

# THE ALFRED REFERRAL GUIDELINES: RESPIRATORY MEDICINE AND SLEEP DISORDERS

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## THE ALFRED REFERRAL GUIDELINES RESPIRATORY MEDICINE AND SLEEP DISORDERS

### Referral priority guide

<b>Immediate</b> <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> </ul>	Phone the Respiratory Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.
<b>Urgent</b> <ul style="list-style-type: none"> <li>• Confirmed or suspected bronchial carcinoma</li> <li>• Pleural effusion</li> <li>• Haemoptysis</li> <li>• Confirmed or suspected tuberculosis</li> </ul>	<b>Urgent cases</b> must be discussed with the Respiratory registrar on call to obtain appropriate prioritisation and then <b>a referral letter faxed to 9076 3601</b> . All other referrals should be faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.
<b>Soon</b> <ul style="list-style-type: none"> <li>• Bronchiectasis</li> <li>• Sarcoidosis</li> <li>• Pulmonary nodules</li> <li>• Interstitial lung disease</li> <li>• Chronic Respiratory Failure</li> </ul>	Referrals should be faxed to 9076 6938. Likely to receive an appointment within 2-6 weeks.
<b>Intermediate</b> <ul style="list-style-type: none"> <li>• Sleepiness interfering with capacity to drive without causing an accident</li> <li>• Snoring with cardiovascular or vascular disease</li> </ul>	Referrals should be faxed to 9076 6938. Likely to receive an appointment within 6-12 weeks.
<b>Non-urgent</b> <ul style="list-style-type: none"> <li>• Persistent cough with normal CXR</li> <li>• Other sleep disorders</li> <li>• Restless legs</li> <li>• Chronic exertional dyspnoea</li> </ul>	Referrals should be faxed to 9076 6938.
<b>Not seen</b>	Children under 16 years of age are seen at The Alfred only by special arrangement.

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

**Urgent cases** must be discussed with the Respiratory registrar on call to obtain appropriate prioritisation and then **a referral letter faxed to 9076 3601**.

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**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	5 <sup>th</sup> Floor, Main ward block	Phone: 9076 3770 Fax: 9076 3601
Cystic fibrosis service		Phone: 9076 3443 Fax: 9076 3601
Transplant assessment		Phone: 9076 2376 Fax: 9076 3601
Pulmonary hypertension		Phone: 9076 2376 Fax: 9076 3601
Pulmonary fibrosis		Phone: 9076 3600 Fax: 9076 3601
General respiratory (incl. lung cancer)	2 <sup>nd</sup> Floor, Outpatient Department	Fax referrals to 9076 6938
Lung function testing	1 <sup>st</sup> Floor	Phone 9076 3476 Fax 9076 3434 For referral form, click here: <a href="#">Lung Function request form</a>
Asthma, Allergy and Clinical Immunology	Ground floor, Main ward block	Phone: 9076 2934 Fax: 9076 2245  <a href="#">Return to contents page</a>

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Diagnosis	Evaluation	Referral Guidelines
<b>Asthma</b>		
		Refer to <a href="#">Asthma, Allergy and Clinical Immunology Referral and Management Guidelines</a> .  <a href="#">Return to contents page</a>
<b>Breathlessness</b>		
<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 <a href="#">The Alfred Radiology request form</a></li> <li>• Spirometry results if available</li> <li>• Echocardiogram if available</li> </ul>	Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a>	Refer for unexplained breathlessness – Priority depends on severity  <a href="#">Return to contents page</a>
<b>Bronchiectasis</b>		
<ul style="list-style-type: none"> <li>• History of childhood infections, recurrent respiratory infections, haemoptysis</li> <li>• CXR - patient to bring films to appointment <a href="#">The Alfred Radiology request form</a></li> <li>• Sputum MC&amp;S</li> </ul>		Refer soon – intermediate PRIORITY 2-3  <a href="#">Return to contents page</a>
<b>Chronic obstructive pulmonary disease (COPD)</b>		
<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 <a href="#">The Alfred Radiology request form</a></li> <li>• Nutritional status</li> <li>• Medications</li> </ul>	Refer to <a href="#">The Thoracic Society of Australia and New Zealand COPD-X guidelines</a>  Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a>	If acute exacerbation with respiratory failure refer immediately – send to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on 9076 2000 – or urgently PRIORITY 1 – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. For outpatient assessment, refer soon-intermediate PRIORITY2-3 for: <ul style="list-style-type: none"> <li>• Optimising management</li> <li>• Lung function testing</li> <li>• Oxygen therapy</li> </ul> <a href="#">Return to contents page</a>
<b>Haemoptysis</b>		
<ul style="list-style-type: none"> <li>• Associated symptoms (breathlessness, pleuritic chest pain, unwell)</li> <li>• CXR - patient to bring films to appointment <a href="#">The Alfred Radiology request form</a></li> </ul> <p>Volume: Major haemoptysis: &gt;200ml blood loss Minor haemoptysis:&lt;200ml blood loss</p>		If major haemoptysis (>200ml blood loss) – refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre. If minor haemoptysis (<200ml blood loss) - refer urgently PRIORITY 1 – 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.  <a href="#">Return to contents page</a>
<b>Interstitial lung disease</b>		
<ul style="list-style-type: none"> <li>• Severity of Symptoms</li> <li>• CXR <a href="#">The Alfred Radiology request form</a></li> <li>• Lung function testing</li> </ul>	Do not commence corticosteroids prior to consulting a Respiratory Physician. Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a>	Refer Urgently – intermediate depending on severity - PRIORITY 1 – 3. If urgent, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.  <a href="#">Return to contents page</a>

