

Respiratory Medicine and Sleep Disorder Specialist Clinic Referral Guidelines

AlfredHealth

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. [The Alfred Specialist Clinics Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

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.

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

Respiratory Medicine and Sleep Disorder Specialist Clinic Referral Guidelines

Please include in your referral:

Demographic details: <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• If an interpreter is required• Medicare number	Clinical information: <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports (Alfred or Sandringham Radiology preferred to facilitate access to results)• Past medical history
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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.

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 his or her treatment. 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, or if you require an urgent specialist opinion, please contact the Respiratory Registrar on call on 9076 2000.

THE ALFRED REFERRAL GUIDELINES RESPIRATORY & SLEEP MEDICINE		
Clinic listing and contact details		
<p>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.</p> <p>For urgent referrals, contact the Respiratory Registrar on call through Switchboard on 9076 2000 and fax a comprehensive referral to 9076 3601.</p> <p>For all other appointments, fax referrals to 9076 6938.</p>		
Sleep Clinic	2 nd Floor, Philip Block	Phone: 9076 3770 Fax: 9076 3601
Cystic fibrosis service		Phone: 9076 3443 Fax: 9076 3601
Lung Transplant assessment		Phone: 9076 5735 Fax: 9076 3601
Pulmonary hypertension		Phone: 9076 2743 Fax: 9076 3601
Pulmonary fibrosis		Phone: 9076 3045 Fax: 9076 3601
Oxygen assessment clinic		Phone: 9076 8398 Fax: 9076 3434
General respiratory (incl. lung cancer)	2 nd Floor, Philip Block	Fax referrals to 9076 6938
Allergy Asthma & Clinical Immunology	Fax referrals to 9076 6938	Phone: 9076 2934 Fax: 9076 2245

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Respiratory medicine

Asthma

Key Points:

- Refer to [Asthma, Allergy and Clinical Immunology Referral and Management Guidelines](#).

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Breathlessness

Direct to the Emergency Department for:

- Severe breathlessness.

Please call the admitting officer on 1800 ALFRED (1800 253 733)

Evaluation

Key Points:

- Refer for unexplained breathlessness – priority depends on severity.

Investigations:

- [New York Heart Association Scale](#)
- FBE – exclude anaemia
- CXR – patient to bring films into appointment
- Spirometry results if available
- Echocardiogram if available
- Ability to speak?

Management:

- Lung function testing can be performed at The Alfred - [Lung Function request form](#)

Refer for unexplained breathlessness – priority depends on severity.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Bronchiectasis

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- Severe bronchiectasis.

Evaluation

Key Points:

- Refer – urgent or routine depending on severity.

Investigations:

- History of childhood infections, recurrent respiratory infections, haemoptysis
- CXR – patient to bring films to appointment
- Sputum MC&S

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Chronic obstructive pulmonary disease (COPD)

Direct to the Emergency Department for:

- Acute exacerbation with respiratory failure.

Please call the admitting officer on 1800 ALFRED (**1800 253 733**) and contact Respiratory Registrar on call on 9076 2000.

Evaluation

Key Points:

- For outpatient assessment, depending on severity, refer for:
 - Optimising management
 - Lung function testing
 - Oxygen therapy.

Investigations:

- 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
- Nutritional status
- Medications.

Management:

- 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 urgent – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Haemoptysis

Direct to the Emergency Department for:

- Major haemoptysis (> 200 ml blood loss)
- > 150 ml blood loss with coexisting impairment of lung function.

Please call the admitting officer on 1800 ALFRED (**1800 253 733**)

Immediately contact the Respiratory registrar on call on 9076 2000 to arrange an urgent respiratory assessment for:

- Minor haemoptysis (< 200 ml blood loss).

Also fax a comprehensive referral to 9076 3601.

Evaluation

Investigations:

- Associated symptoms of breathlessness, pleuritic chest pain, feeling unwell
- CXR – patient to bring films to appointment.

Volume:

- Major haemoptysis: > 200 mL
- Minor haemoptysis: < 200 mL

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Interstitial lung disease

Evaluation

Key Points:

- Refer depending on severity.

Investigations:

- Severity of symptoms
- CXR
- Lung function testing.

Management:

- Do not commence corticosteroids prior to consulting a Respiratory Physician
- Lung function testing can be performed at The Alfred - [Lung Function request form](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Lung cancer

For urgent referrals, immediately also contact the on call Registrar on 0407 524 911 or via switch on 9076 2000.

Evaluation

Key Points:

- To refer a patient, complete and fax a referral to the Alfred on 9076 7631.
- Patients with suspected lung cancer will be offered an appointment within 2 weeks of referral receipt.
- Presentation, initial investigations and referral factsheet can be found [here](#).
- Further information about the Lung Cancer Assessment Service can be found [here](#).

Investigations:

- Please include in referral:
 - Results of current clinical investigations (radiology and pathology)
 - 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)
 - Notification if an interpreter service is required.

Please refer to the [NHMRC](#) for further information.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Persistent cough with normal CXR

Evaluation

Key Points:

- Routine referral

Investigations:

- Trigger factors
- Smoking history
- Medications
- Reflux oesophagitis
- Lung function tests
- CXR – patient to bring films to appointment
- Sinusitis
- Aspiration

Management

- 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](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pleural effusion

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- Severe symptoms.

Fax a comprehensive referral to 9076 3601

Evaluation

Key Points:

- Smoking history
- Cardiac history
- CXR – patient to bring films to appointment

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.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pneumonia

Hospital acquired, Community acquired & Aspiration pneumonia

Direct to the Emergency Department for:

- Severe pneumonia.

