of psychiatric illness or psychological issues</li> </ul>		<p>Refer - Routine</p> <p>All referrals for Sleep Disorders should be faxed to 9076 3601.</p>

## THE ALFRED REFERRAL GUIDELINES

### RESPIRATORY & SLEEP MEDICINE

#### 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.

## THE ALFRED REFERRAL GUIDELINES

### RESPIRATORY & SLEEP MEDICINE

#### 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
<p><b>SEVERE</b> Require admission Criteria for severity:</p> <p>Clinical:</p> <ul style="list-style-type: none"> <li>Temperature &lt;35 or &gt;40</li> <li>Respiratory rate &gt;30/min</li> <li>BP&lt;90 mmHg</li> <li>Confusion or decreased conscious state</li> </ul> <p>Laboratory:</p> <ul style="list-style-type: none"> <li>PaO2 &lt;60mmHg on air</li> <li>O2 saturation &lt;94% on air</li> <li>PaCO2 &gt;50 mmHg</li> <li>WCC &lt;4 or &gt;30</li> <li>Neutrophils &lt;1</li> <li>Elevated urea</li> <li>Anaemia</li> <li>Metabolic acidosis</li> </ul> <p>Radiological:</p> <ul style="list-style-type: none"> <li>Multi-lobe involvement</li> </ul>	<p>Penicillin IV plus Roxithromycin or Clarithromycin orally</p>	<p>IV Ceftriaxone plus IV Erythromycin or when able to take oral medication then Roxithromycin or Clarithromycin orally</p> <p>OR</p> <p>IV Penicillin plus oral Ciprofloxacin plus Roxithromycin or Clarithromycin orally</p>
<p><b>MILD</b> If <b>none</b> of criteria above present – home or outpatient</p>	<p>Roxithromycin or Clarithromycin orally</p>	<p>Penicillin IV and/or Roxithromycin or Clarithromycin orally (Admit for 48 hours of observation)</p>

## THE ALFRED REFERRAL GUIDELINES

### RESPIRATORY & SLEEP MEDICINE

#### 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	0	1	2	3	
b	0	1	2	3	
c	0	1	2	3	
d	0	1	2	3	
e	0	1	2	3	
f	0	1	2	3	
g	0	1	2	3	
h	0	1	2	3	
<b>Total Sleepiness Score:</b>					