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Evaluation	Management	Referral Guidelines
<b>Lung cancer</b>		
<ul style="list-style-type: none"> <li>Smoking history</li> <li>Asbestos exposure</li> <li>Co-existing COPD, IHD</li> <li>CXR - patient to bring films to appointment</li> </ul> <a href="#">The Alfred Radiology request form</a> <ul style="list-style-type: none"> <li><a href="#">New York Heart Association scale</a></li> <li><a href="#">ECOG assessment</a></li> <li>CT scanning can be performed at The Alfred</li> </ul>	NH&MRC endorsed lung cancer guidelines see <a href="#">Lung Cancer Assessment and Management Guidelines for GPs</a>	Refer Urgently – PRIORITY 1. Contact Respiratory Registrar on call on 9076 2000 and fax comprehensive referral to 9076 3601. <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Persistent cough with normal CXR</b>		
<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> </ul> <a href="#">The Alfred Radiology request form</a> <ul style="list-style-type: none"> <li>Sinusitis</li> <li>Aspiration</li> </ul>	Careful review of medications is essential. ACE Inhibitors and AT2 receptor agonists may cause cough. <p>Lung function testing can be performed at The Alfred – <a href="#">Lung Function request form</a></p>	Refer non urgently PRIORITY 4 <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Pleural effusion</b>		
<ul style="list-style-type: none"> <li>Smoking history</li> <li>Cardiac history</li> <li>CXR – patient to bring films to appointment</li> </ul> <a href="#">The Alfred Radiology request form</a>		Refer urgently – soon PRIORITY 1- 2 depending on circumstances. If urgent, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Pneumonia</b>		
<b>Hospital acquired</b>		
<b>Community acquired</b>		
<b>Aspiration pneumonia</b>		
<ul style="list-style-type: none"> <li>CXR</li> </ul> <a href="#">The Alfred Radiology request form</a> <ul style="list-style-type: none"> <li>Smoking history</li> <li>Co-morbidities</li> <li>Social circumstances</li> </ul>	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 urgently PRIORITY 1 if : <ul style="list-style-type: none"> <li>Poor response to treatment</li> <li>Persistent CXR changes (&gt;10 days) despite treatment</li> </ul> Contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. <p style="text-align: right;"><a href="#">Return to contents page</a></p>
<b>Pneumothorax</b>		
<ul style="list-style-type: none"> <li>Underlying pulmonary disease</li> <li>Smoking history</li> <li>CXR</li> </ul> <a href="#">The Alfred Radiology request form</a>		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000. <p style="text-align: right;"><a href="#">Return to contents page</a></p>

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Evaluation	Management	Referral Guidelines
<b>Pulmonary embolism</b>		
<ul style="list-style-type: none"> <li>• Travel</li> <li>• General Health</li> <li>• Coagulation Disorders</li> <li>• Medications</li> </ul>		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000. See also <a href="#">Vascular Surgery Referral and Management Guidelines</a> <a href="#">Return to contents page</a>
<b>Pulmonary hypertension</b>		
<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> <a href="#">The Alfred Radiology request form</a>		Refer soon – intermediate PRIORITY 2 – 3 depending on circumstances. <a href="#">Return to contents page</a>
<b>Pulmonary nodules</b>		
<ul style="list-style-type: none"> <li>• Smoking History</li> <li>• Past history of malignancy</li> <li>• CXR</li> </ul> <a href="#">The Alfred Radiology request form</a>		Refer Urgently PRIORITY 1 <a href="#">Return to contents page</a>
<b>Sarcoidosis / hilar lymphadenopathy</b>		
<ul style="list-style-type: none"> <li>• CXR</li> </ul> <a href="#">The Alfred Radiology request form</a> <ul style="list-style-type: none"> <li>• Se Ca<sup>++</sup></li> <li>• Mantoux testing</li> <li>• Skin rash</li> </ul>		Refer Urgently PRIORITY 1 (contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601) or soon – intermediate PRIORITY 2 or 3 depending on severity and duration of symptoms. <a href="#">Return to contents page</a>
<b>Tuberculosis</b>		
<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> <a href="#">The Alfred Radiology request form</a> <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 for containment purposes prior to sending patient to The Alfred Emergency and Trauma Centre. <a href="#">Return to contents page</a>
<b>Lung function testing</b>		
<b>O<sub>2</sub> assessment</b>		
<b>High altitude simulation testing (HAS)</b>		
Tests available: <ul style="list-style-type: none"> <li>• Spirometry</li> <li>• TLCO</li> <li>• Lung volumes</li> <li>• Airway resistance</li> <li>• MIPs &amp;MEPs</li> <li>• Bronchial provocation tests</li> <li>• Cardiopulmonary exercise testing</li> <li>• Domiciliary Oxygen</li> <li>• Sleep assessments</li> </ul>	For lung function testing- refer to <a href="#">NAC spirometry handbook</a>	Lung Function Laboratory Referral form – click here: <a href="#">Lung Function request form</a> 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. <a href="#">Return to contents page</a>

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Evaluation

Management

Referral Guidelines

**Snoring and sleep apnoea**

- Weight history
- Alcohol history
- Medical history
- [Epworth Sleepiness Score](#)
- [Beyond Blue Questionnaire](#)

Refer PRIORITY 1- 4 depending on chronicity and associated medical conditions. If URGENT, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.  
All referrals for Sleep Disorders should be faxed to 9076 3601.

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**Sleep disorders**

**Excessive sleepiness**

**Insomnia**

**Movement disorders**

**Narcolepsy**

**Restless legs**

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

Refer non-urgently – PRIORITY 3 – 4  
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.

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### 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
<p><b>SEVERE</b></p> <p>Require admission</p> <p>Criteria for severity:</p> <p>1. 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>2. 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>3. 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</p> <p>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></p> <p>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> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

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**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	
<b>Total Sleepiness Score:</b>						

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