Please call the admitting officer on 1800 ALFRED (**1800 253 733**) and contact Respiratory Registrar on call on 9076 2000.

Immediately contact the Respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- Poor response to treatment
- Persistent CXR changes (> 10 days) despite treatment

Fax a comprehensive referral to 9076 3601

Evaluation

Key Points:

- CXR
- Smoking history
- CO-morbidities
- Social circumstances

Management:

- See Appendix 3 – Antibiotic choice for treatment of community acquired pneumonia.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pneumothorax

Direct to the Emergency Department for:

- Pneumothorax

Please call the admitting officer on 1800 ALFRED (**1800 253 733**) and contact Respiratory Registrar on call on 9076 2000.

Evaluation

Key Points:

- Underlying pulmonary disease
- Smoking history
- CXR

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pulmonary embolism

Direct to the Emergency Department for:

- Pulmonary embolism

Please call the admitting officer on 1800 ALFRED (**1800 253 733**) and contact Respiratory Registrar on call on 9076 2000.

Evaluation

Key Points:

- Travel
- General health
- Coagulation disorders
- Medications

See also [Vascular Surgery Referral and Management Guidelines](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pulmonary hypertension

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment:

- If circumstances require urgency.

Evaluation

Key Points:

- Routine referral depending on circumstances.

Investigations:

- FBE – exclude anaemia
- Systemic disease
- Left heart failure
- Functional impairment
- Echocardiography can be performed at The Alfred.

[The Alfred Radiology request form.](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pulmonary nodules

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment and fax a comprehensive referral to 9076 3601

Evaluation

Key Points:

- Smoking history
- Past history of malignancy
- CXR

[The Alfred Radiology request form.](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Sarcoidosis/hilar lymphadenopathy

Evaluation

Key Points:

- Urgency depends on severity and duration of symptoms.

Investigations:

- CXR
- [The Alfred Radiology request form.](#)
- Se Ca++
- Mantoux testing
- Skin rash

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Tuberculosis

Contact the Respiratory Registrar on call immediately on 9076 2000 for containment purposes prior to sending patient to Emergency Department.

Evaluation

Key Points:

- Travel history/immigrant status
- Immunosuppression
- Alcohol and drug abuse
- Diabetes
- CXR
- [The Alfred Radiology request form.](#)
- Mantoux testing.

Management:

- Immediate referral is essential for containment purposes.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Sleep Disorders: Snoring & Sleep Apnoea

Evaluation

- Weight history
- Alcohol history
- Medical history
- [Epworth Sleepiness Score](#)
- [Beyond Blue Questionnaire](#)
- [STOP BANG](#)
- [OSA 50 Screening Questionnaire](#)

Management

Refer, urgency dependent on chronicity and associated medical conditions.
All referrals for Sleep Disorders should be faxed to 9076 3601.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Excessive sleepiness

Evaluation

Key Points:

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Investigations:

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Insomnia

Evaluation

Key Points:

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Investigations:

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.
- [Insomnia Severity Index](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Movement disorders

Evaluation

Key Points:

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Investigations:

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Narcolepsy

Evaluation

Key Points:

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Investigations:

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Restless legs

Evaluation

Key Points:

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Investigations:

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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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
SEVERE Require admission Criteria for severity: Clinical: Temperature <35 or >40 Respiratory rate >30/min BP<90 mmHg Confusion or decreased conscious state Laboratory: PaO ₂ <60mmHg on air O ₂ saturation <94% on air PaCO ₂ >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)

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	Sitting and reading	0	1	2	3	
b	Watching television	0	1	2	3	
c	Sitting inactive in a public place (eg Meeting, theatre)	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:				

THE ALFRED REFERRAL GUIDELINES RESPIRATORY & SLEEP MEDICINE

STOP-BANG Questionnaire for Obstructive Sleep Apnoea Chung et al. Anaesthesiology 2008;108:812-21.

	Yes	No
Snore: do you snore loudly (louder than talking or audible in another room)?		
Tired: do you often feel tired, fatigued or sleepy during the daytime?		
Observed: Has anyone observed you stop breathing during your sleep?		
Blood Pressure: do you have, or are you treated for, high blood pressure?		
BMI: greater than 35? (ie weight(kg) / Height(m) ²)		
Age: are you aged over 50 years?		
Neck Circumference: is your NC greater than 40 cm?		
Gender: are you male?		
Total		

THE ALFRED REFERRAL GUIDELINES RESPIRATORY & SLEEP MEDICINE

OSA 50 Screening Questionnaire

	If yes, score
Waist circumference at level of umbilicus Male > 102cm Female > 88cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed you to stop breathing during your sleep?	2
Are you aged 50 years or over?	2
Total	

THE ALFRED REFERRAL GUIDELINES RESPIRATORY & SLEEP MEDICINE

Insomnia Severity Index Courtesy of Dr Charles M Morin PhD Université Laval

The ISI has 7 questions. The 7 answers are added to get a total score.

Insomnia problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED / DISSATISFIED are you with your CURRENT sleep patterns

Very satisfied	Satisfied	Moderately satisfied	Dissatisfied	Very dissatisfied
0	1	2	3	4

5. How NOTICIBLE to others do you think your sleep problem is in terms of impairing your quality of life?

Not at all Noticeable	A little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all worried	A little	Somewhat	Much	Very much worried
0	1	2	3	4

7. To what extent do you consider your sleep, problem to INTERFERE with your daily functioning (eg daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc) CURRENTLY?

Not at all interfering	A little	Somewhat	Much	Very much Interfering
0	1	2	3	4

Total score, the sum for all seven answers =